

# **MOUNTAIN AREA OVERSIGHT AND MONITORING TOOLS**

**Program Year 2023/2024**

- 1. Financial Operations Review**
- 2. Program Monitoring Tool**
- 3. Youth Work Experience Monitoring Tool**
- 4. On-the-Job Training (OJT) Monitoring Tool**
- 5. Equal Opportunity (EO) Monitoring Tool**

**FINANCIAL OPERATIONS REVIEW**

**Workforce Development Board (WDB):** \_\_\_\_\_

**Administrative Entity:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**WDB Administrator:** \_\_\_\_\_

**Date(s) of Review:** \_\_\_\_\_

**Fund Codes, Current Programs and Dollar Availability**

2010 Administrative \$ \_\_\_\_\_  
2030 DW (Local) \$ \_\_\_\_\_  
2040 Youth \$ \_\_\_\_\_  
2050 Statewide 10% \$ \_\_\_\_\_

2020 Adult \$ \_\_\_\_\_  
2031 Dislocated Worker Contingency  
Funds \$ \_\_\_\_\_

\_\_\_\_\_ other (specify) \$ \_\_\_\_\_ other (specify) \$ \_\_\_\_\_  
\_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**E-M Address** \_\_\_\_\_ **ail**

**DWS Reviewer** \_\_\_\_\_ **Title** \_\_\_\_\_

**Date:** /\_\_\_\_/\_\_\_\_

**DWS Supervisor's Review** \_\_\_\_\_

**Brief summary of overall findings, including program strengths and areas needing improvement.**

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**WDB Desk Review**

**A. Plan/Application Review**

**Review the current job training plan/application or other awards funded through the Division of Workforce Solutions.**

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**B. Performance Reviews**

- 1. Review the WISE financial data, including overall expenditures, cost category limitations, and cash**

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**drawdowns for all funds, etc. (check for progress toward the 70% spending goal).**

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2. Review the most recent audit and any audit resolution information. Determine if there are financial and administrative findings for which a review is required to determine if corrective action has

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been implemented.

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3. Review the most recent monitoring report and supporting documentation. Determine if there were findings for which follow-up is needed.

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**23 Financial and Administrative Systems**

List the names and titles of individuals who supplied information for the completion of this section of the review.

FUNCTION	NAME	TITLE
Personnel		
Time Distribution Accts.		
Accounts Payable		
Accounts Receivable		
Budget		
Report Preparation		
Cash Receipts/Drawdowns		
Reconciliation		
Cash Management		
Check Preparation		
Check Signing		
Monitoring/Oversight		
Developing Policy		

Has the WDB undergone significant fiscal staffing changes within the last six months? If yes, describe the changes:

\_\_\_\_\_

If yes to the above question, how does the WDB ensure that new fiscal staff are aware of WIOA requirements? \_\_\_\_\_

\_\_\_\_\_

**A. Accounting**

1. Describe the WDB's accounting method or system (software) used to track its WIOA expenditures.

\_\_\_\_\_

2. Are financial transactions recorded in more than one accounting system or in one or more subsidiary systems and a central system? Yes  No  (If yes, how often are            subsidiary systems reconciled with the central system?)

\_\_\_\_\_

3. Are the accounting records kept on an accrual or cash basis?  (If cash            basis, describe the methodology used to develop and track accruals to meet reporting requirements.) \_\_\_\_\_

\_\_\_\_\_

4. Are monthly trial balances current and available for review? Yes  No

5. What is the latest month for which accounting records are available?

\_\_\_\_\_

\_\_\_\_\_

6. Is the general ledger supported with entry descriptions? Yes  No

7. Are journal entries periodically reviewed and approved by the financial manager? Yes  No

8. Is there a chart of accounts and is it readily accessible by system users? (Obtain a copy if possible.) Yes  No

**B. Bookkeeping**

Select a sample of financial transactions for the period reviewed. Make sure all significant categories are included, e.g., payrolls, vendor payments, and payments to contractors.

1. Does the entity maintain complete documentation of financial transactions, including obligating funds, expenditures, cash receipts and disbursements?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Do salaries and bonuses of any WDB executives charged to WIOA programs exceed the 2014 limit of \$181,500 under Public Law 109-234? (TEGL 5-06) Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. If yes, what actions has the WDB taken to address the excess?  
\_\_\_\_\_
  
4. Do financial records appear accurate, current, complete, well organized, and free from excessive adjustments? Yes \_ No \_\_\_\_\_
  
5. Is the entity in compliance with the three-year record retention requirement?(In accordance with 29 CFR 97.42 and 29 CFR 95.53) Yes No \_\_\_\_\_
  
6. In your judgment, is the entity in compliance with the financial record requirements? Yes\_\_\_\_\_ No \_\_\_\_\_
  
7. List the documents reviewed: (list by topic, e.g., payroll, procurement, financial reporting, etc.)  
\_\_\_\_\_

**C. Budgeting**

1. Does the entity prepare a budget or plan for the use of funds for the term of the grant?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. What action is taken by the entity when large variances between planned and actual costs occur? \_\_\_\_\_
3. Are all budget line items used in the budget also used for charging or accumulating costs in the accounting system? Yes \_ No \_\_\_\_\_
4. Has the current year budget been approved by the authorized official prior to expensing funds? Yes \_ No \_\_\_\_\_

**D. Financial Management**

**1. Determine the financial records that the agency maintains:**

	_____	General Ledger	_____	Accounts
Receivable Ledger	_____		_____	
	_____			Cash Receipts
JournalAccounts Payable Ledger	_____		_____	
	Check RegisterPurchase Journal	_____		
	Other: _____	General Journal	_____	

2. Are the records sufficient to prepare reports and trace funds including integration with the parent agency such as the county, city, or council of government?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Review the agency's fiscal and accounting procedures. Does the manual adequately cover the following areas:**

	_____	_____	bonding	audit
	_____	_____	payroll-staff	cash
management	_____	_____		
	_____	_____		
payroll-	_____	participantsdrawdowns or	_____	reimbursement
	_____		_____	travel procedures
			_____	petty
cashpurchasing	_____	procedures	_____	
	_____	cost classification/bank reconciliation chart of accounts		
		posting to books of account		
		cost allocationreconciliation between		
	Individual Training	subsidiary and official records	Accounts (or	
	CAAs)			

**Discuss technical assistance or corrective action necessary.** \_\_\_\_\_

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4. Is the agency submitting accurate and timely monthly reports? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the agency submit requests to change reports? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain. \_\_\_\_\_

6.

**E. Cash Management**

1. Does the subrecipient have a system for monitoring receipts, disbursements and balances of funds on a daily basis? Yes **No** \_\_\_\_\_

2. If cash drawdowns by the subrecipient are made well in advance of disbursement requirements, what is the rationale? \_\_\_\_\_

3. Overall, is the subrecipient in compliance with the requirement to avoid excess cash on hand? Yes **No** \_\_\_\_\_

4. Does the subrecipient have procedures for:

a. Obtaining cash timely? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Making timely but not premature payment of amounts it owes? Yes **No** \_\_\_\_\_

c. Taking advantage of discounts? Yes **No** \_\_\_\_\_

d. Avoiding late payment penalties? Yes \_\_\_\_\_ **No**

5. Briefly describe the cash management procedures.

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6. Are bank statements reconciled with the subrecipient's books at least monthly? Yes No (If no, what is the frequency?)

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7. Do reconciliation procedures provide for:

- a. Accounting for all check numbers used? Yes    No
- b. Identifying outstanding checks? Yes        No
- c. Investigating checks that have been outstanding for 30 days or more?  
Yes        No
- d. Tracing and reviewing transfers to and from bank accounts or fund accounts within the subrecipient or contractor structure? Yes    No
- e. Voided checks and voiding outstanding checks after a reasonably prescribed period? Yes        No
- f. Handling long-term and undelivered checks? Yes        No
- g. Comparing the        account        balance with the general ledger balance? Yes    No
- h. Determining if funds are in interest bearing accounts and covered by the Federal Deposits Insurance Corporation (FDIC). Yes    No

**F. Petty Cash**

**1. How are petty cash fund transactions reflected in the accounting system?**

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**2. Describe how petty cash is capitalized and replenished, the maximum amount in the fund, and what use limitations exist.**

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**3. What is the maximum single petty cash disbursement allowed? \_\_\_\_\_**

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**4. How often is the petty cash fund reconciled? \_\_\_\_\_**

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**5. Does someone reconcile the petty cash fund other than the custodian of the fund?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

a. Who reconciles the petty cash fund? \_\_\_\_\_

b. Who is the fund custodian? \_\_\_\_\_

**G. Disbursements**

**1. Participants Payment**

**a. Determine if payments to participants are made to registered participants in NCWorks Online.**

**(i) Verify samples from the Local Area Financial System to NCWorks Online**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**(ii) Verify samples from NCWorks Online to Local Area Financial System**  
Yes \_\_\_ No \_\_\_\_\_

**2. Supportive Services 101(46), 134(e) (2) (3)**

a. **Determine if the subrecipient has cooperative agreements with other agencies to provide supportive services.**

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- b. Review the subrecipient's needs-based payment policy, if any.
- c. Review procedures for providing the following supportive services:
  - Childcare
  - Transportation
  - Other supportive services
- d. If applicable, select a sample of needs-based payments to determine if payments are awarded in accordance with local policy. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. Review criteria for awarding incentive and bonus payments if applicable. (Criteria: attendance and performance) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. On-the-Job Training (References: Regulations 663.710 and DWS Policy Statements: No. 13-2013; Policy Statement No. 14-2013).

- a. Review a sample of OJT invoices to determine that the reimbursement, as a percentage of hourly wages, is up to: 90% when the employer size is 1-50; 75% when employer size is 51-250; and 50% when employer size is 251 or greater. Through a waiver granted by the U.S. Department of Labor, the following sliding reimbursement scale for employers can be used:

Hourly Wage Reimbursement :		Actual Reimbursement Rate	Met Requirement? Y/N
# Employed By Company	% of Hourly Average Wage Rate*		
1 – 50			
51 – 250			
251+			

- b. Does the WDB have a local wage rate cap? Y\_\_N\_\_\_\_\_
- c. Determine if the OJT participants are paid at the same rates as trainees or employees who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills. WIOA Sec. 181 (a) (1) (A), TEGL NO. 4-10

4. Internal Control

- a. What controls are in place for issuing checks or other forms of disbursements?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Who has check signing authority? \_\_\_\_\_

c. Do these individuals have access to accounting records?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (How many signatures are required on a check?) \_\_\_\_\_

d. Are purchase orders, vouchers and/or checks pre-numbered?  
Yes \_\_\_\_\_ No \_\_\_\_\_

e. Are checks or credit cards used to make all disbursements (except petty cash)? Yes  
\_\_\_\_\_ No \_\_\_\_\_

f. Who has access to the checks and/or check writing machine?

\_\_\_\_\_

g. Where are blank checks and/or signature machine kept?

\_\_\_\_\_

Are credit cards issued to staff? Yes \_\_\_\_\_ No \_\_\_\_\_

Are automatic teller cards issued? Yes they kept \_\_\_\_\_ No \_\_\_\_\_ (If Yes, where are and how are they controlled?)

j. Is fidelity bonding provided for the staff who handles funds?

h.

i.

Yes \_\_\_\_\_ No \_\_\_\_\_

k. Are salary advances or loans made to staff members? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, is there a policy?) \_\_\_\_\_

l. What controls are in place to ensure that all disbursements are recorded in the accounting system? \_\_\_\_\_

- m. Are the numbers of purchase orders, and related vouchers and checks recorded in the accounting system? Yes    No
  
- n. Does the individual authorized to sign checks or otherwise make disbursements also have the authority to negotiate contracts?  
Yes    No        (If yes, this is inadequate separation of duties.  
Recommend that these duties be separated.)

**H. Contractor/Subcontractor Controls**

1. Does the WDB provide advances of WIOA funds to contractors? Yes    No       

2. If yes, what is the arrangement to repay such funds?

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3. Review the written procedures for cash drawdowns or reimbursement by the subrecipient's contractors. Determine if they are adequate to safeguard and manage funds effectively.

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4. Review the methods used for control and monitoring of contractor/subcontractor expenditures to ensure the following:
- a. Contract/Subcontract amounts are not exceeded. \_\_\_\_\_
  - b. Expenditure goals/limitations by agency will be met. \_\_\_\_\_
  - c. Travel is properly documented and is reasonable and necessary. \_\_\_\_\_

**I. Financial Reporting**

1. Have contractors been instructed to report financial data in a manner which corresponds with the Division of Workforce Solutions reporting requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

(Obtain a copy of any requirements provided to contractors for reporting, including related subjects such as accounting, reconciliation, and documentation.)

2. Do the contractors report expenses on an accrual basis? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do the contractor's reporting requirements establish a report due date that is to allow for timely subrecipient reporting? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have contractor's reports been submitted in accordance with the requirements imposed? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

5. Are the reported data extracted from the contractor's official accounting system traceable to the subrecipient's general and/or subsidiary ledgers? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** Review and trace selected entries from the current month reports to make this determination and record findings.

**J. Program Income**

1. Does the subrecipient earn program income under WIOA Title I grants? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, are these funds properly recorded in WISE and used in accordance with program requirements? Yes \_\_\_\_\_ No \_\_\_\_\_



2. Briefly describe program income earned and ensure that it is, in fact, program income.

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3. Determine if the subrecipient's contractors are earning program income and that the subrecipient's monitors ensure that the contractors are recording income and using those funds according to State/Federal requirements.

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4. How does the subrecipient account for program income earned and used?

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5. Has program income been used in accordance with OMB circular and regulation requirements to further advance eligible project or program objectives? 29 CFR 97.25 & 29 CFR 95.24 Yes\_ No

**K. Monitoring**

1. Review the subrecipient's monitoring system to determine the following:

\_\_\_ Ensure that each contractor has a financial management system and procedures that are in accordance with generally accepted accounting principles (GAAP).  
Existence and adequacy of procedural guidelines.

\_\_\_ Adequacy of internal controls.

\_\_\_ Prompt and accurate posting and reconciliation of bank statements.

\_\_\_ Accuracy of allocation of cost.

\_\_\_ Accuracy of classification of cost.

\_\_\_ Control over allowable cost.

\_\_\_ Adequacy of documentation supporting expenditures and

allocations.

\_\_\_ Security of petty cash.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accrual basis for reports.**

**Reasonableness of cost of space.**

**Adequacy of insurance coverage.**

**Effectiveness of cash management.  
Effectiveness of monitoring maximum expenditures.**

\_\_\_\_\_  
**Ensure that monitoring is occurring as planned.  
(Attach monitoring schedule)**  
\_\_\_\_\_

**2. Are contractors' financial and administrative activities monitored?**

Yes \_\_\_\_\_

No \_\_\_\_\_

**3. How frequently does the subrecipient monitor its contractors?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Does the subrecipient monitor the integrity of the contractors' financial reporting?**

Yes \_\_\_\_\_  
of accounting system,

ledgers,

etc.)? Explain.

No In what way (e.g., on-site review

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Does the subrecipient's on-site review of contractors' programs include a review of cash management? Yes \_\_\_\_\_ No \_\_\_\_\_

6. In instances where a single audit is not required, what additional monitoring efforts are taken?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the procedure for ensuring that corrective action occurs and is documented?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**L. Procurement**

**1. Procedures**

a. Does the subrecipient have written procurement policies and procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Do the procurement procedures:

1) Provide for a review of proposed procurements to avoid purchase of unnecessary or duplicate items? Yes \_ No \_\_\_\_\_

2) Break out procurements to obtain a more economical purchase?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3) Require an analysis of lease versus purchase alternatives, and any other appropriate analysis to determine the most economical approach, if applicable? Yes \_\_\_\_ No \_\_\_\_\_

4) Provide that awards will only be made to responsible contractors possessing the ability to perform successfully under the terms and conditions of a proposed procurement? Yes  No

5) Consider the following: contractor integrity, compliance with public policy, record of past performance, and financial and technical resources? Yes  No

6) Require that records be kept sufficient to detail the significant history of procurement? (Records include but are not limited to: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.)  
Yes  No

7) Provide for protest procedures to handle and resolve disputes relating to their procurement actions and in all instances require disclosure information

regarding the protest to the awarding agency? (Must be done prior to pursuing protest.) Yes \_\_ No \_\_\_\_\_

c. Do the procedures require that the subrecipient request prior written approval for purchases when required by

OMB Circular A-87 (for governmental entities) or A- 122 (for non-governmental entities)? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Do the policies and procedures require that all procurement transactions be conducted in a manner providing full and open competition? Yes\_\_ No\_\_\_\_\_

e. Do the subrecipient's procurement procedures allow any of the following restrictions:

1) Unreasonable requirements on firms in order for them to do business? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Unnecessary experience and excessive bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Non-competitive pricing practices among firms or among affiliated companies? Yes \_\_\_\_\_ No \_\_\_\_\_

4) Non-competitive awards to consultants that are on retainer contracts? Yes \_\_\_\_\_ No \_\_\_\_\_

5) Organizational conflicts of interest? Yes \_\_\_ No \_\_\_\_\_

6) Specify only a "brand name" product instead of allowing "an equal" product to be offered and describing the performance of other relevant requirements of the procurement? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Any arbitrary action in the procurement process? Yes \_\_\_\_\_ No \_\_\_\_\_

f. Are there policies and procedures to ensure that the use of non-competitive sole source procurements is minimized? Yes \_ No \_\_\_\_\_

- g. Do the policies and procedures require written justification for all sole source procurement actions? Yes \_\_\_ No \_\_\_\_**
- h. Does the subrecipient have written selection procedures for procurement transactions? Yes No  
\_\_\_\_\_**
- i. Do the selection procedures:**
- 1) Include a clear and accurate description of the technical requirements for the material, product, or service to be procured? Yes \_ No \_\_\_\_\_**
  - 2) Identify all requirements that the offerors must fulfill and all other factors to be used in evaluating bids or proposals?  
Yes \_\_\_\_\_ No \_\_\_\_\_**
  - 3) Require that all pre-qualified lists of persons, firms or products are current and include enough qualified sources to ensure maximum open and free competition? Yes No  
\_\_\_\_\_**

- 4) Ensure that subrecipient will not preclude potential bidders from qualifying during the solicitation period? Yes  No
- j. Are there written procedures to ensure that grant funds are not awarded to suspended or debarred organizations? Yes  No
- k. Are there written procedures to require that a cost or price analysis is performed for each procurement action? Yes  No
- l. Are there written procedures to require that profit be negotiated as a separate element in all contracts that allow for profit? Yes  No
- m. Are there written procedures and process to determine the reasonableness of profit? Yes  No
- n. Are there written procedures that prohibit the use of the “cost plus a percentage of cost” method of contracting? Yes  No
- o. Are there procedures that require that the subrecipient’s contracts address the following requirements:
- 1) Administrative, contractual, or legal remedies for violations or breach of contract? Yes  No
  - 2) Termination for cause and for convenience? Yes  No
  - 3) Access by the State, Federal grantor agency, Comptroller General of the United States, or any of their duly authorized representatives to any book, documents, papers, and records of the contractor including participant files for data element validation which are directly pertinent to that specific contract for the purpose of making audit, examination, excerpts, and transcriptions? Yes  No
  - 4) Record retention \_\_\_\_\_ requirements? Yes  No
- 5) Equal Opportunities? Yes  No

- 6) Copeland Anti-Kickback Act? Yes
- 7) Davis Bacon Act? Yes      **No**
- 8) Compliance with all applicable standards, orders, or requirements issued under the Clear Air Act, Clean Water Act, and Environmental Protection Agency regulations for contracts and grants exceeding \$100,000? Yes      **No**
- 9) Contract work hours and safety standards? Yes      **No**
- 10) Reporting requirements? Yes      **No**
- 11) Patent rights? Yes      **No**
- 12) Copyrights and rights to data?      **No**      **Yes**



- p. Are procurement transactions between local Boards and units of State or local governments conducted on a cost reimbursement basis only?  
184(a)(3)(B) Yes \_\_\_\_\_ No \_\_\_\_\_
- q. Do procedures for the procurement system ensure that contractors perform in accordance with terms, conditions, and specifications of their contracts or purchase orders? Yes \_\_\_\_\_ No \_\_\_\_\_
- r. Is code of conduct requirements included in the subrecipient's procurement procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- s. Were any issues of non-compliance with code of conduct requirements found during this review? Yes \_\_\_\_\_ No \_\_\_\_\_
- t. Are WDB conflict of interest requirements included in the subrecipient's procurement procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- u. Were any WDB conflicts of interest found during this review? Yes \_\_\_\_\_ No \_\_\_\_\_

The reviewer should note the following requirements for WDB conflict of interest and code of conduct requirements:

**Code of Conduct**

No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved.

For example, such a conflict would arise when any of the following situations exist:

The employee, officer, agent, or any member of his/her immediate family, his/her partner or an organization which employs or is about to employ any of the above, has a financial interest in the firm selected for award.

The officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subagreements. Minimum rules may be set where the financial interest is not substantial or the gift is an unsolicited item of nominal intrinsic value. The extent permitted by State or local law or regulations, such standards or conduct will provide for penalties, sanctions, or other disciplinary actions for

violations of such standards by officers, employees, agents, or by contractors or their agents.

- v. Does the subrecipient have a written code of standards of conduct in its procurement procedures, or elsewhere, which govern the performance of their employees engaged in the award and administration of contracts?

Yes \_\_\_\_\_ No \_\_\_\_\_

w. Do these standards appear to protect against “conflict of interest,” real or apparent, in its procurement process? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. Methods**

**a. Small Purchase**

In accordance with 29 CFR, Parts 97 and 95, the small purchase threshold is set at \$100,000 unless a more restrictive State/sub-state requirement exists. Entities below the awarding entity (whether Federal, State, or local awarding entity, must abide by the awarding entity’s threshold).

1) Does the entity have written standards for small purchases?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) What is the entity’s small purchase threshold?

\_\_\_\_\_

**Sample Selection: For each purchase, review the following information and obtain a copy if necessary.**

- The description of the goods/services being procured.
- The pre-procurement cost estimate.
- The number of price quotes obtained.
- The determination whether these quotes were obtained from qualified sources.
- The determination if a price analysis was performed.
- The description of the basis for selection.
- The name of the award.
- The cost of the goods/services procured.

- The determinations whether there were multiple like procurements made which would cumulatively exceed State/local standards.

3) Were these small purchases made on the basis of full and open competition? Yes \_\_\_\_ No \_\_\_\_

4) Was a determination of demonstrated performance undertaken prior to award? Yes \_\_\_\_ No \_\_\_\_

5) What sources of information were used to arrive at this determination?

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6) Do these sources appear to be appropriate? Yes  
No

7) Is the small purchase process being used appropriately? (That is, purchases not broken down into smaller components to avoid use of the more stringent procurement requirements.) Yes \_ No \_\_\_\_

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8) Identify any strengths/weaknesses that you found: \_\_\_\_\_

**b. Competitive Proposal**

1) Does the entity have written standards for competitive proposals?  
Yes \_\_\_\_ No \_\_\_\_

2) Do the procedures serve to ensure full and open competition? Yes No  
\_\_\_\_

3) Does the entity have a documented methodology for technical evaluation?  
Yes \_\_\_\_ No \_\_\_\_

**Sample Selection:** For each transaction examined, obtain the following information, if necessary.

- The statement of work, and identify the goods/services being procured.
- The pre-procurement costs estimate.

- The Request for Proposals (RFPs).
  - The number of proposals received.
  - The determination if a price and
- 

cost analysis was performed.

- The basis for the selection of the awardees(s).
- The type of agreement.

4) Was the Request for Proposal (RFP) announced in a publication that had general circulation in the competitive area? Yes  No

5) Was an adequate response time provided? Yes \_\_\_\_\_ No \_\_\_\_\_

- 6) Did the RFP require the submission of a line item budget?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Did the RFP identify all significant selection factors?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) Was each step of the procurement process documented? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Did the file contain a justification for the type of agreement used? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) Was an independent estimate developed before proposals were received?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Was a cost/price analysis of proposals undertaken?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) Was a determination of demonstrated performance undertaken prior to award? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) What were the sources of information used to arrive at this determination?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14) Do these sources appear to be appropriate? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15) Is the agreement's statement of work consistent with the RFP statement of work? Yes \_\_\_\_\_ No \_\_\_\_\_
- 16) If the answer to 15. Above is no, were the differences a result of negotiation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 17) If the answer to 15. above is no, is there documentation in the file that addresses the differences? Yes \_\_\_\_\_ No \_\_\_\_\_

18) Were unsuccessful offerors notified promptly? No \_\_\_\_\_  
Yes \_\_\_\_\_

19) In your opinion, was the RFP Statement of Work (SOW) written in such a manner so as not to impose artificial barriers to preclude full and open competition? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, describe the barriers that the SOW appears to impose. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20) Identify any strengths/weaknesses that you found. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**c. Sealed Bid**

1) Does the entity have written standards for procurement by sealed bids?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Do the procedures help ensure full and open competition?

Yes \_\_\_\_\_ No \_\_\_\_\_

3) Does the entity have a documented methodology for technical evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Sample Selection:** For each transaction reviewed, obtain the following information, if necessary.

The statement of work, and identify the goods/services being procured.

- The pre-procurement cost estimate.
- The Invitation for Bids (IFB).
- The basis for selection of the awardees.
- The cost of the goods/services.

4) Was the IFB announced in a publication that had general circulation in the competitive area? Yes \_\_\_ No \_\_\_\_\_

5) Was an \_\_\_\_\_ adequate \_\_\_\_\_ response time No provided? Yes

6) Did the IFB include specifications and attachments defining goods and services? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Were the bids opened publicly at the time and place

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specified in the invitation to bid? Yes No

\_\_\_\_\_

8) Were there two or more responsive bidders? Yes

No

\_\_\_\_\_

9) What was the number of bids received? \_\_\_\_\_

10) Was an independent estimate developed before proposals were received?

Yes \_\_\_\_\_ No \_\_\_\_\_

11) Was a cost/price analysis of proposals undertaken?

Yes \_\_\_\_\_ No \_\_\_\_\_

12) Was written notification of the award provided to the lowest responsible bidder? Yes \_\_\_ No \_\_\_

13) Was a determination of demonstrated performance undertaken prior to the award? Yes \_\_\_ No \_\_\_

14) What were the sources of information used to arrive at this determination?  
\_\_\_\_\_  
\_\_\_\_\_

15) Do these sources appear to be appropriate? Yes  
No

16) If any bid was rejected, was it done on the basis of sound documented business reasons? Yes \_ No \_\_\_

17) Did the file contain a justification for the type of agreement used?  
Yes \_\_\_ No \_\_\_

18) In your opinion was the statement of work (SOW) written in such a manner so as not to impose artificial barriers to preclude full and open competition?  
Yes \_\_\_ No \_\_\_

19) Identify any strengths/weaknesses that you found.  
\_\_\_\_\_  
\_\_\_\_\_

**d. Sole Source**

1) Does the entity have written standards for noncompetitive sole source procurements? Yes \_ No \_\_\_

2) Does the entity have a documented methodology for technical evaluation of proposals that are awarded non-competitively?

Yes \_\_\_\_ No \_\_\_\_

**Sample Selection:** For each transaction being reviewed, obtain the following information, if necessary.

- The statement of work, and identify the goods/services being procured.
- The pre-procurement cost estimate.
- The justification for making a sole-source award.
- The determination if a price/cost analysis was performed.

3) Was there justification/documentation to support a finding that it was infeasible to do this procurement through small purchase procedures, sealed bids or competitive proposal? Yes  No

4) Does it appear that it was appropriate to make the award noncompetitively?  
Yes  No  If no, please explain.

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5) Did the procurement require additional review and/or higher level approval? Yes  No

6) Was a \_\_\_\_\_ cost/price analysis undertaken? Yes  No

7) Was a determination of demonstrated performance undertaken prior to award? Yes  No

8) What were the sources of information used to arrive at this determination?  
Yes  No

9) Do these sources appear to be appropriate? Yes  No

10) Did the same awardees appear more than once in the sample?

Yes

No

If Yes, how many times and why?

11) In your opinion, is the sole-source process being used appropriately? Yes  No  If no, please explain: \_\_\_\_\_

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12) Identify any strengths/weaknesses that you found.

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**e. Procurement and Contracting Questionnaire:**

1) What are the evidences of WDB involvement in the decision-making process (planning committees, minutes etc.)?

2) Are there copies of the solicitation package (e.g., RFP/RFQ/IFB/ITB) Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Review the content of the solicitation package\***

3) Is there a copy of the public notification available for review? Yes \_\_\_\_\_  
No \_\_\_\_\_

4) Is there a bidders' list to which notices were mailed? Yes \_\_\_\_\_  
No \_\_\_\_\_

- 5) Is the Bidders' List updated and current? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_
- 6) Is there a list of all organizations/entities that were sent a solicitation?  
Yes \_\_\_ No \_\_\_
- 7) Is there an agenda and the minutes of the bidders' conference, if a conference is conducted Yes No \_\_\_
- 8) Is there a copy of questions and answers about the RFP process, if applicable Yes No \_\_\_
- 9) Is there a completed log sheet for the receipt of bids?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) Are there copies of each bid which were received?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Are there rating and scoring sheets completed in the evaluation process?  
Yes \_\_\_ No \_\_\_
- 12) Was there any Business operation capability evaluations conducted?  
Yes \_\_\_ No \_\_\_
- 13) Is there proper documentation of the rationale for selection and funding of any offeror which do not receive the highest score/ranking in the evaluation process? Yes \_\_\_ No \_\_\_
- 14) What are the evidences of WDB approval of the procurement?
- 15) Are there completed Memo of Negotiations for each subrecipient contract? Yes \_\_\_  
\_No \_\_\_
- 16) Is there a completed cost analysis for each selected bidder?

Yes \_\_\_\_ No \_\_\_\_

17) Are there copies of any submitted grievances and the resolution, if any?

Yes \_\_\_\_ No \_\_\_\_

18) Are there any high risk determinations and special award/contract conditions? if appropriate Yes\_No \_\_\_\_

**f. Failed Procurement**

1) Review the WDB Failed Procurements to determine the following:

\_\_\_\_ Rationale for in-house training.

\_\_\_\_ All documentation including publication of the RFP's

\_\_\_\_ Review the content of the most recent RFP's and SOW's to determine if technical assistance is needed.



\_\_\_\_\_ Communications in regard to lack of responses from bidders.

\_\_\_\_\_ WDB Communications/Minutes/Decisions to conduct business in- house.

\_\_\_\_\_ Any State approvals, correspondences, emails relating to such failed procurements and the decision to conduct the business in- house.

### 3. Contracting

Note the types of contracts used by the subrecipient:  
cost-reimbursement\_\_\_\_, fixed unit price\_\_\_\_, other \_\_\_\_\_

Obtain the following information:

Program	Contractor	Length of Contract	Type of Service Provided	Areas Served	Contract Amount

1. Review the agency's procedures for negotiating, approving and signing contracts, modifications and agreements. Review a sample of contracts to determine if they were handled in accordance with these procedures. \_\_\_\_\_

2. Review all of the contract documents used by this agency. Determine if the contract documents contain provisions that clearly describe the responsibilities, goals and obligations of each party. \_\_\_\_\_

3. Determine if \_\_\_\_\_ contract documents contain basic elements provided in LA Issuance 2009-10 to assure sound program and financial management, including Equal Opportunity, property,

97.36.i \_\_\_\_\_

\_\_\_\_\_

5. **Property Control/Professional Services**

- a. **Were procedures shared with all staff and operators?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
- b. **Were procedures in accordance with the Division of Workforce Solutions' requirements? Yes \_\_\_ No \_\_\_\_\_**
  
- c. **What are the procedures for inventorying all fixed assets and conducting a physical inventory at least once a year?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- d. **Review a sample of inventory records, verify sample for location of property, and check general ledger for equipment purchases to see if they are listed on the inventory.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- e. **Determine if a competitive process is being followed when purchasing property. What is the process?** \_\_\_\_\_
  
- f. **Determine if there is a person designated to manage property, to maintain a property listing, and to check physical inventory. What is the position title?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- g. **Determine that cash proceeds from the sale of property are posted to the recipient's accounting records and used only for allowable purposes under the Act.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- h. Determine if prior approval has been obtained for professional services and that the competitive process, when applicable, has been used.**

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**M. Audits**

- 1. Are all of the subrecipient's contractors subject to the performance of annual organization-wide audits (single audits)? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, are yearly audits or**

**intensive**

**financial reviews performed (or arranged for) to ensure that funds are properly  
accounted  
for?) Yes            No**

\_\_\_\_\_

\_\_\_\_\_

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2. Has the contractor prepared and submitted to the subrecipient a fiscal and compliance audit within the earlier of 30 days after receipt of auditor's report, or nine months after the end of the audit period? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, what corrective action has taken?) been

\_\_\_\_\_

\_\_\_\_\_

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3. Determine if there are audit findings or questioned costs, which impact the Division of Workforce Solutions funded operations. (Select a sample of audit reports and/or review report files.)

\_\_\_\_\_

\_\_\_\_\_

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4. Has the subrecipient contractor prepared a written response to any audit \_\_\_\_\_

\_\_\_\_\_

findings or  
questioned cost? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain.

\_\_\_\_\_

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5. Has the subrecipient contractor implemented the corrective action plan \_\_\_\_\_

\_\_\_\_\_

outlined in the audit response? Yes \_\_\_\_\_ No \_\_\_\_\_  
If, no, explain.

\_\_\_\_\_

\_\_\_\_\_

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6. Determine if records indicate "stand-in costs." Are the stand-in costs allowable costs which were actually incurred but not charged to the program because:

a. Funding No \_\_\_\_\_ limitations.  
Yes \_\_\_\_\_

b. Costs have been reported as uncharged program costs under the same title and in the same program in which the

disallowed costs were or would be incurred. Yes No

\_\_\_\_\_

c. Costs have been included within the scope of  
the audit. Yes No

\_\_\_\_\_

d. Costs have been accounted for in the auditor's  
financial system. Yes No

\_\_\_\_\_

e. Costs have been adequately documented in the same  
manner as all other program  
costs. Yes \_\_\_\_\_ No \_\_\_\_\_

## N. Cost Procedures

1. Review the written cost allocation plan to determine if it addresses the following areas. If any areas are omitted, determine what procedures are used to allocate those particular costs. If procedures are not in the cost allocation plan, the report should recommend that they be included.

	Organization chart	_____
		_____
		_____ Description of the types of service
statements or budgets		_____ Copy of official financial
		_____
	Proper cost category classification (administration versus program) of subrecipient expenses conforming to USDOL guidance	_____
		_____
	Expense items included in the cost of the services	_____
the expenses		_____ The method used in distributing
		_____
		_____ Certification by an authorized official
	Identification of the department(s) rendering the service (summary cost allocation plan)	_____
	_____ Summary schedule of the allocations of central service costs to operating department(s)	_____

2. Is the subrecipient using indirect No cost? Yes \_\_\_\_\_

3. Allowability of Costs

Note: To determine allowability, select a reasonable sample of various types of transactions, e.g., travel, salaries and benefits, utilities, communications, printing.

a. Are the costs reviewed in the sample of transactions allowable costs?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, identify all unallowable costs by description and amount of each transaction and obtain copies.) \_\_\_\_\_

\_\_\_\_\_

b. Who is responsible for ensuring that costs are allowable?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Does the person responsible for ensuring that costs are allowable have a copy or access to applicable Federal cost principles, administrative requirements, and audit requirements? Yes  No

d. Is the determination of cost allowability taken into consideration before payment is made? Yes  No



**4. Personnel Cost Documentation**

- a. Are there written policies and procedures for employee time and attendance records? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- b. Are payrolls initiated through the submittal of time and attendance records showing the hours worked? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- c. Do procedures provide for the employee and supervisor to sign time sheets? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- d. Are there written procedures for the preparation of activity (time distribution) reports? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- e. Are activity report procedures designed to reflect actual rather than planned activity? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- f. Are activity report procedures designed to account for all of an employee's work hours? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- g. Are activity reports prepared reasonably close in time to the worked performed? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- h. Do the employee and the immediate supervisor sign activity reports? Yes \_\_\_\_\_ No \_\_\_\_\_

**Financial Operations - Specific**

**Workforce Innovation and Opportunity Act (WIOA)**

All costs under WIOA must be allocated/classified in accordance with 667.220

- A. Cost Category Limitations states that (1) no more than 10% of the funds available through a program year allocation may be spent on Administrative Costs; (2) At least 90% of the funds available through a program year allocation must be spent on Program Costs (Adult, Dislocated Worker funds); and (3) At least 30% of Youth funds be spent on Out of School youth.

1. Is the Local Area Cost Classification between programs in adherence with the WIOA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is the Cost Classification Plan properly documented? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is the Cost Classification Plan based on percentage (%)? Yes \_\_\_\_\_ No \_\_\_\_\_

(Provide a list of personnel allocating cost to WIOA Program and Admin).

4. Are the job descriptions for program staff proper and reasonable? Yes No \_\_\_\_\_

5. How does the WDB ensure that at least ten percent (10%) and ninety percent (90%) of the Adult and Dislocated Worker funds are allocated and expended properly?

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**B. Adult and Dislocated Worker Activities Under Title I of the WIOA (Part 663)**

1. Does the statutory priority for use of Adult funds also apply to Dislocated Worker funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_ 663.610

2. Are OJT payments to employers deemed to be compensated for the extra ordinary costs associated with training participants and costs associated with the lower productivity of the participants? Yes \_\_\_\_\_ No \_\_\_\_\_ 663.710

3. Are employer-supported OJT funds or customized training funds used to assist, promote or deter union organizing? Yes \_\_\_\_\_ No \_\_\_\_\_ 663.730

4. Are there limits on the amounts or duration of funds for supportive services?  
Yes \_\_\_\_\_ No \_\_\_\_\_ 663.810

5. Is there a system in place capable of recording needs-related payments?  
Yes \_\_\_\_\_ No \_\_\_\_\_ 663.815

6. What is the needs-related payment level for Adults? 663.840 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the needs-related payment level for Dislocated Workers? 663.840  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is the needs-related payment level for participants who were eligible for unemployment compensation as a result of the qualifying dislocation? 663.840  
\_\_\_\_\_  
\_\_\_\_\_

9. What is the needs-related payment level for participants who did not qualify for unemployment? 663.840 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have needs-related payments been issued to individuals that did not meet

**eligibility**

**requirements? Yes**

**No \_\_\_\_\_**

**11. Were there any transfers of funds between programs? Yes No \_\_\_\_\_**

**C. Individual Training Accounts, Reference: ACT, Section 134(d) (4); Regulations 663.400**

<b>ITA EXPENDITURES</b>			
<b>Program Year</b>	<b>Budget</b>	<b>Y-T-D Actual Expenditures</b>	<b>Variance</b>
PY15		_____	_____
<b>Program Year</b>	<b>Budget</b>	<b>Year-End Actual Expenditures</b>	
PY14		_____	_____

**Review the local Board established system for providing ITAs for Adults and Dislocated Workers.  
663.410**

1. **Describe the internal control process by which the funds are budgeted to the ITA and the process for tracking expenditures from the ITA to ensure compliance with budgeted amounts.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. **What mechanism is used to document prior approval and thus allow individuals to make expenditures from their ITA?**  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. **What type of supporting documentation is required for purchases from an ITA?**  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. **Is supporting documentation reviewed against the training plan for expenditures from an individual's ITA? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain**  
 \_\_\_\_\_

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5. How are payments made from \_\_\_\_\_ Electronic Transfer of  
ITAs? \_\_\_\_\_  
Funds \_\_\_\_\_ Vouchers \_\_\_\_\_  
Other \_\_\_\_\_

6. Is there a policy to establish a range of amounts and/or a maximum amount applicable to all  
ITAs? **663.420(a) (2)**

Yes \_\_\_\_\_ No \_\_\_\_\_

time? \_\_\_\_\_

7. Is there a time limitation on the ITA? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what is the duration of \_\_\_\_\_

8. Are such limitations established by the WDB described in the Local Board plans? \_\_\_\_\_

663.420(c) Yes \_\_\_\_\_ No \_\_\_\_\_

9. How does the WDB ensure ITA maximums are not exceeded? \_\_\_\_\_

10. Has the WDB established accounting procedures to ensure proper use and tracking of funds \_\_\_\_\_

per participant? Yes \_\_\_\_\_ No \_\_\_\_\_

(Examine payment vouchers, related entries in \_\_\_\_\_

the accounting records, and canceled checks for selected ITA transactions.)

11. Under what circumstances does the WDB allow for payment mechanisms other than ITAs for Adults and Dislocated Worker? 663.430

**D. Youth Activities Under Title I of the WIOA (664.440)**

1. Is the 30% requirement of Youth funds used to provide activities for out-of-school Youth only? Yes \_\_\_\_\_ No \_\_\_\_\_ 664.320

2. If the answer to question 1 is no, discuss why the 30% is not used to provide activities for out-of-school Youth. \_\_\_\_\_

3. How does the WDB ensure that at least thirty percent (30%) of the Youth funds are expended for services to out-of-school Youth? 664.320

4. Are WIOA funds used to pay wages and related benefits for work experiences in the public, private, for-profit or non-profit sectors? 664.470 Yes \_\_\_\_\_ No \_\_\_\_\_

5. Describe the WDB's process for selecting Youth operators.

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6. Were any Youth funds used to develop or implement education curricula for school systems? Yes \_ No Section 129(b) (4).

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MOUNTAIN AREA WORKFORCE  
DEVELOPMENT BOARD

WORKFORCE INNOVATION AND  
OPPORTUNITY ACT  
(WIOA)

MONITORING GUIDE

Contractor Name  
Program Name

(Adult/DW/Youth)

Submitted by:

MLA WIOA Monitoring Tool

**PROGRAM OPERATIONS REVIEW**

**CONTRACTOR REVIEW INFORMATION**  
(Program Operations)

**Contractor:**

**Address:**

**Chief Administrator:**

**Date(s) of Review:**

**Grant Number(s)**

2020 (Adult)

2030 (Dislocated Worker)

2040 (Youth)

**Contact Person:**

**Title:**

**Phone Number:**

**E-Mail Address:**

**Fax Number:**

**Reviewer(s):**

**Title:**

**Review Date:**

**A. Brief summary of overall findings, including program strengths and areas needing improvement.**

**Adult/Dislocated Worker Tables**

**PY 2013 WIOA Plan of Enrollment through \_\_\_\_\_:**

<b>PROGRAM</b>	<b>PLAN ENROLLMENT</b>	<b>NUMBER SERVED</b>	<b>% PLAN SERVED</b>
<b>ADULT</b>			
<b>DW</b>			

**PY 2012 FINAL PERFORMANCE REPORT:**

<b>PERFORMANCE MEASURE</b>	<b># EXITED PROGRAM</b>	<b>ACTUAL</b>	<b>STANDARD</b>	<b>VARIANCE</b>
----------------------------	-------------------------	---------------	-----------------	-----------------

<b>ADULT:</b>				
Entered Employment 10/1/2011 – 9/30/2012				
Retention 4/1/2011 – 3/31/2012				
Average Earnings 4/1/2011 – 3/31/2012				
<b>DISLOCATED WORKER:</b>				
Entered Employment 10/1/2011 – 9/30/2012				
Retention 4/1/2011 – 3/31/2012				
Average Earnings 4/1/2011 – 3/31/2012				

**PY 2013 PARTIAL PERFORMANCE REPORT:**

<b>PERFORMANCE MEASURE</b>	<b># EXITED PROGRAM</b>	<b>ACTUAL</b>	<b>STANDARD</b>	<b>VARIANCE</b>
<b>ADULT:</b>				
Entered Employment 10/1/2012 – 9/30/2013				
Retention 4/1/2012 – 3/31/2013				
Average Earnings 4/1/2012 – 3/31/2013				
<b>DISLOCATED WORKER:</b>				
Entered Employment 10/1/2011 – 9/30/2012				
Retention 4/1/2011 – 3/31/2012				
Average Earnings 4/1/2011 – 3/31/2012				

**Youth Tables**

PY 2013 WIOA Enrollment verses Plan through: \_\_\_\_\_

<b>PROGRAM</b>	<b><u>PLAN</u> <u>ENROLLMENT</u></b>	<b><u>NUMBER</u> <u>SERVED</u></b>	<b><u>%</u> <u>SERVED</u></b>	<b><u>PLAN</u></b>
Youth				

**PY 2012 FINAL PERFORMANCE REPORT:**

YOUTH COMMON MEASURES		ATTAINED	STANDARD	VARIANCE
Attainment of Diploma 10/1/2011 – 9/30/2012				
Placement in Employment or Education 10/1/2011 – 9/30/2012				

**PY 2013 PARTIAL PERFORMANCE REPORT:**

YOUTH COMMON MEASURES	# EXITED PROGRAM	ATTAINED	STANDARD	VARIANCE
	Attainment of Diploma 10/1/2012 – 9/30/2013			
Placement in Employment or Education 10/1/2012 – 9/30/2013				

## PY 2013 Charts

### PY2013 Performance Chart

*A column chart that compares enrollments of Adults and Dislocated Workers and compares exits with positive outcomes at the time of exit.*

### PY2013 Demographic Charts

*Pie charts that compare enrollments regarding sex, race, and ethnicity with the area's demographic record from the most recent census report.*

## Administrative Operations

### B. Management Information Systems/Records

1. Review the record retention and disposition system.
2. Describe the participant filing system to ensure there is a systematic approach to filing of participant documents.
3. Describe the Contractor's approach to keying participant data into the NCWorks Online management information system.
4. Who controls the distribution and maintenance of passwords to the NCWorks Online management information system?  
  
Is it adequate to maintain security of the system?
5. How often does the MIS Super User run the edit checks? If an edit reveals incorrect data, how is the correct data obtained and entered?
6. Exiting a participant:
  - a. When a participant is no longer receiving WIOA services, how does the WDB determine when it is appropriate to allow the system to exit an individual from WIOA?
  - b. Who enters the outcome data into the *WorkforcePlus* system? (WDB staff or case manager.)

### C. Eligibility Determination and Verification

1. Who is responsible for keying participant eligibility information into NCWorks Online?
2. File monitoring:
  - a. Review a random sampling of participant files. Participant file checklist.
  - b. Are there any files in the file review that lack case notes documenting provision of a WIOA service during the past 90 days? Yes \_\_\_\_ No \_\_\_\_

### D. Equal Opportunity – 29 CFR 37

1. **Is data collected in the following areas?**
  - a. **Customer Data**
    1. **Applicants/Eligible Applicants:**
      - a) The race/ethnicity, sex, age, and disability status, where known, of the applicant and the date of initial contact. Yes \_\_\_ No \_\_\_
      - b) The program (WIOA/WtW) for which the applicant was found eligible and the date. Yes\_\_ No\_\_\_
      - c) The reason the applicant was found ineligible, and the date. Yes \_\_\_\_ (if applicable) No\_\_\_
      - d) The specific training program (i.e., LPN, Secretarial, Data Processing, Computer Programmer) for which the individual applied. Yes \_\_\_\_ (if applicable) No\_\_\_

- e) The work history, education and other aspects of the individual's background used as selection and/or placement criteria. Yes\_\_\_ No\_\_\_
- f) The name and type of tests and other objective criteria used to determine selection and/or placement. Scores, the name of the person who administered the test or other criteria, and the date of testing should also be recorded. Yes\_\_\_ No\_\_\_
- g) Subjective criteria used to determine selection and/or placement. Yes\_\_\_ No\_\_\_
- h) For eligible applicants not enrolled, record the reason for non-selection, the name of the individual making this determination, his/her organization (WIOA, college, employer, etc.) and the date.

**2. Participants:**

- a) The enrollment date. Yes\_\_\_ No\_\_\_
- b) All training the individual received and the inclusive dates of the training. Yes\_\_\_ No\_\_\_
- c) The training "track" (OJT, classroom training, etc.) into which the individual was enrolled. Yes\_\_\_ No\_\_\_
- d) The organization with whom the participant was enrolled. Yes\_\_\_ No\_\_\_
- e) If the individual is receiving a wage, the amount and a record of any increases during the period of training. Yes\_\_\_ No\_\_\_
- f) Each service afforded the participant, and the inclusive dates of the service. Yes\_\_\_ No\_\_\_
- g) Any additional training, such as GED, and the inclusive dates of the additional training. Yes\_\_\_ No\_\_\_

**3. Terminees:**

- a) Reason for termination, whether it was a positive or a non-positive termination, and the date of the termination. Yes\_\_\_ No\_\_\_
- b) Dates and summaries of counseling prior to a non-positive termination. Yes\_\_\_ No\_\_\_

**E. EXITING WIOA**

1. Describe the process for determining the proper timing to allow the system to exit and individual from WIOA?
2. Name the person(s) and their title who makes the decision as to the proper time to exit participants from WIOA.
3. How is the decision documented?

**G. FOLLOW-UP**

1. Name the person(s) and provide their title who conducts follow-up activities for WIOA exiters.
2. Is the WIOA Participant Activity Record form properly completed for each exiter? Yes\_\_\_ No\_\_\_

\_\_\_\_\_

3. What services are provided during follow-up to WIOA exiters?
4. What additional job search assistance is provided to exiters who are unemployed during follow-up?
5. Are post exit follow-up contacts properly conducted and documented? Yes\_\_\_ No \_\_\_\_

**Mountain Local Area WIOA Youth Monitoring Guide**

**MOUNTAIN LOCAL AREA WILL HAVE SEPARATE FILES FOR YOUTH SERVED IN THESE PROGRAMS:**

**WIOA YOUTH**

**Operator Agency Name:**

**County:**

**Operator staff participating in review:**

**LA Reviewer:**

**Date of review:**

1. Are all youth documented as economically disadvantaged? Yes \_\_\_ No \_\_\_ Has the operator used the five (5%) percent window for youth? Yes \_\_\_ No \_\_\_

If Yes, serious barriers to employment

Was prior approval obtained from the LA? Yes \_\_\_ No \_\_\_

2. Has the operator enrolled youth in adult programs concurrently? Yes \_\_\_ No \_\_\_

Was prior LA approval obtained? Yes \_\_\_ No \_\_\_ If yes, describe the operator process for tracking, funding and providing services for concurrently enrolled youth/adults (18-21).

3. How does the operator track the requirement for enrollments of out-of-school youth? (If applicable)

Attach enrollment analysis.

4. How does the operator plan to conduct and track the required twelve-month (12) follow-up for youth?

5. Describe the operator's process for providing summer employment opportunities directly linked to academic and occupational learning and the youth's career path.

6. What steps is the operator taking to ensure that the Summer Employment Opportunities element becomes integrated into a year-round comprehensive program of services for youth?
7. Are the following areas included in the operator's design of the youth programs?
  - a. Objective assessment\_\_\_\_\_
  - b. Academic and occupational skill level\_\_\_\_\_
  - c. Individual Employability Plan (ISS)\_\_\_\_\_
  - d. Establishment of Career Goals\_\_\_\_\_
  - e. Preparation for post-secondary education opportunities\_\_\_\_\_
  - f. Linkages between academic and occupational learning\_\_\_\_\_
  - g. Preparation for employment\_\_\_\_\_
  - h. Links to the job market and employers\_\_\_\_\_

Note any deficiencies in delivery of any of the above elements:

8. Have payments been made using the incentive system? Yes \_\_\_ No \_\_\_  
If not, why?  
Describe feedback from the operator on the value of the incentive system.



9. Have any OJT contracts been executed? Yes \_\_\_ No \_\_\_ If yes, were they appropriate and properly developed? Yes \_\_\_ No \_\_\_
10. Has the contractor worked closely with the school system for career path information and coordination of services for in-school youth? Yes \_\_\_ No \_\_\_
- a. Describe examples of specific school system coordination of services.
11. Are SCANS competencies being emphasized and taught in work experiences?
- a. Yes \_\_\_ No \_\_\_
- b. Review a sample of work experience sites.
12. Do youths' timesheets reflect non-payment for the time spent in basic remediation? Yes \_\_\_ No \_\_\_
13. Are all teachers for basic education/remediation in the operator's program North Carolina certified? a. Yes \_\_\_ No \_\_\_
14. Is tutorial time being arranged as appropriate? Yes \_\_\_ No \_\_\_
15. Do all out-of-school youth have a mentor? Yes \_\_\_ No \_\_\_ Describe the mentoring system.
16. Is the operator tracking the progress of youth and facilitating all service needs, with referral if needed? Yes \_\_\_ No \_\_\_
- Describe a sample of the referrals that have taken place.
17. Is the operator using the Mountain Local Area youth skill attainment system?
- a. Yes \_\_\_ No \_\_\_
- b. Describe any problem areas.
18. Examine Workforce Plus records for timely input and accuracy.
19. General comments on file folders and documentation:
20. Interview a sample of youth participants about the program and record significant interview comments below.
21. Describe "best practices" below and strengths of the program.
22. Record any obstacles identified by the contractor to successful programs that the Youth Committee of the WDB could address.

23. Analyze the outcomes of the program. Is the program accomplishing the performance outcomes that are specified to meet and exceed the Mountain Local Area youth performance measures? Yes \_\_\_\_  
No \_\_\_\_

Identify the performance problems related to a "no" answer.

**ATTACHMENTS:**

# MOUNTAIN AREA WORKFORCE DEVELOPMENT BOARD YOUTH WORK EXPERIENCE MONITORING GUIDE

**PARTICIPANT NAME:**

---

**PROGRAM OPERATOR:**

---

**WORKSITE:**

---

**WORKSITE ADDRESS:**

---

**DATE MONITORED:**

---

**MONITOR:**

---

## I. Participant Interview

1. Did you receive an orientation for the WIOA work-experience program? Who provided this orientation?
2. What is your position?
3. Who is your supervisor?
4. Do you like your job?
5. What do you like most about your job?
6. What do you like least about your job?
7. What happens if you miss work, come late, or leave early? (make-up time, lose pay, nothing, don't know)

- 8. Does your supervisor give you work assignments and explain how to do the job? Example**
  
- 9. Is there enough work to keep you busy? If not, what do you do when you're not busy during your work schedule?**
  
- 10. If you have a problem or complaint about your job, what do you do?**
  
- 11. If you're injured on the job, what do you do?**

## **II. Supervisor Interview**

- 1. Did you receive an orientation for the work experience program? Who provided your orientation?**
- 2. Are you familiar with the worksite agreement? Where is it located?**
- 3. What is your job position at this worksite?**
- 4. How many youth participants do you supervise in the WIOA Work Experience Program?**
- 5. As a supervisor, what do you see your responsibilities as being? (*examples: make sure participants are working and have enough work, teaching the requirements of the job, including necessary skills, communicating good work habits, answering all participants work-related questions*)**
- 6. Is there enough work to keep youth busy?**
- 7. How much time each work day do you normally spend working directly with the participant?**
- 8. What hours do you work? What hours does the participant work?**
- 9. Do you know the procedure for reporting on-the-job accidents?**
- 10. Where do you keep the emergency contact information for the program operator and the participant?**
- 11. Would you consider hiring this youth participant once work experience was completed? If not your call, would you be willing to provide him/her with a reference or a letter of recommendation?**

### III. Program Operator Interview

1. Do you provide orientation for all participants and their potential supervisors before the participant begins work experience at a location?
2. Do you provide an orientation booklet for the supervisor and participant to refer back to?
3. What topics are discussed during orientation with a potential supervisor? (*Examples: what to do if there is a complaint or injury, sexual harassment issues, child labor laws, rules of conduct, worksite agreement, etc.*)
4. What topics are discussed during orientation with a participant? (*Examples: grievance procedures, what to do if the are injured, sexual harassment issues, child labor law issues, rules of conduct, etc.*)
5. Do you think this worksite offers a positive work experience to assist these youth in developing their future eligibility? Explain how?
6. If the worksite is predominately out-of-doors, are alternate arrangements available for inclement weather?
7. Are the worksite's activities recreational in nature? If yes, is the participant instructing youth? <sup>1</sup>
8. Has \_\_\_\_\_ had any problems getting \_\_\_\_\_ checks on time? What is the procedure for handling unclaimed checks?
9. Review the time keeping procedures for the following:
  - a. Is a daily record kept for each participant's time?
  - b. Are these records signed by the participant and the worksite personnel?

Contract #:

**Mountain Area Workforce Development Board**

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<sup>1</sup> NOTE: Recreational work activities should be scrutinized. It is only allowable if Participants are supervising, training, instructing or leading non-participants in recreational activities.

(Company Name)

## On-the-Job Training (OJT) Contract: Monitoring Tool

### Section 1: General Information

Please complete the following:		
TRAINEE NAME:	JOB TITLE:	EMPLOYER:
TRAINEE SUPERVISOR:	TITLE:	OJT TRAINING DATES:
NAME OF REVIEWER:	TITLE:	DATE OF REVIEW:

### Section 2: Trainee Interview

YES		NO	
<input type="checkbox"/>	<input type="checkbox"/>	1) Do you have a copy of your Training Plan?	
<input type="checkbox"/>	<input type="checkbox"/>	2) Are you receiving the type of training outlined on the Training Plan? If not, do you know why? Is there anything you would add to the training plan? Take away from the training plan?	
<input type="checkbox"/>	<input type="checkbox"/>	3) Who is providing the training and how much time do they typically spend with you during the day?	
<input type="checkbox"/>	<input type="checkbox"/>	4) Does your supervisor explain your assignments and provide support if needed? Example?	
<input type="checkbox"/>	<input type="checkbox"/>	5) Does your supervisor review your performance with you consistently? Example? How/how often?	
<input type="checkbox"/>	<input type="checkbox"/>	6) Do you have any concerns about the job; working conditions including safety provisions, supervision, working hours, pay, etc.? What do you like most about the job? Is there anything you dislike? What safety provisions are being taken?	

<input type="checkbox"/>	<input type="checkbox"/>	7) Do you have any additional comments, questions or concerns? <b>How do you believe the OJT program has helped you?</b> <hr/> <hr/> <hr/>
--------------------------	--------------------------	---

### Section 3: Employer/Supervisor Interview

YES		NO		
				1) Do you have a copy of the trainee's OJT Training Plan?
<input type="checkbox"/>	<input type="checkbox"/>			2) Is the Training Plan being followed? If not, why? <hr/> <hr/> <hr/>
				3) Who is providing the training and how much time do they typically spend with the trainee during the day? <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>			4) Do you review the trainee's progress with them regularly? Please explain. <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>			5) Is the trainee making satisfactory progress in learning the position? Please explain. <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>			6) In general, are you satisfied with the OJT experience including the trainee, contract process, training plan development, and evaluation process? <b>Trainee's strengths? Weaknesses?</b> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>			7) Do you have any other questions, comments or concerns? <hr/> <hr/> <hr/>

### Section 4: Signature



WIOA OJT AGENCY REPRESENTATIVE SIGNATURE:

DATE:

## OJT Monitoring Training Plan Objectives

Skills/Learning Objectives	Standard Training Hours	Anticipated Training Hours	Estimated Start Date	Estimated End Date	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

13						
14						
15						

# Workforce Innovation and Opportunity Act

**Adult/Dislocated Worker/Youth**

## MOUNTAIN LOCAL AREA EQUAL **OPPORTUNITY** **Monitoring Guide**

Mountain Area Workforce Development Board  
339 New Leicester Hwy, Suite 140  
Asheville, North Carolina 28806

## Equal Opportunity Monitoring Guide Instructions

- ❖ **Workforce Innovation and Opportunity Act Providers** need to **be prepared to answer** the administrative and program sections of the Monitoring Guide during the on-site visit by Local Area Staff. These sections have changed very little from last year.
- ❖ This guide is intended to cover the personnel and equal opportunity responsibilities associated with the Title I Workforce Innovation and Opportunity Act services that your agency provides.
- ❖ Monitoring activities may also include work site visits, class site visits, and customer interviews.
- ❖ Following the review, the LA staff will review any findings that have been noted, review additional documents if necessary, and resolve as many issues as possible. **If appropriate, operators are expected to respond to any issues in dispute at this time.** A summary of this meeting will be recorded and maintained at the LA office.
- ❖ **A written summary of the on-site, with any required corrective action, will be mailed to the operator following the review. The summary will include deadlines for corrective action and responses. Failure to comply with corrective action requirements in a timely manner may be referred to the Mountain Area Workforce Development Board for further action.**
- ❖ **The LA Monitor(s) will maintain complete monitoring records and will be responsible for tracking corrective action responses and any additional needed correspondence. Operators should contact the LA Monitor(s) directly with questions or comments. If necessary, Monitor(s) will direct inquiries to other appropriate staff.**

# MOUNTAIN AREA

## Workforce Development CONTRACTOR MONITORING GUIDE

**Contractor:**

**Address:**

**Contact**

**Person(s)/Title(s):**

**Telephone Number(s):**

**Date(s) Monitored:**

**Site(s) Monitored:**

**Mountain Area staff conducting review:**

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**CORRECTIVE ACTION REQUIRED AS A RESULT OF THIS REVIEW? \_\_YES \_\_NO**

**FOLLOW-UP REQUIRED? \_\_\_\_YES \_\_\_\_NO**

**Staff Signature(s):** \_\_\_\_\_

### SECTION I. Administrative Systems

**Personnel Procedures (please have a copy of your agency's personnel policy available for**

**YES NO N/A**

**review at the time of our on-site visit)**

1. Are personnel policies established in writing?
2. Are personnel policies readily available for review?
3. Are personnel policies readily available to individual staff member(s)?
4. Does the personnel policy cover the following?
  - Hiring Procedures
  - Employee Classifications
  - Termination
  - Grievance Procedures
  - Employee Benefits
  - Work Rules
  - EO Statement
  - Travel/Per Diem Policies
  - Nepotism
  - Non-Discrimination
  - Political Activities
  - Sectarian Activities
5. Have these policies been presented to and discussed with staff?
6. Does the contractor have a current organizational chart or diagram showing the relationship and lines of responsibilities among the various units/staff?
7. If the organizational chart has been modified or revised after contracting, has a copy of the

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	revised chart been submitted to the LA?		
8. Are there job descriptions available for review for each WIOA funded position in the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do staff job descriptions contain the following elements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Descriptions of each staff position's specific duties and responsibilities, including the percentage of time allocated to each funding source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Reflect actual job duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does each staff member have a copy of his/her job description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there procedures to ensure that all contractor staff are knowledgeable about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIOA rules and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do WIOA staff have in their possession all of the following:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Area Policy Manuals and Issuances?	-	Applicable Mountain	<input type="checkbox"/>
regulations?	-	Applicable Federal legislation and	<input type="checkbox"/>
- The Contractor's current, applicable Proposal ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all staff aware of individual expectations for outreach, enrollment goals, performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		goals, etc?	
14. Are all staff aware of program spending limits/ fund availability/procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personnel Procedures Comments:

**Notification of Fraud and Abuse**

	YES	NO	N/A
1. Does the Contractor have procedures for immediately notifying the LA in writing of any charges or allegations of criminal misconduct, fraud, or negligence in connection with the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification of Fraud and Abuse Comments:

**Contracting**

	YES	NO	N/A
1. Does the Contractor have procedures to prevent the subcontracting of any or all interests, work, or services under the Contract without prior written approval of the LA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Contractor acknowledge the LA or its assignee's rights to documents, materials, and data identified and produced under the Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contracting Comments:

**Worker's Compensation Policy or Medical Accident Insurance**

	YES	NO	N/A
1. Does the Contractor have clear documentation of Worker's Compensation or medical/accident/disease insurance policies covering all WIOA customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are customers provided with adequate on-site medical and accident insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Where customers are engaged in activities not covered under the Occupational Safety and Health Act of 1970, are there assurances that customers will not be exposed to training or working conditions which are unsanitary, hazardous, and/or dangerous to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worker's Compensation Policy/Medical Accident Insurance Policy Comments:

**Equal Opportunity Compliance**

**Equal Opportunity Officer (29 CFR 37.54 (d) (1) (ii))**

Please name your agency's Equal Opportunity Officer and give their non EO Position Title:

By what means has your agency made public the name, position title and telephone number (including TDD/TTY numbers) of the EO Officer:

	YES	NO	N/A
1. Does your organization chart show the EO Officer's position in the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have a documented position description for the Equal Opportunity Officer that includes all EO related responsibilities? If so, please have available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Equal Opportunity Officer had training to ensure competency in the area of Equal Opportunity responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide a list of EO training sessions and dates attended by the EO Officer and list any future training sessions scheduled with dates.

Equal Opportunity Officer Comments:

**Notice and Communication**

	YES	NO	N/A
1. Are the Office of Civil Rights and Equal Opportunity notices displayed in areas accessible to staff, applicants, and customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a signed copy of the EO Notice placed in each customer's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify locations where the notices are available:

Identify and provide documentation to substantiate the methods and frequency of dissemination of the Equal Opportunity Notice:

Describe how the EO Notice is made available to individuals with disabilities:

Notice and Communication Comments:

<b>Assurances</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the organization have written Equal Opportunity policies? If yes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they cover staff and customers funded by WIOA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the EO policies provide adequate systems to guarantee equal opportunity and nondiscrimination in programs funded under WIOA including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- The designation of an EO Officer and the public notification of this designation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Contract development that includes equal opportunity and nondiscrimination assurances and grievance procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures to ensure that all contractor staff are knowledgeable about Equal Opportunity rules and regulations and your EO Policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all WIOA funded staff have in their possession a copy of the Mountain Local Area Equal Opportunity Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are policy issuances developed in manner that promotes non-discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how your organization ensures that all staff are adequately trained regarding non-discrimination and equal opportunity responsibilities:

Assurances Comments:

<b>Universal Access</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Has the contractor made efforts (including outreach) to broaden the composition of the pool of those considered for participation and employment in their programs and activities in an effort to include members of both sexes, of the various racial and ethnic groups and of various age groups, as well as individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If so, please include a summary of those efforts and/or copies of the following: targeting, outreach and recruitment plans, criteria for determining priority of service, plans for the JobLinks to expand the pool of those considered for participation or employment in their programs by race/ethnicity, sex, disability status, and age.

	YES	NO	N/A
2. Are samples of brochures, posters, public service announcements, computer screens displaying related information and other publicity materials available for review? If so, please include copies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization provide persons with limited English speaking abilities equal opportunities to participate in programs and activities as those who proficient in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide customer information to persons with limited English speaking abilities in languages other than English? If yes, please provide a sample of those documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Access Comments:			
<b>Accessibility (Section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR 37.54 (d) (2) (v))</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the contractor assure that all areas of accessibility for persons with disabilities are within the guidelines of Section 504 of the Rehabilitation Act of 1974 and the Americans With Disabilities Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the agency completed an accessibility analysis with the assistance of persons with disabilities or other specially qualified individuals within the last year? - Is analysis available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have adequate steps been taken to address areas identified as problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4. Have all problem areas been resolved? If no, please specify problems areas that continue to exist along with plans and timelines for resolution of the deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does agency have telecommunications devices for individuals with hearing impairments (TDDs) or equivalent as required by 29 CFR Part 34?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there evidence that there are equal opportunities for participation for persons with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has guidance been sought from Services for the Blind to determine if additional reasonable accommodations need to be made for current or potential customers with visual impairments? If yes, please include documentation of the guidance provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Does literature and broadcast materials made available to the public include the following: - “Equal Opportunity Employer/Program(s)”? - “Auxiliary aids and services are available upon request to individuals with disabilities”? - Indication of a TDD/TTY number or provision for equally effective means of communication with individuals with hearing impairments? Please have copies of these materials available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Accessibility:

<b>Data Collection and Analysis (29 CFR 37.54(d) (1) (iv) and (vi))</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the Title I WIOA Service Provider collect the following demographic information for each registrant, applicant, eligible applicant, customer, employee and applicant for employment: - Race/ethnicity? - Sex? - Age? - Disability status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there evidence that programs contribute to the elimination of sex stereotyping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Title I WIOA service provider established a data collection and maintenance system for its Title I financially assisted programs to demonstrate equal opportunity performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide a copy of the data collected:

If no, please provide a plan with timelines to have the data collection and maintenance system in place regarding equal opportunity performance:

Please provide an analysis of data collected by race/ethnicity and sex, of program and employment activity, including but not limited to rates of application, registration into WIOA funded programs, job placement and outcomes:

Data Collection and Analysis Comments:			
<b>Monitoring</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does your agency have documented, policies and procedures for monitoring subcontractors (such as OJT) to insure Equal Opportunity compliance with those subcontracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there policies that address the handling of problems/issues that result from monitoring EO compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any EO violations been identified with any subcontractors during the current program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have those problems been resolved? If no, please comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are WIOA Service providers aware of the Local Area's responsibility to monitor each service provider for Equal Opportunity Compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Monitoring:			

<b>Discrimination Complaint Processing Procedures</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are there written procedures for addressing complaints of non-criminal and program discriminations, including discrimination on the basis of handicap/disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for grievances and complaints shared with staff and customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the written procedures contain provisions for the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Initial, written notice to the complainant that contains an acknowledgement that the contractor has received the complaint, and a notice that the complainant has a right to be represented in the complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A written statement, provided to the complainant, that contains a list of the issues raised in the complaint and for each issue, a statement whether the contractor will accept the issue for investigation or reject the issue, and the reasons for the rejection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A period for fact-finding or investigation of the circumstances underlying the complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A period during which the contractor attempts to resolve the complaint which includes alternative dispute resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Description of procedures to be followed if the complaint is filed more than 180 days after the date of the alleged violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Procedures for alternative dispute resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
4. Do the complaint procedures provide for the issuance of a written Notice of Final Action, provided to the complainant within 40 days of the date on the which the complaint was filed, that contains for each issue raised in the complaint:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Either a statement of the contractor's decision on the issue and an explanation of the reasons underlying the decision or a description of the way the parties resolved the issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- And a notice that the complainant has a right to file a complaint with Mountain Local Area or DET within 10 days of the date on which the Notice of Final Action is issued if he or she is dissatisfied with the final action on the complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Complaint Processing Procedures:

Equal Opportunity Corrective Action/Sanctions	YES	NO	N/A
1. Has corrective action been required from previous monitoring of Equal Opportunity compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have all corrective action steps resulted in complete correction of each violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have sanctions been required because voluntary compliance could not be achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Corrective Action/Sanctions:

**Overall Administrative Comments:**

# WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)



## MONITORING GUIDE

Submitted by:

MLA WIOA Monitoring Tool

## **PROGRAM OPERATIONS REVIEW**

### **CONTRACTOR REVIEW INFORMATION** (Program Operations)

Contractor:

Address:

Chief Administrator:

Date(s) of Review:

**Grant Number(s)**

2020 (Adult)

2030 (Dislocated Worker)

2040 (Youth)

Contact Person:

Title:

Phone Number:

E-Mail Address:

Fax Number:

Reviewer(s):

Title:

Supervisor's Review: Date:

**A. Brief summary of overall findings, including program strengths and areas needing improvement.**

**PY 2017 WIOA Plan:**

<b>PROGRAM</b>	<b>PLAN ENROLLMENT</b>	<b># INTENSIVE SERVED</b>	<b>% INTENSIVE SERVED</b>
<b>Adult</b>			
<b>DW</b>			

**PY 2016 FINAL PERFORMANCE REPORT:**

<b>Performance Measure</b>	<b># Program</b>	<b>Actual</b>	<b>Standard</b>	<b>Variance</b>
<b>ADULT:</b>				
<b>2Q Entered Employment</b>				
<b>2Q Median Earnings</b>				
<b>4Q Entered Employment</b>				
<b>Credential</b>				
<b>DW:</b>				
<b>2Q Entered Employment</b>				
<b>2Q Median Earnings</b>				
<b>4Q Entered Employment</b>				
<b>Credential</b>				

**PY 2017 PARTIAL PERFORMANCE REPORT:**

<b>Performance Measure</b>	<b># Program</b>	<b>Actual</b>	<b>Standard</b>	<b>Variance</b>
<b>ADULT:</b>				

<b>2Q Entered Employment</b>				
<b>2Q Median Earnings</b>				
<b>4Q Entered Employment</b>				
<b>Credential</b>				
<b>DW:</b>				
<b>2Q Entered Employment</b>				
<b>2Q Median Earnings</b>				
<b>4Q Entered Employment</b>				
<b>Credential</b>				
	5			

## PY 2016 Charts

### PY2017 Performance Chart

*A column chart that compares enrollments of Adults and Dislocated Workers and compares exits with positive outcomes at the time of exit.*

### PY2017 Demographic Charts

*Pie charts that compares enrollments regarding sex, race, and ethnicity with the area's demographic record from the most recent census report.*



## Administrative Operations

### B. Management Information Systems/Records

1. Review the record retention and disposition system.
2. Describe the participant filing system to ensure there is a systematic approach to filing of participant documents. (security of files – adequate protection of privacy)
3. Describe the Contractor's approach to keying participant data into the NCWorks Online management information system.
4. Who controls the distribution and maintenance of passwords to the NCWorks Online management information system?  
Is it adequate to maintain security of the system?
5. How often does the MIS Super User run the edit checks? If an edit reveals incorrect data, how is the correct data obtained and entered?

### C. Eligibility Determination and Verification

1. Review the Contractors eligibility determination and verification process.
2. Review a random sampling of individual files. *(10% of enrolled and 10% of exited individuals from each case manager's files.)*

### D. Equal Opportunity – 29 CFR 37

1. Is data collected in the following areas?
  - a. Customer Data
    1. Applicants/Eligible Applicants:
      - a) The race/ethnicity, sex, age, and disability status, where known, of the applicant and the date of initial contact. Yes \_\_ No \_\_
      - b) The program (WIOA) for which the applicant was found eligible and the date. Yes\_\_ No\_\_\_
      - c) The reason the applicant was found ineligible, and the date. Yes \_\_\_ (if applicable) No\_\_\_
      - d) The specific training program (i.e., LPN, Secretarial, Data Processing, Computer Programmer) for which the individual applied. Yes \_\_\_ (if applicable) No\_\_\_
      - e) The work history, education and other aspects of the individual's background used as selection and/or placement criteria. Yes\_\_\_ No\_\_\_ *(unless required by employer or educational program)*

- f) The name and type of tests and other objective criteria used to determine selection and/or placement. Scores, the name of the person who administered the test or other criteria, and the date of testing should also be recorded.  
Yes\_\_\_  
No\_\_\_
- g) Subjective criteria used to determine selection and/or placement. Yes\_\_\_  
No\_\_\_
- h) For eligible applicants not enrolled, record the reason for non-selection, the name of the individual making this determination, his/her organization (WIOA, college, employer, etc.) and the date.

2. Individuals:

- a) The enrollment date. Yes\_\_\_ No\_\_\_
- b) All training the individual received and the inclusive dates of the training.  
Yes\_\_\_ No\_\_\_
- c) The training "track" (OJT, classroom training, etc.) into which the individual was enrolled. Yes\_\_\_ No\_\_\_
- d) The organization with whom the participant was enrolled. Yes\_\_\_ No\_\_\_
- e) If the individual is receiving a wage, the amount and a record of any increases during the period of training. Yes\_\_\_ No\_\_\_
- f) Each service afforded the participant, and the inclusive dates of the service.  
Yes\_\_\_ No\_\_\_
- g) Any additional training, such as GED, and the inclusive dates of the additional training. Yes\_\_\_ No\_\_\_

3. Terminees:

- a) Reason for termination, whether it was a positive or a non-positive termination, and the date of the termination. Yes\_\_\_ No\_\_\_
- b) Dates and summaries of counseling prior to a non-positive termination.  
Yes\_\_\_ No\_\_\_

**E. DISLOCATED WORKERS**

- 1. Has the Contractor experienced any plant closures or mass layoffs within the past year? Yes  
\_\_\_\_\_  
No\_\_\_\_\_
- If yes, what are the names and locations of the plants?
- 2. Are there any dislocated workers using WIOA funds? Yes \_\_\_\_\_ No\_\_\_\_\_

3. Is there any coordination or dual enrollment with North American Free Trade Agreement (NAFTA) or Trade Adjustment Assistance (TAA) programs for dislocated workers? Yes \_\_\_\_\_  
No \_\_\_\_\_
4. Has the Contractor developed a policy on “self sufficiency?” Yes \_\_\_\_\_ (*established by the LA WDB*) No \_\_\_\_\_

#### **F. EXITING WIOA**

1. When an individual is no longer receiving WIOA services, how does the WDB determine when it is appropriate to allow the system to soft exit an individual from WIOA?
2. Who enters the outcome data into the NCWorks Online system? (*WDB staff or case manager.*)
3. How is the decision documented?

#### **G. FOLLOW-UP**

1. Name the person(s) and provide their title who conducts follow-up activities for WIOA exiters.
2. Is the WIOA Participant Activity Record form properly completed for each exiter? Yes \_\_\_\_\_  
No \_\_\_\_\_
3. What services are provided during follow-up to WIOA exiters?
4. What additional job search assistance is provided to exiters who are unemployed during followup?
5. Are post exit follow-up contacts properly conducted and documented? Yes \_\_\_\_\_ No \_\_\_\_\_

# Mountain Local Area WIOA Youth Monitoring Guide

## MOUNTAIN LOCAL AREA WILL HAVE SEPARATE FILES FOR YOUTH SERVED IN THESE PROGRAMS:

### WIOA YOUTH

**Operator Agency Name:**

**County:**

**Operator staff participating in review:**

**LA Reviewer:**

**Date of review:**

1. Are all youth documented as economically disadvantaged? Yes \_\_\_\_ No \_\_\_\_ Has the operator used the five (5%) percent window for youth?  
Yes \_\_\_\_ No \_\_\_\_  
If Yes, serious barriers to employment  
  
Was prior approval obtained from the LA? Yes \_\_\_\_ No \_\_\_\_
2. Has the operator enrolled youth in adult programs concurrently? Yes \_\_ No \_\_\_\_  
Was prior LA approval obtained? Yes \_\_ No \_\_ If yes, describe the operator process for tracking, funding and providing services for concurrently enrolled youth/adults (18-21).
3. How does the operator track the requirement for enrollments of out-of-school youth? (If applicable)  
  
Attach enrollment analysis.
4. How does the operator plan to conduct and track the required twelve-month (12) follow-up for youth?
5. Describe the operator's process for providing summer employment opportunities directly linked to academic and occupational learning and the youth's career path.
6. Are the following areas included in the operator's design of the youth programs?
  - a. Objective assessment \_\_\_\_\_
  - b. Academic and occupational skill level \_\_\_\_\_
  - c. Individual Employability Plan (ISS) \_\_\_\_\_
  - d. Establishment of Career Goals \_\_\_\_\_
  - e. Preparation for post-secondary education opportunities \_\_\_\_\_
  - f. Linkages between academic and occupational learning \_\_\_\_\_
  - g. Preparation for employment \_\_\_\_\_
  - h. Links to the job market and employers \_\_\_\_\_

Note any deficiencies in delivery of any of the above elements:

7. Have payments been made using the incentive system? Yes \_\_\_ No \_\_\_ If not, why?  
Describe feedback from the operator on the value of the incentive system.
8. Have any OJT contracts been executed? Yes \_\_\_ No \_\_\_ If yes, were they appropriate and properly developed? Yes \_\_\_ No \_\_\_
10. Has the contractor worked closely with the school system for career path information and coordination of services for in-school youth? Yes \_\_\_ No \_\_\_
  - a. Describe examples of specific school system coordination of services.
11. Review a sample of work experience sites.
12. Do youths' timesheets reflect non-payment for the time spent in basic remediation? Yes \_\_\_ No \_\_\_
13. Are all teachers for basic education/remediation in the operator's program North Carolina certified? a.  
Yes \_\_\_ No \_\_\_
14. Is tutorial time being arranged as appropriate? Yes \_\_\_ No \_\_\_
15. Do all out-of-school youth have a mentor? Yes \_\_\_ No \_\_\_ Describe the mentoring system.
16. Is the operator tracking the progress of youth and facilitating all service needs, with referral if needed?  
Yes \_\_\_ No \_\_\_  
  
Describe a sample of the referrals that have taken place.
17. Is the operator using the Mountain Local Area youth skill attainment system?
  - a. Yes \_\_\_ No \_\_\_
  - b. Describe any problem areas.
18. Examine NCWorks Online records for timely input and accuracy.
19. General comments on file folders and documentation:
20. Interview a sample of youth participants about the program and record significant interview comments below.
21. Describe the strengths of the program.

**ATTACHMENTS:**

## **MOUNTAIN AREA OVERSIGHT AND MONITORING TOOLS**

**Program Year 20108/2019**

- 1. Financial Operations Review**
- 2. Program Monitoring Tool**
- 3. Youth Work Experience Monitoring Tool**
- 4. On-the-Job Training (OJT) Monitoring Tool**
- 5. Equal Opportunity (EO) Monitoring Tool**

**FINANCIAL OPERATIONS REVIEW**

**Workforce Development Board (WDB):** \_\_\_\_\_

**Administrative Entity:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**WDB Administrator:** \_\_\_\_\_

**Date(s) of Review:** \_\_\_\_\_

**Fund Codes, Current Programs and Dollar Availability**

2010 Administrative \$ \_\_\_\_\_  
2030 DW (Local) \$ \_\_\_\_\_  
2040 Youth \$ \_\_\_\_\_  
2050 Statewide 10% \$ \_\_\_\_\_

2020 Adult \$ \_\_\_\_\_  
2031 Dislocated Worker Contingency  
Funds \$ \_\_\_\_\_

\_\_\_\_\_ other (specify) \$ \_\_\_\_\_ other (specify) \$ \_\_\_\_\_  
\_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**E-M Address** \_\_\_\_\_ **ail**

**DWS Reviewer** \_\_\_\_\_ **Title** \_\_\_\_\_

**Date:** / \_\_\_ / \_\_\_

**DWS Supervisor's Review** \_\_\_\_\_

**Brief summary of overall findings, including program strengths and areas needing improvement.**

\_\_\_\_\_

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**WDB Desk Review**

**A. Plan/Application Review**

**Review the current job training plan/application or other awards funded through the Division of Workforce Solutions.**

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**B. Performance Reviews**

- 1. Review the WISE financial data, including overall expenditures, cost category limitations, and cash**

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**drawdowns for all funds, etc. (check for progress toward the 70% spending goal).**

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2. Review the most recent audit and any audit resolution information. Determine if there are financial and administrative findings for which a review is required to determine if corrective action

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has

been implemented.

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3. Review the most recent monitoring report and supporting documentation. Determine if there were findings for which follow-up is needed.

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**23 Financial and Administrative Systems**

List the names and titles of individuals who supplied information for the completion of this section of the review.

FUNCTION	NAME	TITLE
Personnel		
Time Distribution Accts.		
Accounts Payable		
Accounts Receivable		
Budget		
Report Preparation		
Cash Receipts/Drawdowns		
Reconciliation		
Cash Management		
Check Preparation		
Check Signing		
Monitoring/Oversight		
Developing Policy		

Has the WDB undergone significant fiscal staffing changes within the last six months? If yes, describe the changes:

\_\_\_\_\_

\_\_\_\_\_

If yes to the above question, how does the WDB ensure that new fiscal staff are aware of WIOA requirements? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A. Accounting**

1. Describe the WDB's accounting method or system (software) used to track its WIOA expenditures.

\_\_\_\_\_

\_\_\_\_\_

2. Are financial transactions recorded in more than one accounting system or in one or more subsidiary systems and a central system? Yes  No  (If yes, how often are \_\_\_\_\_ subsidiary systems reconciled with the central system?)

\_\_\_\_\_

\_\_\_\_\_

3. Are the accounting records kept on an accrual or cash basis?  (If cash  basis, describe the methodology used to develop and track accruals to meet reporting requirements.) \_\_\_\_\_

\_\_\_\_\_

24

4. Are monthly trial balances current and available for review? Yes \_\_\_\_\_ No \_\_\_\_\_

5. What is the latest month for which accounting records are available?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is the general ledger supported with entry descriptions? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are journal entries periodically reviewed and approved by the financial manager? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Is there a chart of accounts and is it readily accessible by system users? (Obtain a copy if possible.) Yes \_\_\_\_\_ No \_\_\_\_\_

**B. Bookkeeping**

Select a sample of financial transactions for the period reviewed. Make sure all significant categories are included, e.g., payrolls, vendor payments, and payments to contractors.

1. Does the entity maintain complete documentation of financial transactions, including obligating funds, expenditures, cash receipts and disbursements?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Do salaries and bonuses of any WDB executives charged to WIOA programs exceed the 2014 limit of \$181,500 under Public Law 109-234? (TEGL 5-06) Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. If yes, what actions has the WDB taken to address the excess?  
\_\_\_\_\_
  
4. Do financial records appear accurate, current, complete, well organized, and free from excessive adjustments? Yes \_ No \_\_\_\_\_
  
5. Is the entity in compliance with the three-year record retention requirement?(In accordance with 29 CFR 97.42 and 29 CFR 95.53) Yes No \_\_\_\_\_
  
6. In your judgment, is the entity in compliance with the financial record requirements? Yes\_\_\_\_\_ No \_\_\_\_\_
  
7. List the documents reviewed: (list by topic, e.g., payroll, procurement, financial reporting, etc.)  
\_\_\_\_\_



**C. Budgeting**

1. Does the entity prepare a budget or plan for the use of funds for the term of the grant?  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. What action is taken by the entity when large variances between planned and actual costs occur? \_\_\_\_\_
3. Are all budget line items used in the budget also used for charging or accumulating costs in the accounting system? Yes \_ No \_\_\_\_\_
4. Has the current year budget been approved by the authorized official prior to expensing funds? Yes \_ No \_\_\_\_\_

**D. Financial Management**

**1. Determine the financial records that the agency maintains:**

	_____	General Ledger	_____	Accounts
Receivable Ledger	_____		_____	
	_____			Cash Receipts
JournalAccounts Payable Ledger	_____		_____	
	Check Register	Purchase Journal	_____	
	_____ Other:	_____	General Journal	

2. Are the records sufficient to prepare reports and trace funds including integration with the parent agency such as the county, city, or council of government?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**3. Review the agency's fiscal and accounting procedures. Does the manual adequately cover the following areas:**

	_____	_____	bonding	audit
	_____	_____	payroll-staff	cash
management	_____	_____		
	_____	_____		
payroll-	_____	participants	drawdowns or	_____
	_____			reimbursement
				travel procedures
				petty
cashpurchasing	_____	procedures	_____	
	_____	cost classification/bank reconciliation	chart of accounts	
		posting to books of account		
		cost allocation	reconciliation between	
	Individual Training	subsidiary and official records	Accounts (or	
	CAAs)			

**Discuss technical assistance or corrective action necessary.** \_\_\_\_\_

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4. Is the agency submitting accurate and timely monthly reports? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does the agency submit requests to change reports? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain. \_\_\_\_\_

6.

E. Cash Management

1. Does the subrecipient have a system for monitoring receipts, disbursements and balances of funds on a daily basis? Yes **No** \_\_\_\_\_

2. If cash drawdowns by the subrecipient are made well in advance of disbursement requirements, what is the rationale? \_\_\_\_\_

3. Overall, is the subrecipient in compliance with the requirement to avoid excess cash on hand? Yes **No** \_\_\_\_\_

4. Does the subrecipient have procedures for:

a. Obtaining cash timely? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Making timely but not premature payment of amounts it owes? Yes **No** \_\_\_\_\_

c. Taking advantage of discounts? Yes **No** \_\_\_\_\_

d. Avoiding late payment penalties? Yes \_\_\_\_\_ **No**

5. Briefly describe the cash management procedures.

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6. Are bank statements reconciled with the subrecipient's books at least monthly? Yes No (If no, what is the frequency?)

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7. Do reconciliation procedures provide for:

- a. Accounting for all check numbers used? Yes    No
- b. Identifying outstanding checks? Yes    No
- c. Investigating checks that have been outstanding for 30 days or more?  
Yes    No
- d. Tracing and reviewing transfers to and from bank accounts or fund accounts within the subrecipient or contractor structure? Yes    No
- e. Voided checks and voiding outstanding checks after a reasonably prescribed period? Yes    No
- f. Handling long-term and undelivered checks? Yes    No
- g. Comparing the    account    balance with the general ledger balance? Yes    No
- h. Determining if funds are in interest bearing accounts and covered by the Federal Deposits Insurance Corporation (FDIC). Yes    No



**F. Petty Cash**

**1. How are petty cash fund transactions reflected in the accounting system?**

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**2. Describe how petty cash is capitalized and replenished, the maximum amount in the fund, and what use limitations exist.**

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**3. What is the maximum single petty cash disbursement allowed? \_\_\_\_\_**

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**4. How often is the petty cash fund reconciled? \_\_\_\_\_**

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**5. Does someone reconcile the petty cash fund other than the custodian of the fund?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

a. **Who reconciles the petty cash fund?** \_\_\_\_\_

b. **Who is the fund custodian?** \_\_\_\_\_

**G. Disbursements**

**1. Participants Payment**

**a. Determine if payments to participants are made to registered participants in NCWorks Online.**

**(i) Verify samples from the Local Area Financial System to NCWorks Online**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**(ii) Verify samples from NCWorks Online to Local Area Financial System**  
Yes \_\_\_ No \_\_\_\_\_

**2. Supportive Services 101(46), 134(e) (2) (3)**

a. **Determine if the subrecipient has cooperative agreements with other agencies to provide supportive services.**

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- b. Review the subrecipient's needs-based payment policy, if any.
- c. Review procedures for providing the following supportive services:
  - Childcare
  - Transportation
  - Other supportive services
- d. If applicable, select a sample of needs-based payments to determine if payments are awarded in accordance with local policy. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. Review criteria for awarding incentive and bonus payments if applicable. (Criteria: attendance and performance) \_\_\_\_\_  
 \_\_\_\_\_

3. On-the-Job Training (References: Regulations 663.710 and DWS Policy Statements: No. 13-2013; Policy Statement No. 14-2013).

- a. Review a sample of OJT invoices to determine that the reimbursement, as a percentage of hourly wages, is up to: 90% when the employer size is 1-50; 75% when employer size is 51-250; and 50% when employer size is 251 or greater. Through a waiver granted by the U.S. Department of Labor, the following sliding reimbursement scale for employers can be used:

Hourly Wage Reimbursement :		Actual Reimbursement Rate	Met Requirement? Y/N
# Employed By Company	% of Hourly Average Wage Rate*		
1 – 50			
51 – 250			
251+			

- b. Does the WDB have a local wage rate cap? Y\_\_N\_\_\_\_\_
- c. Determine if the OJT participants are paid at the same rates as trainees or employees who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills. WIOA Sec. 181 (a) (1) (A), TEGL NO. 4-10

4. Internal Control

- a. What controls are in place for issuing checks or other forms of disbursements?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Who has check signing authority? \_\_\_\_\_

c. Do these individuals have access to accounting records?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (How many signatures are required on a check?) \_\_\_\_\_

d. Are purchase orders, vouchers and/or checks pre-numbered?  
Yes \_\_\_\_\_ No \_\_\_\_\_

e. Are checks or credit cards used to make all disbursements (except petty cash)? Yes  
\_\_\_\_\_ No \_\_\_\_\_

f. Who has access to the checks and/or check writing machine?

\_\_\_\_\_

g. Where are blank checks and/or signature machine kept?

\_\_\_\_\_

Are credit cards issued to staff? Yes \_\_\_\_\_ No \_\_\_\_\_

Are automatic teller cards issued? Yes they kept \_\_\_\_\_ No \_\_\_\_\_ (If Yes, where are and how are they controlled?)

j. Is fidelity bonding provided for the staff who handles funds?

h.

i.

Yes \_\_\_\_\_ No \_\_\_\_\_

k. Are salary advances or loans made to staff members? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, is there a policy?) \_\_\_\_\_

l. What controls are in place to ensure that all disbursements are recorded in the accounting system? \_\_\_\_\_



4. Review the methods used for control and monitoring of contractor/subcontractor expenditures to ensure the following:
- a. Contract/Subcontract amounts are not exceeded. \_\_\_\_\_
  - b. Expenditure goals/limitations by agency will be met. \_\_\_\_\_
  - c. Travel is properly documented and is reasonable and necessary. \_\_\_\_\_

**I. Financial Reporting**

1. Have contractors been instructed to report financial data in a manner which corresponds with the Division of Workforce Solutions reporting requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

(Obtain a copy of any requirements provided to contractors for reporting, including related subjects such as accounting, reconciliation, and documentation.)

2. Do the contractors report expenses on an accrual basis? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do the contractor's reporting requirements establish a report due date that is to allow for timely subrecipient reporting? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have contractor's reports been submitted in accordance with the requirements imposed? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

5. Are the reported data extracted from the contractor's official accounting system traceable to the subrecipient's general and/or subsidiary ledgers? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note:** Review and trace selected entries from the current month reports to make this determination and record findings.

**J. Program Income**

1. Does the subrecipient earn program income under WIOA Title I grants? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, are these funds properly recorded in WISE and used in accordance with program requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Briefly describe program income earned and ensure that it is, in fact, program income.

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3. Determine if the subrecipient's contractors are earning program income and that the subrecipient's monitors ensure that the contractors are recording income and using those funds according to State/Federal requirements.

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4. How does the subrecipient account for program income earned and used?

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5. Has program income been used in accordance with OMB circular and regulation requirements to further advance eligible project or program objectives? 29 CFR 97.25 & 29 CFR 95.24 Yes\_ No

**K. Monitoring**

1. Review the subrecipient's monitoring system to determine the following:

\_\_\_ Ensure that each contractor has a financial management system and procedures that are in accordance with generally accepted accounting principles (GAAP).  
Existence and adequacy of procedural guidelines.

\_\_\_ Adequacy of internal controls.

\_\_\_ Prompt and accurate posting and reconciliation of \_\_\_ bank statements.

\_\_\_ Accuracy of allocation of cost.

\_\_\_ Accuracy of classification of cost.

\_\_\_ Control over allowable cost.

Adequacy of documentation supporting expenditures and

allocations.

Security of petty cash.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accrual basis for reports.

Reasonableness of cost of space.

Adequacy of insurance coverage.

Effectiveness of cash management.

Effectiveness of monitoring maximum expenditures.

\_\_\_\_\_  
\_\_\_\_\_

Ensure that monitoring is occurring as planned.  
(Attach monitoring schedule)

2. Are contractors' financial and administrative activities monitored?

Yes \_\_\_\_\_

No \_\_\_\_\_

3. How frequently does the subrecipient monitor its contractors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Does the subrecipient monitor the integrity of the contractors' financial reporting?

Yes \_\_\_\_\_  
of accounting system,

\_\_\_\_\_

No In what way (e.g., on-site review

ledgers,  
etc.)? Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



5. Does the subrecipient's on-site review of contractors' programs include a review of cash management? Yes \_\_\_\_\_ No \_\_\_\_\_

6. In instances where a single audit is not required, what additional monitoring efforts are taken?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the procedure for ensuring that corrective action occurs and is documented?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**L. Procurement**

**1. Procedures**

a. Does the subrecipient have written procurement policies and procedures? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Do the procurement procedures:

1) Provide for a review of proposed procurements to avoid purchase of unnecessary or duplicate items? Yes \_ No \_\_\_\_\_

2) Break out procurements to obtain a more economical purchase?  
Yes \_\_\_\_\_ No \_\_\_\_\_

3) Require an analysis of lease versus purchase alternatives, and any other appropriate analysis to determine the most economical approach, if applicable? Yes \_\_\_\_ No \_\_\_\_\_

4) Provide that awards will only be made to responsible contractors possessing the ability to perform successfully under the terms and conditions of a proposed procurement? Yes  No

5) Consider the following: contractor integrity, compliance with public policy, record of past performance, and financial and technical resources? Yes  No

6) Require that records be kept sufficient to detail the significant history of procurement? (Records include but are not limited to: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.)  
Yes  No

7) Provide for protest procedures to handle and resolve disputes relating to their procurement actions and in all instances require disclosure information

regarding the protest to the awarding agency? (Must be done prior to pursuing protest.) Yes \_\_ No \_\_\_\_\_

c. Do the procedures require that the subrecipient request prior written approval for purchases when required by

OMB Circular A-87 (for governmental entities) or A- 122 (for non-governmental entities)? Yes \_\_\_\_\_ No \_\_\_\_\_

d. Do the policies and procedures require that all procurement transactions be conducted in a manner providing full and open competition? Yes\_\_ No\_\_\_\_

e. Do the subrecipient's procurement procedures allow any of the following restrictions:

1) Unreasonable requirements on firms in order for them to do business? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Unnecessary experience and excessive bonding? Yes \_\_\_\_\_ No \_\_\_\_\_

3) Non-competitive pricing practices among firms or among affiliated companies? Yes \_\_\_\_\_ No \_\_\_\_\_

4) Non-competitive awards to consultants that are on retainer contracts? Yes \_\_\_\_\_ No \_\_\_\_\_

5) Organizational conflicts of interest? Yes \_\_\_ No \_\_\_\_\_

6) Specify only a "brand name" product instead of allowing "an equal" product to be offered and describing the performance of other relevant requirements of the procurement? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Any arbitrary action in the procurement process? Yes \_\_\_\_\_ No \_\_\_\_\_

f. Are there policies and procedures to ensure that the use of non-competitive sole source procurements is minimized? Yes \_ No \_\_\_\_\_

- g. Do the policies and procedures require written justification for all sole source procurement actions? Yes \_\_\_ No \_\_\_\_**
- h. Does the subrecipient have written selection procedures for procurement transactions? Yes No  
\_\_\_\_\_**
- i. Do the selection procedures:**
- 1) Include a clear and accurate description of the technical requirements for the material, product, or service to be procured? Yes \_ No \_\_\_\_\_**
  - 2) Identify all requirements that the offerors must fulfill and all other factors to be used in evaluating bids or proposals?  
Yes \_\_\_\_\_ No \_\_\_\_\_**
  - 3) Require that all pre-qualified lists of persons, firms or products are current and include enough qualified sources to ensure maximum open and free competition? Yes No  
\_\_\_\_\_**

- 4) Ensure that subrecipient will not preclude potential bidders from qualifying during the solicitation period? Yes  No
- j. Are there written procedures to ensure that grant funds are not awarded to suspended or debarred organizations? Yes  No
- k. Are there written procedures to require that a cost or price analysis is performed for each procurement action? Yes  No
- l. Are there written procedures to require that profit be negotiated as a separate element in all contracts that allow for profit? Yes  No
- m. Are there written procedures and process to determine the reasonableness of profit? Yes  No
- n. Are there written procedures that prohibit the use of the "cost plus a percentage of cost" method of contracting? Yes  No
- o. Are there procedures that require that the subrecipient's contracts address the following requirements:
- 1) Administrative, contractual, or legal remedies for violations or breach of contract? Yes  No
  - 2) Termination for cause and for convenience? Yes  No
  - 3) Access by the State, Federal grantor agency, Comptroller General of the United States, or any of their duly authorized representatives to any book, documents, papers, and records of the contractor including participant files for data element validation which are directly pertinent to that specific contract for the purpose of making audit, examination, excerpts, and transcriptions? Yes  No
  - 4) Record retention \_\_\_\_\_ requirements? Yes  No
- 5) Equal Opportunities? Yes  No

- 6) Copeland Anti-Kickback Act? Yes
- 7) Davis Bacon Act? Yes      **No**
- 8) Compliance with all applicable standards, orders, or requirements issued under the Clear Air Act, Clean Water Act, and Environmental Protection Agency regulations for contracts and grants exceeding \$100,000? Yes      **No**
- 9) Contract work hours and safety standards? Yes      **No**
- 10) Reporting requirements? Yes      **No**
- 11) Patent rights? Yes      **No**
- 12) Copyrights and rights to data?      **No**      **Yes**

- p. Are procurement transactions between local Boards and units of State or local governments conducted on a cost reimbursement basis only?  
184(a)(3)(B) Yes \_\_\_\_\_ No \_\_\_\_\_
- q. Do procedures for the procurement system ensure that contractors perform in accordance with terms, conditions, and specifications of their contracts or purchase orders? Yes \_\_\_\_\_ No \_\_\_\_\_
- r. Is code of conduct requirements included in the subrecipient's procurement procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- s. Were any issues of non-compliance with code of conduct requirements found during this review? Yes \_\_\_\_\_ No \_\_\_\_\_
- t. Are WDB conflict of interest requirements included in the subrecipient's procurement procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- u. Were any WDB conflicts of interest found during this review? Yes \_\_\_\_\_ No \_\_\_\_\_

The reviewer should note the following requirements for WDB conflict of interest and code of conduct requirements:

**Code of Conduct**

No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved.

For example, such a conflict would arise when any of the following situations exist:

The employee, officer, agent, or any member of his/her immediate family, his/her partner or an organization which employs or is about to employ any of the above, has a financial interest in the firm selected for award.

The officers, employees, or agents will neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subagreements. Minimum rules may be set where the financial interest is not substantial or the gift is an unsolicited item of nominal intrinsic value. The extent permitted by State or local law or regulations, such standards or conduct will provide for penalties, sanctions, or other disciplinary actions for

violations of such standards by officers, employees, agents, or by contractors or their agents.

- v. Does the subrecipient have a written code of standards of conduct in its procurement procedures, or elsewhere, which govern the performance of their employees engaged in the award and administration of contracts?

Yes \_\_\_\_\_ No \_\_\_\_\_



w. Do these standards appear to protect against “conflict of interest,” real or apparent, in its procurement process? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**2. Methods**

**a. Small Purchase**

In accordance with 29 CFR, Parts 97 and 95, the small purchase threshold is set at \$100,000 unless a more restrictive State/sub-state requirement exists. Entities below the awarding entity (whether Federal, State, or local awarding entity, must abide by the awarding entity’s threshold).

1) Does the entity have written standards for small purchases?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) What is the entity’s small purchase threshold?

\_\_\_\_\_

**Sample Selection: For each purchase, review the following information and obtain a copy if necessary.**

- The description of the goods/services being procured.
- The pre-procurement cost estimate.
- The number of price quotes obtained.
- The determination whether these quotes were obtained from qualified sources.
- The determination if a price analysis was performed.
- The description of the basis for selection.
- The name of the award.
- The cost of the goods/services procured.

- The determinations whether there were multiple like procurements made which would cumulatively exceed State/local standards.

3) Were these small purchases made on the basis of full and open competition? Yes \_\_\_\_ No \_\_\_\_

4) Was a determination of demonstrated performance undertaken prior to award? Yes \_\_\_\_ No \_\_\_\_

5) What sources of information were used to arrive at this determination?

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6) Do these sources appear to be appropriate? Yes  
No

7) Is the small purchase process being used appropriately? (That is, purchases not broken down into smaller components to avoid use of the more stringent procurement requirements.) Yes \_ No \_\_\_\_

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8) Identify any strengths/weaknesses that you found: \_\_\_\_\_

**b. Competitive Proposal**

1) Does the entity have written standards for competitive proposals?  
Yes \_\_\_\_ No \_\_\_\_

2) Do the procedures serve to ensure full and open competition? Yes No  
\_\_\_\_

3) Does the entity have a documented methodology for technical evaluation?  
Yes \_\_\_\_ No \_\_\_\_

**Sample Selection:** For each transaction examined, obtain the following information, if necessary.

- The statement of work, and identify the goods/services being procured.
- The pre-procurement costs estimate.

- The Request for Proposals (RFPs).
  - The number of proposals received.
  - The determination if a price and
- 

cost analysis was performed.

- The basis for the selection of the awardees(s).
- The type of agreement.

4) Was the Request for Proposal (RFP) announced in a publication that had general circulation in the competitive area? Yes  No

5) Was an adequate response time provided? Yes  No

- 6) Did the RFP require the submission of a line item budget?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Did the RFP identify all significant selection factors?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) Was each step of the procurement process documented? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Did the file contain a justification for the type of agreement used? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) Was an independent estimate developed before proposals were received?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Was a cost/price analysis of proposals undertaken?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) Was a determination of demonstrated performance undertaken prior to award? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) What were the sources of information used to arrive at this determination?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 14) Do these sources appear to be appropriate? Yes \_\_\_\_\_ No \_\_\_\_\_
- 15) Is the agreement's statement of work consistent with the RFP statement of work? Yes \_\_\_\_\_ No \_\_\_\_\_
- 16) If the answer to 15. Above is no, were the differences a result of negotiation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 17) If the answer to 15. above is no, is there documentation in the file that addresses the differences? Yes \_\_\_\_\_ No \_\_\_\_\_

18) Were unsuccessful offerors notified promptly? No \_\_\_\_\_  
Yes \_\_\_\_\_

19) In your opinion, was the RFP Statement of Work (SOW) written in such a manner so as not to impose artificial barriers to preclude full and open competition? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, describe the barriers that the SOW appears to impose. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20) Identify any strengths/weaknesses that you found. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**c. Sealed Bid**

1) Does the entity have written standards for procurement by sealed bids?

Yes \_\_\_\_\_ No \_\_\_\_\_

2) Do the procedures help ensure full and open competition?

Yes \_\_\_\_\_ No \_\_\_\_\_

3) Does the entity have a documented methodology for technical evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Sample Selection:** For each transaction reviewed, obtain the following information, if necessary.

**The statement of work, and identify the goods/services being procured.**

- . **The pre-procurement cost estimate.**
- . **The Invitation for Bids (IFB).**
- . **The basis for selection of the awardees.**
- . **The cost of the goods/services.**

4) Was the IFB announced in a publication that had general circulation in the competitive area? Yes \_\_\_ No \_\_\_\_\_

5) Was an \_\_\_\_\_ adequate \_\_\_\_\_ response time No provided? Yes

6) Did the IFB include specifications and attachments defining goods and services? Yes \_\_\_\_\_ No \_\_\_\_\_

7) Were the bids opened publicly at the time and place

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specified in the invitation to bid? Yes No

\_\_\_\_\_

8) Were there two or more responsive bidders? Yes

No

\_\_\_\_\_

9) What was the number of bids received? \_\_\_\_\_

10) Was an independent estimate developed before proposals were received?

Yes \_\_\_\_\_ No \_\_\_\_\_

11) Was a cost/price analysis of proposals undertaken?

Yes \_\_\_\_\_ No \_\_\_\_\_



12) Was written notification of the award provided to the lowest responsible bidder? Yes \_\_\_ No \_\_\_

13) Was a determination of demonstrated performance undertaken prior to the award? Yes \_\_\_ No \_\_\_

14) What were the sources of information used to arrive at this determination?  
\_\_\_\_\_  
\_\_\_\_\_

15) Do these sources appear to be appropriate? Yes \_\_\_ No \_\_\_

16) If any bid was rejected, was it done on the basis of sound documented business reasons? Yes \_\_\_ No \_\_\_

17) Did the file contain a justification for the type of agreement used?  
Yes \_\_\_ No \_\_\_

18) In your opinion was the statement of work (SOW) written in such a manner so as not to impose artificial barriers to preclude full and open competition?  
Yes \_\_\_ No \_\_\_

19) Identify any strengths/weaknesses that you found.  
\_\_\_\_\_  
\_\_\_\_\_

**d. Sole Source**

1) Does the entity have written standards for noncompetitive sole source procurements? Yes \_\_\_ No \_\_\_

2) Does the entity have a documented methodology for technical evaluation of proposals that are awarded non-competitively?

Yes \_\_\_\_ No \_\_\_\_

**Sample Selection:** For each transaction being reviewed, obtain the following information, if necessary.

- The statement of work, and identify the goods/services being procured.
- The pre-procurement cost estimate.
- The justification for making a sole-source award.
- The determination if a price/cost analysis was performed.

3) Was there justification/documentation to support a finding that it was infeasible to do this procurement through small purchase procedures, sealed bids or competitive proposal? Yes  No

4) Does it appear that it was appropriate to make the award noncompetitively?  
Yes  No  If no, please explain.

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5) Did the procurement require additional review and/or higher level approval? Yes  No

6) Was a \_\_\_\_\_ cost/price analysis undertaken? Yes  No

7) Was a determination of demonstrated performance undertaken prior to award? Yes  No

8) What were the sources of information used to arrive at this determination?  
Yes  No

9) Do these sources appear to be appropriate? Yes  No

10) Did the same awardees appear more than once in the sample? Yes  No

If Yes, how many times and why?

11) In your opinion, is the sole-source process being used appropriately? Yes  No  If no, please explain: \_\_\_\_\_

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12) Identify any strengths/weaknesses that you found.

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**e. Procurement and Contracting Questionnaire:**

1) **What are the evidences of WDB involvement in the decision-making process (planning committees, minutes etc.)?**

2) **Are there copies of the solicitation package (e.g., RFP/RFQ/IFB/ITB) Yes\_\_\_\_\_No \_\_\_\_**

**\*Review the content of the solicitation package\***

3) **Is there a copy of the public notification available for review? Yes \_\_\_\_\_  
No \_\_\_\_\_**

4) **Is there a bidders' list to which notices were mailed? Yes \_\_\_\_\_  
No \_\_\_\_\_**

- 5) Is the Bidders' List updated and current? Yes \_\_\_ No \_\_\_  
\_\_\_\_\_
- 6) Is there a list of all organizations/entities that were sent a solicitation?  
Yes \_\_\_ No \_\_\_
- 7) Is there an agenda and the minutes of the bidders' conference, if a conference is conducted Yes No \_\_\_
- 8) Is there a copy of questions and answers about the RFP process, if applicable Yes No \_\_\_
- 9) Is there a completed log sheet for the receipt of bids?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 10) Are there copies of each bid which were received?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Are there rating and scoring sheets completed in the evaluation process?  
Yes \_\_\_ No \_\_\_
- 12) Was there any Business operation capability evaluations conducted?  
Yes \_\_\_ No \_\_\_
- 13) Is there proper documentation of the rationale for selection and funding of any offeror which do not receive the highest score/ranking in the evaluation process? Yes \_\_\_ No \_\_\_
- 14) What are the evidences of WDB approval of the procurement?
- 15) Are there completed Memo of Negotiations for each subrecipient contract? Yes \_\_\_  
\_No \_\_\_
- 16) Is there a completed cost analysis for each selected bidder?

Yes \_\_\_\_ No \_\_\_\_

17) Are there copies of any submitted grievances and the resolution, if any?

Yes \_\_\_\_ No \_\_\_\_

18) Are there any high risk determinations and special award/contract conditions? if appropriate Yes\_No \_\_\_\_

**f. Failed Procurement**

1) Review the WDB Failed Procurements to determine the following:

\_\_\_\_ Rationale for in-house training.

\_\_\_\_ All documentation including publication of the RFP's

\_\_\_\_ Review the content of the most recent RFP's and SOW's to determine if technical assistance is needed.

\_\_\_\_\_ Communications in regard to lack of responses from bidders.

\_\_\_\_\_ WDB Communications/Minutes/Decisions to conduct business in- house.

\_\_\_\_\_ Any State approvals, correspondences, emails relating to such failed procurements and the decision to conduct the business in- house.

### 3. Contracting

Note the types of contracts used by the subrecipient:  
cost-reimbursement\_\_\_\_, fixed unit price\_\_\_\_, other \_\_\_\_\_

Obtain the following information:

Program	Contractor	Length of Contract	Type of Service Provided	Areas Served	Contract Amount

1. Review the agency's procedures for negotiating, approving and signing contracts, modifications and agreements. Review a sample of contracts to determine if they were handled in accordance with these procedures. \_\_\_\_\_

2. Review all of the contract documents used by this agency. Determine if the contract documents contain provisions that clearly describe the responsibilities, goals and obligations of each party. \_\_\_\_\_

3. Determine if \_\_\_\_\_ contract documents contain basic elements provided in LA Issuance 2009-10 to assure sound program and financial management, including Equal Opportunity, property,

97.36.i \_\_\_\_\_

\_\_\_\_\_

5. **Property Control/Professional Services**

- a. **Were procedures shared with all staff and operators?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
- b. **Were procedures in accordance with the Division of Workforce Solutions' requirements? Yes \_\_\_ No \_\_\_\_\_**
  
- c. **What are the procedures for inventorying all fixed assets and conducting a physical inventory at least once a year?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- d. **Review a sample of inventory records, verify sample for location of property, and check general ledger for equipment purchases to see if they are listed on the inventory.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- e. **Determine if a competitive process is being followed when purchasing property. What is the process?** \_\_\_\_\_
  
- f. **Determine if there is a person designated to manage property, to maintain a property listing, and to check physical inventory. What is the position title?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- g. **Determine that cash proceeds from the sale of property are posted to the recipient's accounting records and used only for allowable purposes under the Act.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



- h. Determine if prior approval has been obtained for professional services and that the competitive process, when applicable, has been used.**

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**M. Audits**

- 1. Are all of the subrecipient's contractors subject to the performance of annual organization-wide audits (single audits)?** Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, are yearly audits or

**intensive**

**financial reviews performed (or arranged for) to ensure that funds are properly accounted for?) Yes      No**

\_\_\_\_\_

\_\_\_\_\_

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2. Has the contractor prepared and submitted to the subrecipient a fiscal and compliance audit within the earlier of 30 days after receipt of auditor's report, or nine months after the end of the audit period? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, what corrective action has taken?)  
been

\_\_\_\_\_

\_\_\_\_\_

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3. Determine if there are audit findings or questioned costs, which impact the Division of Workforce Solutions funded operations. (Select a sample of audit reports and/or review report files.)

\_\_\_\_\_

\_\_\_\_\_

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4. Has the subrecipient contractor prepared a written response to any audit

\_\_\_\_\_

findings or  
questioned cost? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain.

\_\_\_\_\_

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5. Has the subrecipient contractor implemented the corrective action plan

\_\_\_\_\_

outlined in the audit response? Yes \_\_\_\_\_ No \_\_\_\_\_  
If, no, explain.

\_\_\_\_\_

\_\_\_\_\_

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6. Determine if records indicate "stand-in costs." Are the stand-in costs allowable costs which were actually incurred but not charged to the program because:

a. Funding \_\_\_\_\_ No \_\_\_\_\_ limitations.  
Yes \_\_\_\_\_

b. Costs have been reported as uncharged program costs under the same title and in the same program in which the

disallowed costs were or would be incurred. Yes No

\_\_\_\_\_

c. Costs have been included within the scope of  
the audit. Yes No

\_\_\_\_\_

d. Costs have been accounted for in the auditor's  
financial system. Yes No

\_\_\_\_\_

e. Costs have been adequately documented in the same  
manner as all other program  
costs. Yes \_\_\_\_\_ No \_\_\_\_\_

## N. Cost Procedures

1. Review the written cost allocation plan to determine if it addresses the following areas. If any areas are omitted, determine what procedures are used to allocate those particular costs. If procedures are not in the cost allocation plan, the report should recommend that they be included.

Organization chart

\_\_\_\_\_

\_\_\_\_\_

Description of the types of service

\_\_\_\_\_

Copy of official financial

statements or budgets

\_\_\_\_\_

Proper cost category classification (administration versus program) of subrecipient expenses conforming to USDOL guidance

Expense items included in the cost of the services

\_\_\_\_\_

\_\_\_\_\_

The method used in distributing

the expenses

\_\_\_\_\_

\_\_\_\_\_

Certification by an authorized official

Identification of the department(s) rendering the service (summary cost allocation plan)

\_\_\_\_ Summary schedule of the allocations of central service costs to operating department(s)

2. Is the subrecipient using indirect No cost? Yes \_\_\_\_\_

3. Allowability of Costs

Note: To determine allowability, select a reasonable sample of various types of transactions, e.g., travel, salaries and benefits, utilities, communications, printing.

a. Are the costs reviewed in the sample of transactions allowable costs?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, identify all unallowable costs by

description and amount of each transaction and obtain copies.) \_\_\_\_\_

\_\_\_\_\_

b. Who is responsible for ensuring that costs are allowable?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Does the person responsible for ensuring that costs are allowable have a copy or access to applicable Federal cost principles, administrative requirements, and audit requirements? Yes  No

d. Is the determination of cost allowability taken into consideration before payment is made? Yes  No

**4. Personnel Cost Documentation**

- a. Are there written policies and procedures for employee time and attendance records? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- b. Are payrolls initiated through the submittal of time and attendance records showing the hours worked? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- c. Do procedures provide for the employee and supervisor to sign time sheets? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- d. Are there written procedures for the preparation of activity (time distribution) reports? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- e. Are activity report procedures designed to reflect actual rather than planned activity? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- f. Are activity report procedures designed to account for all of an employee's work hours? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- g. Are activity reports prepared reasonably close in time to the worked performed? Yes \_\_\_\_\_ No \_\_\_\_\_
  
- h. Do the employee and the immediate supervisor sign activity reports? Yes \_\_\_\_\_ No \_\_\_\_\_

**Financial Operations - Specific**

**Workforce Innovation and Opportunity Act (WIOA)**

All costs under WIOA must be allocated/classified in accordance with 667.220

- A. Cost Category Limitations states that (1) no more than 10% of the funds available through a program year allocation may be spent on Administrative Costs; (2) At least 90% of the funds available through a program year allocation must be spent on Program Costs (Adult, Dislocated Worker funds); and (3) At least 30% of Youth funds be spent on Out of School youth.

1. Is the Local Area Cost Classification between programs in adherence with the WIOA Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is the Cost Classification Plan properly documented? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Is the Cost Classification Plan based on percentage (%)? Yes \_\_\_\_\_ No \_\_\_\_\_

(Provide a list of personnel allocating cost to WIOA Program and Admin).

4. Are the job descriptions for program staff proper and reasonable? Yes No \_\_\_\_\_

5. How does the WDB ensure that at least ten percent (10%) and ninety percent (90%) of the Adult and Dislocated Worker funds are allocated and expended properly?

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**B. Adult and Dislocated Worker Activities Under Title I of the WIOA (Part 663)**

1. Does the statutory priority for use of Adult funds also apply to Dislocated Worker funds?  
Yes \_\_\_\_\_ No \_\_\_\_\_ 663.610

2. Are OJT payments to employers deemed to be compensated for the extra ordinary costs associated with training participants and costs associated with the lower productivity of the participants? Yes \_\_\_\_\_ No \_\_\_\_\_ 663.710

3. Are employer-supported OJT funds or customized training funds used to assist, promote or deter union organizing? Yes \_\_\_\_\_ No \_\_\_\_\_ 663.730

4. Are there limits on the amounts or duration of funds for supportive services?  
Yes \_\_\_\_\_ No \_\_\_\_\_ 663.810

5. Is there a system in place capable of recording needs-related payments?  
Yes \_\_\_\_\_ No \_\_\_\_\_ 663.815

6. What is the needs-related payment level for Adults? 663.840 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What is the needs-related payment level for Dislocated Workers? 663.840  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What is the needs-related payment level for participants who were eligible for unemployment compensation as a result of the qualifying dislocation? 663.840  
\_\_\_\_\_  
\_\_\_\_\_

9. What is the needs-related payment level for participants who did not qualify for unemployment? 663.840 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have needs-related payments been issued to individuals that did not meet

**eligibility**

**requirements? Yes**

**No \_\_\_\_\_**

**11. Were there any transfers of funds between programs? Yes No \_\_\_\_\_**

**C. Individual Training Accounts, Reference: ACT, Section 134(d) (4); Regulations 663.400**

<b>ITA EXPENDITURES</b>			
<b>Program Year</b>	<b>Budget</b>	<b>Y-T-D Actual</b>	<b>Variance</b>
		<b>Expenditures</b>	
PY23		_____	_____
		<b>Year-End Actual</b>	
		<b>Expenditures</b>	
PY22		_____	_____

**Review the local Board established system for providing ITAs for Adults and Dislocated Workers.  
663.410**

1. **Describe the internal control process by which the funds are budgeted to the ITA and the process for tracking expenditures from the ITA to ensure compliance with budgeted amounts.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. **What mechanism is used to document prior approval and thus allow individuals to make expenditures from their ITA?**  
 \_\_\_\_\_  
 \_\_\_\_\_
3. **What type of supporting documentation is required for purchases from an ITA?**  
 \_\_\_\_\_
4. **Is supporting documentation reviewed against the training plan for expenditures from an individual's ITA? Yes \_\_\_\_\_ No \_\_\_\_\_ if no, explain**  
 \_\_\_\_\_

---

5. How are payments made from \_\_\_\_\_ **Electronic Transfer of**  
ITAs? \_\_\_\_\_  
**Funds** \_\_\_\_\_ **Vouchers**  
**Other** \_\_\_\_\_

6. Is there a policy to establish a range of amounts and/or a maximum amount applicable to all ITAs? **663.420(a) (2)**

Yes \_\_\_\_\_ No \_\_\_\_\_

time? \_\_\_\_\_

7. Is there a time limitation on the ITA? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what is the duration of \_\_\_\_\_

8. Are such limitations established by the WDB described in the Local Board plans? \_\_\_\_\_

663.420(c) Yes \_\_\_\_\_ No \_\_\_\_\_

9. How does the WDB ensure ITA maximums are not exceeded? \_\_\_\_\_

10. Has the WDB established accounting procedures to ensure proper use and tracking of funds \_\_\_\_\_

per participant? Yes \_\_\_\_\_ No \_\_\_\_\_

(Examine payment vouchers, related entries in \_\_\_\_\_

the accounting records, and canceled checks for selected ITA transactions.)

11. Under what circumstances does the WDB allow for payment mechanisms other than ITAs for Adults and Dislocated Worker? 663.430

**D. Youth Activities Under Title I of the WIOA (664.440)**

1. Is the 30% requirement of Youth funds used to provide activities for out-of-school Youth only? Yes \_\_\_\_\_ No \_\_\_\_\_ 664.320

2. If the answer to question 1 is no, discuss why the 30% is not used to provide activities for out-of-school Youth. \_\_\_\_\_

3. How does the WDB ensure that at least thirty percent (30%) of the Youth funds are expended for services to out-of-school Youth? 664.320

4. Are WIOA funds used to pay wages and related benefits for work experiences in the public, private, for-profit or non-profit sectors? 664.470 Yes \_\_\_\_\_ No \_\_\_\_\_

5. Describe the WDB's process for selecting Youth operators.

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6. Were any Youth funds used to develop or implement education curricula for school systems? Yes \_ No Section 129(b) (4).

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MOUNTAIN AREA WORKFORCE  
DEVELOPMENT BOARD

WORKFORCE INNOVATION AND  
OPPORTUNITY ACT  
(WIOA)

MONITORING GUIDE

Contractor Name  
Program Name

(Adult/DW/Youth)

Submitted by:

MLA WIOA Monitoring Tool

**PROGRAM OPERATIONS REVIEW**

**CONTRACTOR REVIEW INFORMATION**  
(Program Operations)

**Contractor:**

**Address:**

**Chief Administrator:**

**Date(s) of Review:**

**Grant Number(s)**

2020 (Adult)

2030 (Dislocated Worker)

2040 (Youth)

**Contact Person:**

**Title:**

**Phone Number:**

**E-Mail Address:**

**Fax Number:**

**Reviewer(s):**

**Title:**

**Review Date:**

**A. Brief summary of overall findings, including program strengths and areas needing improvement.**



## Administrative Operations

### B. Management Information Systems/Records

1. Review the record retention and disposition system.
2. Describe the participant filing system to ensure there is a systematic approach to filing of participant documents.
3. Describe the Contractor's approach to keying participant data into the NCWorks Online management information system.
4. Who controls the distribution and maintenance of passwords to the NCWorks Online management information system?  
  
Is it adequate to maintain security of the system?
5. How often does the MIS Super User run the edit checks? If an edit reveals incorrect data, how is the correct data obtained and entered?
6. Exiting a participant:
  - a. When a participant is no longer receiving WIOA services, how does the WDB determine when it is appropriate to allow the system to exit an individual from WIOA?
  - b. Who enters the outcome data into the system? (WDB staff or case manager.)

### C. Eligibility Determination and Verification

1. Who is responsible for keying participant eligibility information into NCWorks Online?
2. File monitoring:
  - a. Review a random sampling of participant files. Participant file checklist.
  - b. Are there any files in the file review that lack case notes documenting provision of a WIOA service during the past 90 days? Yes \_\_\_\_ No \_\_\_\_

### D. Equal Opportunity – 29 CFR 37

1. Is data collected in the following areas?
  - a. **Customer Data**
    1. **Applicants/Eligible Applicants:**
      - a) The race/ethnicity, sex, age, and disability status, where known, of the applicant and the date of initial contact. Yes \_\_\_ No \_\_\_
      - b) The program (WIOA/WtW) for which the applicant was found eligible and the date. Yes\_\_ No\_\_\_
      - c) The reason the applicant was found ineligible, and the date. Yes \_\_\_\_ (if applicable) No\_\_\_
      - d) The specific training program (i.e., LPN, Secretarial, Data Processing, Computer Programmer) for which the individual applied. Yes \_\_\_\_ (if applicable) No\_\_\_

- e) The work history, education and other aspects of the individual's background used as selection and/or placement criteria. Yes\_\_\_ No\_\_\_
- f) The name and type of tests and other objective criteria used to determine selection and/or placement. Scores, the name of the person who administered the test or other criteria, and the date of testing should also be recorded. Yes\_\_\_ No\_\_\_
- g) Subjective criteria used to determine selection and/or placement. Yes\_\_\_ No\_\_\_
- h) For eligible applicants not enrolled, record the reason for non-selection, the name of the individual making this determination, his/her organization (WIOA, college, employer, etc.) and the date.

**2. Participants:**

- a) The enrollment date. Yes\_\_\_ No\_\_\_
- b) All training the individual received and the inclusive dates of the training. Yes\_\_\_ No\_\_\_
- c) The training "track" (OJT, classroom training, etc.) into which the individual was enrolled. Yes\_\_\_ No\_\_\_
- d) The organization with whom the participant was enrolled. Yes\_\_\_ No\_\_\_
- e) If the individual is receiving a wage, the amount and a record of any increases during the period of training. Yes\_\_\_ No\_\_\_
- f) Each service afforded the participant, and the inclusive dates of the service. Yes\_\_\_ No\_\_\_
- g) Any additional training, such as GED, and the inclusive dates of the additional training. Yes\_\_\_ No\_\_\_

**3. Terminees:**

- a) Reason for termination, whether it was a positive or a non-positive termination, and the date of the termination. Yes\_\_\_ No\_\_\_
- b) Dates and summaries of counseling prior to a non-positive termination. Yes\_\_\_ No\_\_\_

**E. EXITING WIOA**

1. Describe the process for determining the proper timing to allow the system to exit and individual from WIOA?
2. Name the person(s) and their title who makes the decision as to the proper time to exit participants from WIOA.
3. How is the decision documented?

**G. FOLLOW-UP**

1. Name the person(s) and provide their title who conducts follow-up activities for WIOA exiters.
2. Is the WIOA Participant Activity Record form properly completed for each exiter? Yes\_\_\_ No\_\_\_

\_\_\_\_\_

3. What services are provided during follow-up to WIOA exiters?
4. What additional job search assistance is provided to exiters who are unemployed during follow-up?
5. Are post exit follow-up contacts properly conducted and documented? Yes\_\_\_ No \_\_\_\_\_

**Mountain Local Area WIOA Youth Monitoring Guide**

**MOUNTAIN LOCAL AREA WILL HAVE SEPARATE FILES FOR YOUTH SERVED IN THESE PROGRAMS:**

**WIOA YOUTH**

**Operator Agency Name:**

**County:**

**Operator staff participating in review:**

**LA Reviewer:**

**Date of review:**

1. Are all youth documented as economically disadvantaged? Yes \_\_\_ No \_\_\_ Has the operator used the five (5%) percent window for youth? Yes \_\_\_ No \_\_\_\_\_

If Yes, serious barriers to employment

Was prior approval obtained from the LA? Yes \_\_\_ No \_\_\_

2. Has the operator enrolled youth in adult programs concurrently? Yes \_\_\_ No \_\_\_\_\_

Was prior LA approval obtained? Yes \_\_\_ No \_\_\_ If yes, describe the operator process for tracking, funding and providing services for concurrently enrolled youth/adults (18-21).

3. How does the operator track the requirement for enrollments of out-of-school youth? (If applicable)

Attach enrollment analysis.

4. How does the operator plan to conduct and track the required twelve-month (12) follow-up for youth?

5. Describe the operator's process for providing summer employment opportunities directly linked to academic and occupational learning and the youth's career path.

6. What steps is the operator taking to ensure that the Summer Employment Opportunities element becomes integrated into a year-round comprehensive program of services for youth?
7. Are the following areas included in the operator's design of the youth programs?
  - a. Objective assessment\_\_\_\_\_
  - b. Academic and occupational skill level\_\_\_\_\_
  - c. Individual Employability Plan (ISS)\_\_\_\_\_
  - d. Establishment of Career Goals\_\_\_\_\_
  - e. Preparation for post-secondary education opportunities\_\_\_\_\_
  - f. Linkages between academic and occupational learning\_\_\_\_\_
  - g. Preparation for employment\_\_\_\_\_
  - h. Links to the job market and employers\_\_\_\_\_

Note any deficiencies in delivery of any of the above elements:

8. Have payments been made using the incentive system? Yes \_\_\_\_ No \_\_\_\_  
If not, why?  
Describe feedback from the operator on the value of the incentive system.

9. Have any OJT contracts been executed? Yes \_\_\_ No \_\_\_ If yes, were they appropriate and properly developed? Yes \_\_\_ No \_\_\_
  
10. Has the contractor worked closely with the school system for career path information and coordination of services for in-school youth? Yes \_\_\_ No \_\_\_
  - a. Describe examples of specific school system coordination of services.
  
11. Are SCANS competencies being emphasized and taught in work experiences?
  - a. Yes \_\_\_ No \_\_\_
  
  - b. Review a sample of work experience sites.
  
12. Do youths' timesheets reflect non-payment for the time spent in basic remediation? Yes \_\_\_ No \_\_\_
  
13. Are all teachers for basic education/remediation in the operator's program North Carolina certified? a. Yes \_\_\_ No \_\_\_
  
14. Is tutorial time being arranged as appropriate? Yes \_\_\_ No \_\_\_
  
15. Do all out-of-school youth have a mentor? Yes \_\_\_ No \_\_\_ Describe the mentoring system.
  
16. Is the operator tracking the progress of youth and facilitating all service needs, with referral if needed? Yes \_\_\_ No \_\_\_
 

Describe a sample of the referrals that have taken place.
  
17. Is the operator using the Mountain Local Area youth skill attainment system?
  - a. Yes \_\_\_ No \_\_\_
  
  - b. Describe any problem areas.
  
18. Examine Workforce Plus records for timely input and accuracy.
  
19. General comments on file folders and documentation:
  
20. Interview a sample of youth participants about the program and record significant interview comments below.
  
21. Describe "best practices" below and strengths of the program.
22. Record any obstacles identified by the contractor to successful programs that the Youth Committee of the WDB could address.

23. Analyze the outcomes of the program. Is the program accomplishing the performance outcomes that are specified to meet and exceed the Mountain Local Area youth performance measures? Yes \_\_\_\_  
No \_\_\_\_

Identify the performance problems related to a “no” answer.

**ATTACHMENTS:**

# MOUNTAIN AREA WORKFORCE DEVELOPMENT BOARD YOUTH WORK EXPERIENCE MONITORING GUIDE

**PARTICIPANT NAME:**

---

**PROGRAM OPERATOR:**

---

**WORKSITE:**

---

**WORKSITE ADDRESS:**

---

**DATE MONITORED:**

---

**MONITOR:**

---

## I. Participant Interview

1. Did you receive an orientation for the WIOA work-experience program? Who provided this orientation?
2. What is your position?
3. Who is your supervisor?
4. Do you like your job?
5. What do you like most about your job?
6. What do you like least about your job?
7. What happens if you miss work, come late, or leave early? (make-up time, lose pay, nothing, don't know)

- 8. Does your supervisor give you work assignments and explain how to do the job? Example**
  
- 9. Is there enough work to keep you busy? If not, what do you do when you're not busy during your work schedule?**
  
- 10. If you have a problem or complaint about your job, what do you do?**
  
- 11. If you're injured on the job, what do you do?**



## **II. Supervisor Interview**

- 1. Did you receive an orientation for the work experience program? Who provided your orientation?**
- 2. Are you familiar with the worksite agreement? Where is it located?**
- 3. What is your job position at this worksite?**
- 4. How many youth participants do you supervise in the WIOA Work Experience Program?**
- 5. As a supervisor, what do you see your responsibilities as being? (*examples: make sure participants are working and have enough work, teaching the requirements of the job, including necessary skills, communicating good work habits, answering all participants work-related questions*)**
- 6. Is there enough work to keep youth busy?**
- 7. How much time each work day do you normally spend working directly with the participant?**
- 8. What hours do you work? What hours does the participant work?**
- 9. Do you know the procedure for reporting on-the-job accidents?**
- 10. Where do you keep the emergency contact information for the program operator and the participant?**
- 11. Would you consider hiring this youth participant once work experience was completed? If not your call, would you be willing to provide him/her with a reference or a letter of recommendation?**

### III. Program Operator Interview

1. Do you provide orientation for all participants and their potential supervisors before the participant begins work experience at a location?
2. Do you provide an orientation booklet for the supervisor and participant to refer back to?
3. What topics are discussed during orientation with a potential supervisor? (*Examples: what to do if there is a complaint or injury, sexual harassment issues, child labor laws, rules of conduct, worksite agreement, etc.*)
4. What topics are discussed during orientation with a participant? (*Examples: grievance procedures, what to do if the are injured, sexual harassment issues, child labor law issues, rules of conduct, etc.*)
5. Do you think this worksite offers a positive work experience to assist these youth in developing their future eligibility? Explain how?
6. If the worksite is predominately out-of-doors, are alternate arrangements available for inclement weather?
7. Are the worksite's activities recreational in nature? If yes, is the participant instructing youth? <sup>1</sup>
8. Has \_\_\_\_\_ had any problems getting \_\_\_\_\_ checks on time? What is the procedure for handling unclaimed checks?
9. Review the time keeping procedures for the following:
  - a. Is a daily record kept for each participant's time?
  - b. Are these records signed by the participant and the worksite personnel?

Contract #:

**Mountain Area Workforce Development Board**

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<sup>1</sup> NOTE: Recreational work activities should be scrutinized. It is only allowable if Participants are supervising, training, instructing or leading non-participants in recreational activities.

(Company Name)

## On-the-Job Training (OJT) Contract: Monitoring Tool

### Section 1: General Information

Please complete the following:		
TRAINEE NAME:	JOB TITLE:	EMPLOYER:
TRAINEE SUPERVISOR:	TITLE:	OJT TRAINING DATES:
NAME OF REVIEWER:	TITLE:	DATE OF REVIEW:

### Section 2: Trainee Interview

YES    N O		
<input type="checkbox"/>	<input type="checkbox"/>	1) Do you have a copy of your Training Plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you receiving the type of training outlined on the Training Plan? If not, do you know why? Is there anything 2) you would add to the training plan? Take away from the training plan?
		3) Who is providing the training and how much time do they typically spend with you during the day?
<input type="checkbox"/>	<input type="checkbox"/>	4) Does your supervisor explain your assignments and provide support if needed? Example?
<input type="checkbox"/>	<input type="checkbox"/>	5) Does your supervisor review your performance with you consistently? Example? How/how often?
<input type="checkbox"/>	<input type="checkbox"/>	6) Do you have any concerns about the job; working conditions including safety provisions, supervision, working hours, pay, etc.? What do you like most about the job? Is there anything you dislike? What safety provisions are being taken?

<input type="checkbox"/>	<input type="checkbox"/>	7) Do you have any additional comments, questions or concerns? <b>How do you believe the OJT program has helped you?</b> <hr/> <hr/> <hr/>
--------------------------	--------------------------	---

### Section 3: Employer/Supervisor Interview

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1) Do you have a copy of the trainee's OJT Training Plan?
<input type="checkbox"/>	<input type="checkbox"/>	2) Is the Training Plan being followed? If not, why? <hr/> <hr/> <hr/>
		3) Who is providing the training and how much time do they typically spend with the trainee during the day? <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	4) Do you review the trainee's progress with them regularly? Please explain. <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	5) Is the trainee making satisfactory progress in learning the position? Please explain. <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	6) In general, are you satisfied with the OJT experience including the trainee, contract process, training plan development, and evaluation process? <b>Trainee's strengths? Weaknesses?</b> <hr/> <hr/> <hr/>
<input type="checkbox"/>	<input type="checkbox"/>	7) Do you have any other questions, comments or concerns? <hr/> <hr/> <hr/>

### Section 4: Signature

WIOA OJT AGENCY REPRESENTATIVE SIGNATURE:

DATE:

## OJT Monitoring Training Plan Objectives

Skills/Learning Objectives	Standard Training Hours	Anticipated Training Hours	Estimated Start Date	Estimated End Date	Notes
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

13						
14						
15						

# Workforce Innovation and Opportunity Act

**Adult/Dislocated Worker/Youth**

## MOUNTAIN LOCAL AREA **EQUAL OPPORTUNITY** **Monitoring Guide**

Mountain Area Workforce Development Board  
339 New Leicester Hwy, Suite 140  
Asheville, North Carolina 28806

## Equal Opportunity Monitoring Guide Instructions

- ❖ **Workforce Innovation and Opportunity Act Providers** need to **be prepared to answer** the administrative and program sections of the Monitoring Guide during the on-site visit by Local Area Staff. These sections have changed very little from last year.
- ❖ This guide is intended to cover the personnel and equal opportunity responsibilities associated with the Title I Workforce Innovation and Opportunity Act services that your agency provides.
- ❖ Monitoring activities may also include work site visits, class site visits, and customer interviews.
- ❖ Following the review, the LA staff will review any findings that have been noted, review additional documents if necessary, and resolve as many issues as possible. **If appropriate, operators are expected to respond to any issues in dispute at this time.** A summary of this meeting will be recorded and maintained at the LA office.
- ❖ **A written summary of the on-site, with any required corrective action, will be mailed to the operator following the review. The summary will include deadlines for corrective action and responses. Failure to comply with corrective action requirements in a timely manner may be referred to the Mountain Area Workforce Development Board for further action.**
- ❖ **The Monitor(s) will maintain complete monitoring records and will be responsible for tracking corrective action responses and any additional needed correspondence. Operators should contact the Monitor(s) directly with questions or comments. If necessary, Monitor(s) will direct inquiries to other appropriate staff.**



# MOUNTAIN AREA

## Workforce Development CONTRACTOR MONITORING GUIDE

**Contractor:**

**Address:**

**Contact**

**Person(s)/Title(s):**

**Telephone Number(s):**

**Date(s) Monitored:**

**Site(s) Monitored:**

**Mountain Area staff conducting review:**

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**CORRECTIVE ACTION REQUIRED AS A RESULT OF THIS REVIEW? \_\_YES \_\_NO**

**FOLLOW-UP REQUIRED? \_\_\_\_YES \_\_\_\_NO**

**Staff Signature(s):** \_\_\_\_\_

### SECTION I. Administrative Systems

**Personnel Procedures (please have a copy of your agency's personnel policy available for**

**YES NO N/A**

**review at the time of our on-site visit)**

1. Are personnel policies established in writing?
2. Are personnel policies readily available for review?
3. Are personnel policies readily available to individual staff member(s)?
4. Does the personnel policy cover the following?
  - Hiring Procedures
  - Employee Classifications
  - Termination
  - Grievance Procedures
  - Employee Benefits
  - Work Rules
  - EO Statement
  - Travel/Per Diem Policies
  - Nepotism
  - Non-Discrimination
  - Political Activities
  - Sectarian Activities
5. Have these policies been presented to and discussed with staff?
6. Does the contractor have a current organizational chart or diagram showing the relationship and lines of responsibilities among the various units/staff?
7. If the organizational chart has been modified or revised after contracting, has a copy of the

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	revised chart been submitted to the LA?		
8. Are there job descriptions available for review for each WIOA funded position in the agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do staff job descriptions contain the following elements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Descriptions of each staff position's specific duties and responsibilities, including the percentage of time allocated to each funding source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Reflect actual job duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does each staff member have a copy of his/her job description?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there procedures to ensure that all contractor staff are knowledgeable about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIOA rules and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do WIOA staff have in their possession all of the following:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Local Area Policy Manuals and Issuances?	-	Applicable Mountain	<input type="checkbox"/>
regulations?	-	Applicable Federal legislation and	<input type="checkbox"/>
- The Contractor's current, applicable Proposal ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all staff aware of individual expectations for outreach, enrollment goals, performance goals, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all staff aware of program spending limits/ fund availability/procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personnel Procedures Comments:

**Notification of Fraud and Abuse**

	YES	NO	N/A
1. Does the Contractor have procedures for immediately notifying the LA in writing of any charges or allegations of criminal misconduct, fraud, or negligence in connection with the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notification of Fraud and Abuse Comments:

**Contracting**

	YES	NO	N/A
1. Does the Contractor have procedures to prevent the subcontracting of any or all interests, work, or services under the Contract without prior written approval of the LA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Contractor acknowledge the LA or its assignee's rights to documents, materials, and data identified and produced under the Contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contracting Comments:

**Worker's Compensation Policy or Medical Accident Insurance**

	YES	NO	N/A
1. Does the Contractor have clear documentation of Worker's Compensation or medical/accident/disease insurance policies covering all WIOA customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are customers provided with adequate on-site medical and accident insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Where customers are engaged in activities not covered under the Occupational Safety and Health Act of 1970, are there assurances that customers will not be exposed to training or working conditions which are unsanitary, hazardous, and/or dangerous to health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Worker's Compensation Policy/Medical Accident Insurance Policy Comments:

**Equal Opportunity Compliance**

**Equal Opportunity Officer (29 CFR 37.54 (d) (1) (ii))**

Please name your agency's Equal Opportunity Officer and give their non EO Position Title:

By what means has your agency made public the name, position title and telephone number (including TDD/TTY numbers) of the EO Officer:

	YES	NO	N/A
1. Does your organization chart show the EO Officer's position in the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have a documented position description for the Equal Opportunity Officer that includes all EO related responsibilities? If so, please have available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Equal Opportunity Officer had training to ensure competency in the area of Equal Opportunity responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide a list of EO training sessions and dates attended by the EO Officer and list any future training sessions scheduled with dates.

Equal Opportunity Officer Comments:

<b>Notice and Communication</b>	YES	NO	N/A
1. Are the Office of Civil Rights and Equal Opportunity notices displayed in areas accessible to staff, applicants, and customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is a signed copy of the EO Notice placed in each customer's file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please identify locations where the notices are available:

Identify and provide documentation to substantiate the methods and frequency of dissemination of the Equal Opportunity Notice:

Describe how the EO Notice is made available to individuals with disabilities:

Notice and Communication Comments:

<b>Assurances</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the organization have written Equal Opportunity policies? If yes,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do they cover staff and customers funded by WIOA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the EO policies provide adequate systems to guarantee equal opportunity and nondiscrimination in programs funded under WIOA including:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- The designation of an EO Officer and the public notification of this designation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Contract development that includes equal opportunity and nondiscrimination assurances and grievance procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures to ensure that all contractor staff are knowledgeable about Equal Opportunity rules and regulations and your EO Policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do all WIOA funded staff have in their possession a copy of the Mountain Local Area Equal Opportunity Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are policy issuances developed in manner that promotes non-discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe how your organization ensures that all staff are adequately trained regarding non-discrimination and equal opportunity responsibilities:

Assurances Comments:

<b>Universal Access</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Has the contractor made efforts (including outreach) to broaden the composition of the pool of those considered for participation and employment in their programs and activities in an effort to include members of both sexes, of the various racial and ethnic groups and of various age groups, as well as individuals with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If so, please include a summary of those efforts and/or copies of the following: targeting, outreach and recruitment plans, criteria for determining priority of service, plans for the JobLinks to expand the pool of those considered for participation or employment in their programs by race/ethnicity, sex, disability status, and age.

	YES	NO	N/A
2. Are samples of brochures, posters, public service announcements, computer screens displaying related information and other publicity materials available for review? If so, please include copies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization provide persons with limited English speaking abilities equal opportunities to participate in programs and activities as those who proficient in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you provide customer information to persons with limited English speaking abilities in languages other than English? If yes, please provide a sample of those documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universal Access Comments:			
<b>Accessibility (Section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR 37.54 (d) (2) (v))</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the contractor assure that all areas of accessibility for persons with disabilities are within the guidelines of Section 504 of the Rehabilitation Act of 1974 and the Americans With Disabilities Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the agency completed an accessibility analysis with the assistance of persons with disabilities or other specially qualified individuals within the last year? - Is analysis available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have adequate steps been taken to address areas identified as problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>YES</b>	<b>NO</b>	<b>N/A</b>
4. Have all problem areas been resolved? If no, please specify problems areas that continue to exist along with plans and timelines for resolution of the deficiencies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does agency have telecommunications devices for individuals with hearing impairments (TDDs) or equivalent as required by 29 CFR Part 34?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there evidence that there are equal opportunities for participation for persons with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has guidance been sought from Services for the Blind to determine if additional reasonable accommodations need to be made for current or potential customers with visual impairments? If yes, please include documentation of the guidance provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Does literature and broadcast materials made available to the public include the following: - “Equal Opportunity Employer/Program(s)”? - “Auxiliary aids and services are available upon request to individuals with disabilities”? - Indication of a TDD/TTY number or provision for equally effective means of communication with individuals with hearing impairments? Please have copies of these materials available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Accessibility:

<b>Data Collection and Analysis (29 CFR 37.54(d) (1) (iv) and (vi))</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does the Title I WIOA Service Provider collect the following demographic information for each registrant, applicant, eligible applicant, customer, employee and applicant for employment: - Race/ethnicity? - Sex? - Age? - Disability status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there evidence that programs contribute to the elimination of sex stereotyping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the Title I WIOA service provider established a data collection and maintenance system for its Title I financially assisted programs to demonstrate equal opportunity performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide a copy of the data collected:

If no, please provide a plan with timelines to have the data collection and maintenance system in place regarding equal opportunity performance:

Please provide an analysis of data collected by race/ethnicity and sex, of program and employment activity, including but not limited to rates of application, registration into WIOA funded programs, job placement and outcomes:

Data Collection and Analysis Comments:			
<b>Monitoring</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Does your agency have documented, policies and procedures for monitoring subcontractors (such as OJT) to insure Equal Opportunity compliance with those subcontracts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there policies that address the handling of problems/issues that result from monitoring EO compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any EO violations been identified with any subcontractors during the current program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have those problems been resolved? If no, please comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Are WIOA Service providers aware of the Local Area's responsibility to monitor each service provider for Equal Opportunity Compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments on Monitoring:			

<b>Discrimination Complaint Processing Procedures</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Are there written procedures for addressing complaints of non-criminal and program discriminations, including discrimination on the basis of handicap/disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are procedures for grievances and complaints shared with staff and customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the written procedures contain provisions for the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Initial, written notice to the complainant that contains an acknowledgement that the contractor has received the complaint, and a notice that the complainant has a right to be represented in the complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A written statement, provided to the complainant, that contains a list of the issues raised in the complaint and for each issue, a statement whether the contractor will accept the issue for investigation or reject the issue, and the reasons for the rejection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A period for fact-finding or investigation of the circumstances underlying the complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- A period during which the contractor attempts to resolve the complaint which includes alternative dispute resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Description of procedures to be followed if the complaint is filed more than 180 days after the date of the alleged violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Procedures for alternative dispute resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
4. Do the complaint procedures provide for the issuance of a written Notice of Final Action, provided to the complainant within 40 days of the date on the which the complaint was filed, that contains for each issue raised in the complaint:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Either a statement of the contractor's decision on the issue and an explanation of the reasons underlying the decision or a description of the way the parties resolved the issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- And a notice that the complainant has a right to file a complaint with Mountain Local Area or DET within 10 days of the date on which the Notice of Final Action is issued if he or she is dissatisfied with the final action on the complaint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Complaint Processing Procedures:

Equal Opportunity Corrective Action/Sanctions	YES	NO	N/A
1. Has corrective action been required from previous monitoring of Equal Opportunity compliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have all corrective action steps resulted in complete correction of each violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have sanctions been required because voluntary compliance could not be achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on Corrective Action/Sanctions:

**Overall Administrative Comments:**