MOUNTAIN AREA OVERSIGHT AND MONITORING TOOLS

Program Year 2020/21

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 $__________        2020 Adult $__________
2030 DW (Local) $__________        2031 Dislocated Worker Contingency Funds $__________
2040 Youth $__________
2050 Statewide 10% $

_____ other (specify) $ __________________________________________

_____ other (specify) $ __________________________________________

Contact Person __________________________ Title __________________________

Phone Number __________________________ Fax Number __________________________

E-M ail Address ________________________________________________

DWS Reviewer __________________________ Title __________________________

DWS Supervisor’s Review __________________________ Date: ___ / ___ / ___

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
A. Plan/Application Review

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

B. Performance Reviews

1. Review the WISE financial data, including overall expenditures, cost category limitations, and cash drawdowns for all funds, etc. (check for progress toward the 70% spending goal).

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 been implemented.

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

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

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

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. Discuss technical assistance or corrective action necessary.

__________________________
__________________________
__________________________
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. ______________________________

___________________________________________________________

___________________________________________________________

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

___________________________________________________________

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?

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

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

4. How often is the petty cash fund reconciled?

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.
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)

   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:

<table>
<thead>
<tr>
<th># Employed By Company</th>
<th>% of Hourly Average Wage Rate*</th>
<th>Actual Reimbursement Rate</th>
<th>Met Requirement? Y/N</th>
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<tr>
<td>1 – 50</td>
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<td>251+</td>
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   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?  


h. Are credit cards issued to staff? Yes _______ No _______  
i. 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? 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?
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.
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  

   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.

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.

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

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.

(Attachment 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 ________________  No ____ In what way (e.g., on-site review of accounting system, 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?

I. 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? No _____ Yes _____

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 _______ No _____
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? Yes ______ No ______
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? ________
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

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 _______________
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? 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. ___________________________________________________________
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 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
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Specified in the invitation to bid?</td>
<td>Yes _____ No _____</td>
</tr>
<tr>
<td>8) Were there two or more responsive bidders?</td>
<td>Yes __________ No _____</td>
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<tr>
<td>9) What was the number of bids received?</td>
<td>______</td>
</tr>
<tr>
<td>10) Was an independent estimate developed before proposals were received?</td>
<td>Yes _____ No _____</td>
</tr>
<tr>
<td>11) Was a cost/price analysis of proposals undertaken?</td>
<td>Yes _____ No _____</td>
</tr>
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</table>
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 non-competitive 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 non-competitively?
   Yes ____ No ____ If no, please explain.

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: _____________
    __________________________________________

12) Identify any strengths/weaknesses that you found. _____________
    __________________________________________
    __________________________________________
    __________________________________________

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:

<table>
<thead>
<tr>
<th>Program</th>
<th>Contractor</th>
<th>Length of Contract</th>
<th>Type of Service Provided</th>
<th>Areas Served</th>
<th>Contract Amount</th>
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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, subcontracting, reporting, invoicing, record retention, audit requirements, rights of access to records, etc. UAR
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?

h. 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.

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 ____

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 been taken?)

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.)

4. Has the subrecipient contractor prepared a written response to any audit findings or questioned cost? Yes ____  No ____  If no, explain.

5. Has the subrecipient contractor implemented the corrective action plan outlined in the audit response? Yes ____  No ____  If, no, explain.

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 limitations. No ____  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 cost? Yes No

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 work 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?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
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 extraordinary 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 ____
### Individual Training Accounts, Reference: ACT, Section 134(d) (4); Regulations 663.400

**ITA EXPENDITURES**

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Budget</th>
<th>Y-T-D Actual Expenditures</th>
<th>Variance</th>
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</table>

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 ITAs? ______ Electronic Transfer of 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 ___
7. Is there a time limitation on the ITA? Yes ____ No ____ If Yes, what is the duration of time? ____________________________________________________________________

________________________________________________________________________________________

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 ____

70
5. Describe the WDB’s process for selecting Youth operators.

6. Were any Youth funds used to develop or implement education curricula for school systems? Yes ________________ No ____ Section 129(b) (4).
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 ______________:**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>PLAN ENROLLMENT</th>
<th>NUMBER SERVED</th>
<th>% PLAN SERVED</th>
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**PY 2012 FINAL PERFORMANCE REPORT:**

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Youth Tables

PY 2013 WIOA Enrollment verses Plan through: _________

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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:
   b. Are there any files in the file review that lack case notes documenting provision of a WIOA service curing 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:
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?  

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?

---

1 NOTE: Recreational work activities should be scrutinized. It is only allowable if Participants are supervising, training, instructing or leading non-participants in recreational activities.
## Section 1: General Information

Please complete the following:

<table>
<thead>
<tr>
<th>TRAINEE NAME:</th>
<th>JOB TITLE:</th>
<th>EMPLOYER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINEE SUPERVISOR:</td>
<td>TITLE:</td>
<td>OJT TRAINING DATES:</td>
</tr>
<tr>
<td>NAME OF REVIEWER:</td>
<td>TITLE:</td>
<td>DATE OF REVIEW:</td>
</tr>
</tbody>
</table>

## Section 2: Trainee Interview

<table>
<thead>
<tr>
<th>YES</th>
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<td>1)</td>
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</table>

- Do you have a copy of your Training Plan?

- 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?

- Who is providing the training and how much time do they typically spend with you during the day?

- Does your supervisor explain your assignments and provide support if needed? Example?

- Does your supervisor review your performance with you consistently? Example? How/how often?

- 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?

- Do you have any additional comments, questions or concerns? How do you believe the OJT program has helped you?
### Section 3: Employer/Supervisor Interview

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

### Section 4: Signature

| WIOA OJT AGENCY REPRESENTATIVE SIGNATURE: | DATE: |
# OJT Monitoring
## Training Plan Objectives

<table>
<thead>
<tr>
<th>Skills/Learning Objectives</th>
<th>Standard Training Hours</th>
<th>Anticipated Training Hours</th>
<th>Estimated Start Date</th>
<th>Estimated End Date</th>
<th>Notes</th>
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</thead>
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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:

___________________________________________________________________________________

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 review at the time of our on-site visit)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1. Are personnel policies established in writing?</td>
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<td>2. Are personnel policies readily available for review?</td>
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<tr>
<td>3. Are personnel policies readily available to individual staff member(s)?</td>
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<tr>
<td>4. Does the personnel policy cover the following?</td>
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<tr>
<td>- Hiring Procedures</td>
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<tr>
<td>- Employee Classifications</td>
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<tr>
<td>- Termination</td>
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<tr>
<td>- Grievance Procedures</td>
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<tr>
<td>- Employee Benefits</td>
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<tr>
<td>- Work Rules</td>
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<tr>
<td>- EO Statement</td>
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<tr>
<td>- Travel/Per Diem Policies</td>
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<tr>
<td>- Nepotism</td>
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<tr>
<td>- Non-Discrimination</td>
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<tr>
<td>- Political Activities</td>
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<tr>
<td>- Sectarian Activities</td>
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<tr>
<td>5. Have these policies been presented to and discussed with staff?</td>
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<tr>
<td>6. Does the contractor have a current organizational chart or diagram showing the relationship and lines of responsibilities among the various units/staff?</td>
<td>☐</td>
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<tr>
<td>7. If the organizational chart has been modified or revised after contracting, has a copy of the revised chart been submitted to the LA?</td>
<td>☐</td>
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</tr>
<tr>
<td>8. Are there job descriptions available for review for each WIOA funded position in the agency?</td>
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<tr>
<td>9. Do staff job descriptions contain the following elements:</td>
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<tr>
<td>- Descriptions of each staff position's specific duties and responsibilities, including the percentage of time allocated to each funding source?</td>
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<tr>
<td>- Reflect actual job duties?</td>
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<tr>
<td>10. Does each staff member have a copy of his/her job description?</td>
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<tr>
<td>11. Are there procedures to ensure that all contractor staff are knowledgeable about WIOA rules and regulations?</td>
<td>☐</td>
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<tr>
<td>12. Do WIOA staff have in their possession all of the following:</td>
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<tr>
<td>- Applicable Mountain Local Area Policy Manuals and Issuances?</td>
<td>☐</td>
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<tr>
<td>- Applicable Federal legislation and regulations?</td>
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<tr>
<td>- The Contractor’s current, applicable Proposal?</td>
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<tr>
<td>13. Are all staff aware of individual expectations for outreach, enrollment goals, performance goals, etc?</td>
<td>☐</td>
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<tr>
<td>14. Are all staff aware of program spending limits/ fund availability/procedures?</td>
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</tbody>
</table>

**Personnel Procedures Comments:**

#### Notification of Fraud and Abuse

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>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?</td>
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</table>

**Notification of Fraud and Abuse Comments:**

#### Contracting

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Does the Contractor acknowledge the LA or its assignee's rights to documents, materials, and data identified and produced under the Contract?</td>
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</tbody>
</table>
Contracting Comments:

<table>
<thead>
<tr>
<th>Worker's Compensation Policy or Medical Accident Insurance</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the Contractor have clear documentation of Worker's Compensation or medical/accident/disease insurance policies covering all WIOA customers?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are customers provided with adequate on-site medical and accident insurance?</td>
<td>☐</td>
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<tr>
<td>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?</td>
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</table>

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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>1. Does your organization chart show the EO Officer’s position in the organization?</td>
<td>☐</td>
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</tr>
<tr>
<td>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.</td>
<td>☐</td>
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<tr>
<td>3. Has the Equal Opportunity Officer had training to ensure competency in the area of Equal Opportunity responsibilities?</td>
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</table>

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**

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<tr>
<th>YES</th>
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<tbody>
<tr>
<td>1. Are the Office of Civil Rights and Equal Opportunity notices displayed in areas accessible to staff, applicants, and customers?</td>
<td>☐</td>
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<tr>
<td>2. Is a signed copy of the EO Notice placed in each customer’s file?</td>
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</table>
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:

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

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

Assurances Comments:

<table>
<thead>
<tr>
<th>Universal Access</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<tbody>
<tr>
<td>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?</td>
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</table>
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.

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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<tr>
<th>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?</th>
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<tr>
<td>YES</td>
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</table>

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<tr>
<th>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.</th>
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<tbody>
<tr>
<td>YES</td>
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</table>

Universal Access Comments:

<table>
<thead>
<tr>
<th>Accessibility (Section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR 37.54 (d) (2) (v))</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
</tbody>
</table>

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? |
| ☐ | ☐ | ☐ |

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?

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

3. Have adequate steps been taken to address areas identified as problems?

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

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:

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

5. Does agency have telecommunications devices for individuals with hearing impairments (TDDs) or equivalent as required by 29 CFR Part 34?

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

6. Is there evidence that there are equal opportunities for participation for persons with disabilities?

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

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.

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

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?

| YES | NO | N/A |
| ☐ | ☐ | ☐ |

Please have copies of these materials available.
Comments on Accessibility:

### Data Collection and Analysis (29 CFR 37.54(d) (1) (iv) and (vi))

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>- Race/ethnicity?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>- Sex?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>- Age?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>- Disability status?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is there evidence that programs contribute to the elimination of sex stereotyping?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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:

---

### Monitoring

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your agency have documented, policies and procedures for monitoring subcontractors (such as OJT) to insure Equal Opportunity compliance with those subcontracts?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are there policies that address the handling of problems/issues that result from monitoring EO compliance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have any EO violations been identified with any subcontractors during the current program?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Have those problems been resolved? If no, please comment:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Are WIOA Service providers aware of the Local Area’s responsibility to monitor each service provider for Equal Opportunity Compliance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Comments on Monitoring:

<table>
<thead>
<tr>
<th><strong>Discrimination Complaint Processing Procedures</strong></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are there written procedures for addressing complaints of non-criminal and program discriminations, including discrimination on the basis of handicap/disability?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are procedures for grievances and complaints shared with staff and customers?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Do the written procedures contain provisions for the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- 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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- A period for fact-finding or investigation of the circumstances underlying the complaint?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- A period during which the contractor attempts to resolve the complaint which includes alternative dispute resolution?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Description of procedures to be followed if the complaint is filed more than 180 days after the date of the alleged violation?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Procedures for alternative dispute resolution?</td>
<td>YES</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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 which the complaint was filed, that contains for each issue raised in the complaint:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- 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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- 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?</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

Comments on Complaint Processing Procedures:

<table>
<thead>
<tr>
<th><strong>Equal Opportunity Corrective Action/Sanctions</strong></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has corrective action been required from previous monitoring of Equal Opportunity compliance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have all corrective action steps resulted in complete correction of each violation?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Have sanctions been required because voluntary compliance could not be achieved?</td>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>PLAN ENROLLMENT</th>
<th># INTENSIVE SERVED</th>
<th>% INTENSIVE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td></td>
<td></td>
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<tr>
<td>DW</td>
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PY 2016 FINAL PERFORMANCE REPORT:

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th># Program</th>
<th>Actual</th>
<th>Standard</th>
<th>Variance</th>
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</thead>
<tbody>
<tr>
<td>ADULT:</td>
<td></td>
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<tr>
<td>2Q Entered Employment</td>
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<tr>
<td>2Q Median Earnings</td>
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<tr>
<td>4Q Entered Employment</td>
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<td>Credential</td>
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<tr>
<td>Credential</td>
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<td>5</td>
</tr>
</tbody>
</table>

**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 exiting?  
   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. 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:**
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
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 $__________ 2020 Adult $__________
2030 DW (Local) $__________ 2031 Dislocated Worker Contingency Funds $__________
2040 Youth $__________
2050 Statewide 10% $_____

_____ other (specify) $__________________________
_____ other (specify) $__________________________

Contact Person ____________________________ Title ____________________________

Phone Number ____________________________ Fax Number ____________________________

E-M Address ____________________________

DWS Reviewer ____________________________ Title ____________________________

DWS Supervisor’s Review ____________________________ Date: ___ / ___ / ___

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
A. Plan/Application Review

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

B. Performance Reviews

1. Review the WISE financial data, including overall expenditures, cost category limitations, and cash drawdowns for all funds, etc. (check for progress toward the 70% spending goal).

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 been implemented.

3. Review the most recent monitoring report and supporting documentation. Determine if there were findings for which follow-up is needed.
List the names and titles of individuals who supplied information for the completion of this section of the review.

<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>NAME</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
<td></td>
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<tr>
<td>Time Distribution Accts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td></td>
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<tr>
<td>Budget</td>
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<tr>
<td>Report Preparation</td>
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<tr>
<td>Cash Receipts/Drawdowns</td>
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<td>Reconciliation</td>
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<td>Cash Management</td>
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<td>Check Preparation</td>
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<tr>
<td>Check Signing</td>
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<tr>
<td>Monitoring/Oversight</td>
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<tr>
<td>Developing Policy</td>
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</tbody>
</table>

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 Journal   ____ Accounts 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 procedures
   ____ travel                     ____ purchasing procedures
   ____ petty cash                 ____ bank reconciliation
   ____ cost classification/       ____ posting to books of account
       chart of accounts
   ____ cost allocation
   ____ Individual Training
       Accounts (or CAAs)
       ____ reconciliation between subsidiary and official records

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. Discuss technical assistance or corrective action necessary. ________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
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. __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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

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?

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

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

4. How often is the petty cash fund reconciled?

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.
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)

   ____________________________

   ____________________________


   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:

<table>
<thead>
<tr>
<th>Hourly Wage Reimbursement</th>
<th>Actual Reimbursement Rate</th>
<th>Met Requirement? Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td># Employed By Company</td>
<td>% of Hourly Average Wage Rate*</td>
<td></td>
</tr>
<tr>
<td>1 – 50</td>
<td>51 – 250</td>
<td>251+</td>
</tr>
<tr>
<td>Actual Reimbursement Rate</td>
<td>Met Requirement? Y/N</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

   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?
___________________________________________________________

h. Are credit cards issued to staff? Yes ______ No ______

i. 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? 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?
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.
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.

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.

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

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.

(Attachment 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 ________________  No ____
   In what way (e.g., on-site review of accounting system, 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?


I. Procurement

1. Procedures

a. Does the subrecipient have written procurement policies and procedures? Yes


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? No _____ Yes _____

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 _______ No _____
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? Yes _____ No _____
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? ________________
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 ___

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 _______________
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? Yes ______________________
      No____

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. ________________________________________________
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 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
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>8) Were there two or more responsive bidders?</td>
<td>Yes</td>
</tr>
<tr>
<td>9) What was the number of bids received?</td>
<td></td>
</tr>
<tr>
<td>10) Was an independent estimate developed before proposals were received?</td>
<td>Yes</td>
</tr>
<tr>
<td>11) Was a cost/price analysis of proposals undertaken?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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 non-competitive 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 non-competitively?  
Yes ___  No ___  If no, please explain.

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: ____________

12) Identify any strengths/weaknesses that you found.  ____________

 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? YesNo _____

8) Is there a copy of questions and answers about the RFP process, if applicable? YesNo ____________

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:

<table>
<thead>
<tr>
<th>Program</th>
<th>Contractor</th>
<th>Length of Contract</th>
<th>Type of Service Provided</th>
<th>Areas Served</th>
<th>Contract Amount</th>
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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, subcontracting, reporting, invoicing, record retention, audit requirements, rights of access to records, etc. UAR
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.

   

   

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)
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 been taken?)

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.)

4. Has the subrecipient contractor prepared a written response to any audit findings or questioned cost?  Yes _____ No _____ If no, explain.

5. Has the subrecipient contractor implemented the corrective action plan outlined in the audit response?  Yes _____ No _____ If, no, explain.

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 limitations.  Yes _____ No _____
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 cost? Yes ___ No ___

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
      supervisors 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?
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
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 extraordinary 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

<table>
<thead>
<tr>
<th>Program Year</th>
<th>Budget</th>
<th>Y-T-D Actual Expenditures</th>
<th>Variance</th>
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<tr>
<td>PY14</td>
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</table>

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.

   [Blank]

2. What mechanism is used to document prior approval and thus allow individuals to make expenditures from their ITA?

   [Blank]

3. What type of supporting documentation is required for purchases from an ITA?

   [Blank]

4. Is supporting documentation reviewed against the training plan for expenditures from an individual's ITA? Yes ________ No ____ if no, explain

   [Blank]

5. How are payments made from ITAs? Yes ____ No ____

   Funds _____ Vouchers _____

Electronic Transfer of Funds Vouchers
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 ___
7. Is there a time limitation on the ITA? Yes _____ No _____ If Yes, what is the duration of time? 

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.

6. Were any Youth funds used to develop or implement education curricula for school systems? Yes __________ No ____ Section 129(b) (4).
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 ______________:**

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>PLAN ENROLLMENT</th>
<th>NUMBER SERVED</th>
<th>% PLAN SERVED</th>
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**PY 2012 FINAL PERFORMANCE REPORT:**

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Youth Tables

PY 2013 WIOA Enrollment verses Plan through: _________

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<td>10/1/2011 – 9/30/2012</td>
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<td>Placement in Employment or Education</td>
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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:
   b. Are there any files in the file review that lack case notes documenting provision of a WIOA service curing 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. **Terminess:**
   
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____
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.
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? ¹

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?

¹ NOTE: Recreational work activities should be scrutinized. It is only allowable if Participants are supervising, training, instructing or leading non-participants in recreational activities.
Mountain Area Workforce Development Board

(Company Name)

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

Section 1: General Information

Please complete the following:

<table>
<thead>
<tr>
<th>TRAINEE NAME:</th>
<th>JOB TITLE:</th>
<th>EMPLOYER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAINEE SUPERVISOR:</td>
<td>TITLE:</td>
<td>OJT TRAINING DATES:</td>
</tr>
<tr>
<td>NAME OF REVIEWER:</td>
<td>TITLE:</td>
<td>DATE OF REVIEW:</td>
</tr>
</tbody>
</table>

Section 2: Trainee Interview

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>1) Do you have a copy of your Training Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3) Who is providing the training and how much time do they typically spend with you during the day?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Does your supervisor explain your assignments and provide support if needed? Example?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) Does your supervisor review your performance with you consistently? Example? How/How often?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7) Do you have any additional comments, questions or concerns? How do you believe the OJT program has helped you?</td>
</tr>
</tbody>
</table>

Contract #:
### Section 3: Employer/Supervisor Interview

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

### Section 4: Signature

| WIOA OJT AGENCY REPRESENTATIVE SIGNATURE: | DATE: |
# OJT Monitoring

## Training Plan Objectives

<table>
<thead>
<tr>
<th>Skills/Learning Objectives</th>
<th>Standard Training Hours</th>
<th>Anticipated Training Hours</th>
<th>Estimated Start Date</th>
<th>Estimated End Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>15</td>
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</tbody>
</table>
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.
Contractor:

Address:

Contact Person(s)/Title(s):

Telephone Number(s):

Date(s) Monitored:

Site(s) Monitored:

Mountain Area staff conducting review:

___________________________________________________________________________________

CORRECTIVE ACTION REQUIRED AS A RESULT OF THIS REVIEW? __YES __NO

FOLLOW-UP REQUIRED? ___YES ____NO

Staff Signature(s):__________________________________________________________
### SECTION I. Administrative Systems

<table>
<thead>
<tr>
<th>Personnel Procedures (please have a copy of your agency’s personnel policy available for review at the time of our on-site visit)</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are personnel policies established in writing?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are personnel policies readily available for review?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Are personnel policies readily available to individual staff member(s)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Does the personnel policy cover the following?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Hiring Procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Employee Classifications</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Termination</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Grievance Procedures</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Employee Benefits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Work Rules</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- EO Statement</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Travel/Per Diem Policies</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Nepotism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Non-Discrimination</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Political Activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Sectarian Activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Have these policies been presented to and discussed with staff?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Does the contractor have a current organizational chart or diagram showing the relationship and lines of responsibilities among the various units/staff?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. If the organizational chart has been modified or revised after contracting, has a copy of the revised chart been submitted to the LA?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Are there job descriptions available for review for each WIOA funded position in the agency?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Do staff job descriptions contain the following elements:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Descriptions of each staff position's specific duties and responsibilities, including the percentage of time allocated to each funding source?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Reflect actual job duties?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Does each staff member have a copy of his/her job description?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Are there procedures to ensure that all contractor staff are knowledgeable about WIOA rules and regulations?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Do WIOA staff have in their possession all of the following:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Applicable Mountain Local Area Policy Manuals and Issuances?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Applicable Federal legislation and regulations?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- The Contractor’s current, applicable Proposal?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Are all staff aware of individual expectations for outreach, enrollment goals, performance goals, etc?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Are all staff aware of program spending limits/ fund availability/procedures?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Personnel Procedures Comments:**

---

### Notification of Fraud and Abuse

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Notification of Fraud and Abuse Comments:**

---

### Contracting

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Does the Contractor acknowledge the LA or its assignee's rights to documents, materials, and data identified and produced under the Contract?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Contracting Comments:

<table>
<thead>
<tr>
<th>Worker’s Compensation Policy or Medical Accident Insurance</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the Contractor have clear documentation of Worker's Compensation or medical/accident/disease insurance policies covering all WIOA customers?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are customers provided with adequate on-site medical and accident insurance?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your organization chart show the EO Officer’s position in the organization?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Has the Equal Opportunity Officer had training to ensure competency in the area of Equal Opportunity responsibilities?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are the Office of Civil Rights and Equal Opportunity notices displayed in areas accessible to staff, applicants, and customers?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is a signed copy of the EO Notice placed in each customer’s file?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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:

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

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

Assurances Comments:

<table>
<thead>
<tr>
<th>Universal Access</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>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:</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>

Universal Access Comments:

<table>
<thead>
<tr>
<th>Accessibility (Section 504 of the Rehabilitation Act of 1973, as amended and 29 CFR 37.54 (d) (2) (v))</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Has the agency completed an accessibility analysis with the assistance of persons with disabilities or other specially qualified individuals within the last year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Is analysis available for review?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Have adequate steps been taken to address areas identified as problems?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>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:</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Does agency have telecommunications devices for individuals with hearing impairments (TDDs) or equivalent as required by 29 CFR Part 34?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Is there evidence that there are equal opportunities for participation for persons with disabilities?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>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.</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Does literature and broadcast materials made available to the public include the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- “Equal Opportunity Employer/Program(s)”?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>- “Auxiliary aids and services are available upon request to individuals with disabilities”?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>- Indication of a TDD/TTY number or provision for equally effective means of communication with individuals with hearing impairments?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please have copies of these materials available.
**Data Collection and Analysis (29 CFR 37.54(d) (1) (iv) and (vi))**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Race/ethnicity?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Sex?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Age?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>- Disability status?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is there evidence that programs contribute to the elimination of sex stereotyping?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>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?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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:**

**Monitoring**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your agency have documented, policies and procedures for monitoring subcontractors (such as OJT) to insure Equal Opportunity compliance with those subcontracts?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Are there policies that address the handling of problems/issues that result from monitoring EO compliance?</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>3. Have any EO violations been identified with any subcontractors during the current program?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Have those problems been resolved? If no, please comment:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
5. Are WIOA Service providers aware of the Local Area’s responsibility to monitor each service provider for Equal Opportunity Compliance?  

Comments on Monitoring:

<table>
<thead>
<tr>
<th>Discrimination Complaint Processing Procedures</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are there written procedures for addressing complaints of non-criminal and program discriminations, including discrimination on the basis of handicap/disability?</td>
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<tr>
<td>2. Are procedures for grievances and complaints shared with staff and customers?</td>
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<tr>
<td>3. Do the written procedures contain provisions for the following:</td>
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<tr>
<td>- 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?</td>
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</tr>
<tr>
<td>- 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?</td>
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<tr>
<td>- A period for fact-finding or investigation of the circumstances underlying the complaint?</td>
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<tr>
<td>- A period during which the contractor attempts to resolve the complaint which includes alternative dispute resolution?</td>
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<tr>
<td>- Description of procedures to be followed if the complaint is filed more than 180 days after the date of the alleged violation?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Procedures for alternative dispute resolution?</td>
<td>YES</td>
<td>NO</td>
<td>N/A</td>
</tr>
<tr>
<td>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 which the complaint was filed, that contains for each issue raised in the complaint:</td>
<td></td>
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<tr>
<td>- 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?</td>
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</tr>
<tr>
<td>- 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?</td>
<td></td>
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</tr>
</tbody>
</table>

Comments on Complaint Processing Procedures:

<table>
<thead>
<tr>
<th>Equal Opportunity Corrective Action/Sanctions</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has corrective action been required from previous monitoring of Equal Opportunity compliance?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. Have all corrective action steps resulted in complete correction of each violation?</td>
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<tr>
<td>3. Have sanctions been required because voluntary compliance could not be achieved?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Comments on Corrective Action/Sanctions:</td>
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<td>------------------------------------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall Administrative Comments:</th>
</tr>
</thead>
</table>

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