Memorandum of Understanding
Between the Connecticut Department of Social Services and Employers Participating in Subsidized Employment Programs Funded by the Temporary Assistance for Needy Families (TANF) Program

Whereas, Federal law (45 CFR 263.2 (e)) requires that the state agency administering the federal Temporary Assistance for Needy Families Program, which is the Department of Social Services in Connecticut, execute an Agreement with any party contributing funding, whether cash or in-kind, to a TANF-funded program if the department intends to claim such contribution as a state maintenance of effort (MOE) expenditure under its TANF State Plan; and

Whereas, Connecticut will claim contributions made by employers as part of TANF subsidized employment programs, including, but not limited to summer youth employment programs, as TANF MOE; and

Whereas, Federal guidance from the U.S. Department of Health and Human Services, Administration for Children and Families, permits states to claim the value of supervision and training provided by employers as an in-kind TANF MOE expenditure equal to 25% of the subsidized wages paid by employers under TANF subsidized employment programs; and

Whereas, cash contributions may also be made by employers to workforce investment boards or other subsidized employment providers to support the administration of such programs and these contributions may also be claimed by the state as a TANF MOE expenditure, so long as the cash or in-kind contribution is not from a federal program source or claimed as match or cost-sharing for another federal program;

Now therefore, I, the undersigned Chief Executive Officer or otherwise authorized signatory of the above-named employer participating in a TANF-funded subsidized employment program, hereby acknowledge that I understand that contributions made by my company or organization to such program, including the value of in-kind supervision and training, will be claimed by the State of Connecticut as a TANF Maintenance of Effort expenditure and may not be claimed by any other entity for Federal financial participation.

Employer Name:
Address:

Contact Person:
Contact Phone:
Contact Email:

_____	_____	_____
Name and Title of Authorized Signatory	Signature	Date

State of Connecticut, Department of Social Services

Michael P. Starkowski, Commissioner	_____	_____
	Signature	Date