

Request for Applications (RFA) 20220808 P-EBT PMTL

P-EBT Project Management Team Leader (PMTL)

The Mississippi Department of Human Services (MDHS) Division of Economic Assistance Eligibility (DEAE) is seeking a contractor to serve as the Pandemic Electronic Benefits Transfer (P-EBT) Project Management Team Leader. This individual will be responsible for all MDHS P-EBT operations. The term of the contract shall be about nine (9) months (September 1, 2022 – May 31, 2023) with no renewal options. The rate of pay shall be \$47.70 an hour, up to 40 hours per week, and in no event shall the contract exceed 40 hours per week. The contract shall not exceed a total of 1440 hours during the period of performance. The maximum compensation payable by contract shall be \$74,000, and not to exceed \$74,000 for the term of the contract. No travel will be paid by MDHS. MDHS will pay the 7.65% FICA employer's share. The contract worker will report directly to Kristi Kinnel.

Scope of Services

- Responsible for all P-EBT client services;
- Maintain ongoing contact with Conduent (EBT card vendor) to ensure efficient P-EBT benefit card issuance to all eligible recipients;
- Promote effective customer service for all P-EBT recipients;
- Serve as supervisor to other P-EBT contract positions, including Project Manager II;
- Ensure established program timetables are met;
- Ensure adherence to all Federal, State, and Agency rules and regulations;
- Serve as project liaison between MDHS and the Mississippi Department of Education (MDE), the Food and Nutrition Service/United States Department of Agriculture (FNS/USDA), EBT vendor (Conduent), and other State Agency partners involved with the administration of P-EBT.
- Assess and mitigate potential project risks and address concerns and issues

Minimum Qualifications

- A bachelor's degree issued by a four (4) year accredited college or university.
- Minimum 2-3 years of comparable experience in program management, staff supervision and client services.
- Related education and experience may be substituted on an equal basis.
- Strong communication skills.
- *Successful applicant must comply with Miss. Code Ann., Title 25, Chapter 4, Article 3, Conflict of Interest; Improper Use of Office.

Preferred Qualifications/Experience (the following are desired and may be given additional consideration but are not required)

- Experience with the requirements of Federal Supplemental Nutrition Assistance Program (SNAP) regulations.
- Experience in working with Federal and State agencies.

- Five (5) years or more serving in a supervisory capacity in administering SNAP benefits to qualified households.
- Five (5) years or more of experience in customer service.

Other

MDHS will provide the contractor space at the MDHS State Office or other area as deemed necessary.

Application Information

MDHS will accept applications until 2:00 p.m., Monday, August 22, 2022, for the purpose of hiring a contract worker for P-EBT Project Management Team Leader. Applications can be found online with this request. Applications can be submitted to MDHS via electronic mail to ProcurementServices@mdhs.ms.gov or by hand delivery to 200 South Lamar Street, Jackson, MS 39201. For more information please contact Kimbley Hendrix by email at ProcurementServices@mdhs.ms.gov or phone 601-359-4500.

MDHS reserves the right to reject the applications at any time during the procurement process even after negotiations have begun.

PERS

If the applicant is a PERS retiree, the retiree must be in compliance with the obligations outlined for the employer in Miss. Code Ann. § 25-11-127 (1972, as amended).

PERS Form 4B must be completed by the employee to be in compliance. Follow PERS instructions. The form may be accessed through the link provided. <https://www.pers.ms.gov/Content/Forms/Form4B.pdf>

STATE OF MISSISSIPPI APPLICATION



Return Completed Application to:
Mississippi State Personnel Board
 210 East Capitol Street, Suite 800
 Jackson, MS 39201
 www.mspb.ms.gov

For Staff/Official Use Only

Received: _____

Important! Please Read Before you begin the application process:

Applicants must complete and attach the "Supplemental Questions" page when applicable. This page is located on the MSPB website Job Openings screen. Scroll down to the bottom of the screen and click the preferred job; when the description is displayed, click "Print Job Information." Applications failing to include this page or lacking sufficient information will be returned to the applicant as invalid. Please ensure your application is received by the closing date as indicated on the job posting.

-TYPE OR PRINT IN BLACK INK-

JOB INFORMATION

POSITION #:	POSITION TITLE:
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PERSONAL INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	ALTERNATE PHONE	
MONTH AND DATE OF BIRTH	WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	
EMAIL ADDRESS		

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> High School	<input type="checkbox"/> Technical College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Specialist's Degree	

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL/RECEIVE A G.E.D.? YES NO
 IF NO, WHAT WAS THE HIGHEST GRADE LEVEL COMPLETED? 7 8 9 10 11 12

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR
SCHOOL NAME		DEGREE RECEIVED
DATES ATTENDED	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
SCHOOL LOCATION (CITY/STATE)		MAJOR

CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	SPECIALIZATION

WORK HISTORY

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

DATES From	To	EMPLOYER	POSITION TITLE
ADDRESS, CITY, STATE			
PHONE NUMBER		SUPERVISOR (NAME & TITLE)	
HOURS PER WEEK		SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUTIES			

AGENCY WIDE QUESTIONS

1. ARE YOU CURRENTLY EMPLOYED WITH THE STATE OF MS? YES NO
2. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY AND YOUR CURRENT JOB TITLE. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- _____
- (AGENCY NAME) (CURRENT JOB TITLE)
3. HAVE YOU BEEN SEPRATED WITHIN THE LAST 12 MONTHS FROM THE STATE OF MS DUE TO A REDUCTION IN FORCE (RIF)? YES NO
4. IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, INDICATE WHICH AGENCY, YOUR PREVIOUS JOB TITLE, AND THE DATE OF YOUR RIF SEPARATION. (IF YOU PREVIOUSLY INDICATED "NO", PROCEED TO THE NEXT QUESTION.)
- _____
- (AGENCY NAME) (PREVIOUS JOB TITLE) (DATE OF RIF)
5. ARE YOU A VETERAN OF THE ARMED FORCES? YES NO
(IF YOU INDICATED "YES", YOU MUST ATTACH A COPY OF YOUR DD214 OR OTHER PROOF OF SERVICES.)
6. IF YOU ARE A VETERAN, WERE YOU DECLARED DISABLED? YES NO
7. ARE YOU AN ADULT MALE BORN ON OR AFTER JANUARY 1, 1960 WHO REGISTERED FOR SELECTIVE SERVICE BETWEEN THE AGES OF 18 AND 25?
 YES NO

TO MEET THE REQUIREMENTS OF FEDERAL REGULATIONS, MSPB NEEDS TO COLLECT INFORMATION ON THE QUESTIONS BELOW FOR REPORTING PURPOSES ONLY. THIS INFORMATION WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS. (OPTIONAL)

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|---|--|--|
| <p>8. INDICATE YOUR RACE</p> <p><input type="checkbox"/> AMERICAN INDIAN</p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> HISPANIC</p> <p><input type="checkbox"/> BLACK</p> <p><input type="checkbox"/> ASIAN</p> <p><input type="checkbox"/> Other</p> | <p>9. INDICATE YOUR GENDER</p> <p><input type="checkbox"/> MALE</p> <p><input type="checkbox"/> FEMALE</p> | <p>10. AGE GROUP:</p> <p><input type="checkbox"/> UNDER 18</p> <p><input type="checkbox"/> 18-25</p> <p><input type="checkbox"/> 26-39</p> <p><input type="checkbox"/> 40-54</p> <p><input type="checkbox"/> 55-69</p> <p><input type="checkbox"/> 70+</p> |
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ADDITIONAL INFORMATION

Additional Information (other schools or training; special qualifications; honors and awards; etc.):

APPLICANT DECLARATIONS

By signing this application, I certify that all statements made herein and on any attached documents are true and complete to the best of my knowledge. I authorize the verification of this information by the Mississippi State Personnel Board and any agency considering me for employment. I know that any misrepresentation herein may lead to rejection of my application, removal of my name from the list of eligibles, and/or dismissal from state service. I understand that, as a condition of employment, I will be required to present documentation which verifies both my identity and my employment eligibility pursuant to federal immigration law.

X _____
SIGNATURE OF APPLICANT

DATE

