*The ESD Monitoring Unit reviews multiple federally funded programs under the Workforce Innovation and Opportunity Act (WIOA) and Washington State Economic Security for All (EcSA). The on-site monitoring review of LWDBs fulfill ESD’s compliance monitoring requirements under 2 CFR 200, as required by sec. 184(a)(4) of WIOA and WIN 0129.*

# Timeline

**Anticipated timeline:**

|  |  |  |
| --- | --- | --- |
| Entrance letter provided on | August 21, 2023 (example) |  |
| Completed questionnaire and items requested in advance uploaded to the MFT site by: | September 8, 2023 (example) | Please send email to:  [workforcemonitoring@esd.wa.gov](mailto:workforcemonitoring@esd.wa.gov)  when items have been uploaded |
| List of participant files sampled to be provided on: | September 8, 2023 (example) | Note: Program staff will be requesting direct participant cost supporting documentation as part of the Program review on this date. |
| List of sampled items for administrative and fiscal review emailed to LWDB including:   * Procurement(s) and Contract(s) * Property inventory * Personnel timesheets and time and effort * List of draws or months sampled for fiscal   transaction sampling | September 15, 2023 (example)  or 1 week after items uploaded to MFT site |  |
| Detailed transaction report for months/draws identified uploaded to MFT site for transaction selection: | September 22, 2023 (example) | Please send email to:  [workforcemonitoring@esd.wa.gov](mailto:workforcemonitoring@esd.wa.gov)  when items have been uploaded |
|  | | |
| On-site visit | October 2-6, 2023 (example) |  |

**Options for providing documents in advance:**

Documents may be provided by:

* Uploading electronic copies to the MFT site at <https://mft.wa.gov/webclient/Login.xhtml>
* Website Links may be provided directly in this document.

Please email[workforcemonitoring@esd.wa.gov](mailto:workforcemonitoring@esd.wa.gov) when any items have been uploaded. The MFT site retains them for a limited number of days.

Please read each of the questions carefully, respond appropriately to each of the following items in the space provided, and return this fully completed questionnaire with the additional documents requested in advance of the onsite monitoring visit by the date indicated on page 1.

Additional documents may be requested if your area had corrective action(s) in place from prior monitoring cycle(s). Follow up on carry over items will be addressed in separate correspondence.

# Contact Information

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| **Contact Information** |
| **Local point of contact coordinating the PY23 monitoring visit:**  Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Work Schedule: Click here to enter text.  **Name of the person who will be the point of contact for the financial and administrative review during the onsite monitoring visit (if different than person coordinating overall visit):** Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.  **Staff lead for the following program areas:**   * Adult – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. * Dislocated Worker – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. * Youth – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. * Federal Economic Security for All – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. * State Economic Security for All – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. * OPIOID – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. * QUEST – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.   **One-Stop Operator (OSO):**  OSO Company Name or OSO Subrecipient: Click here to enter text.  New provider this PY  Operator Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.  **Name of Organization providing the following services (if applicable):**  Adult Service Provider Name(s): Click here to enter text.  Dislocated Worker Service Provider Name(s): Click here to enter text.  Youth Service Provider Name(s): Click here to enter text.  Federal Economic Security for All Service Provider Name(s): Click here to enter text.  State Economic Security for All Service Provider Name(s): Click here to enter text.  OPIOID Service Provider Name(s): Click here to enter text.  QUEST Service Provider Names(s): Click here to enter text. |

# Section 1.1 Design and Governance

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| **Section 1.1 Design and Governance of LWDB** |
| Sunshine Provisions: Please provide website links for the following:   * Information about the Local Plan, or modification to the Local Plan, before submission of the plan   Website Link: Click here to enter text.  Has the information changed since the last monitoring visit?  Yes  No   * List and affiliation of LWDB members   Website Link: Click here to enter text.  Has the information changed since the last monitoring visit?  Yes  No   * Selection of One-Stop Operators (Vote of LWDB selecting One-Stop operator)   Website Link: Click here to enter text.  Has the information changed since the last monitoring visit?  Yes  No   * Award of grants or contracts to eligible training providers of workforce investment activities including providers of youth workforce investment activities (Vote of LWDB approving contracts with eligible training providers of workforce investment activities including providers of youth workforce investment activities)   Website Link: Click here to enter text.  Has the information changed since the last monitoring visit?  Yes  No   * Minutes of formal meetings of the Local WDB   Website Link: Click here to enter text.   * By-laws, consistent with § 679.310(g)   Website Link: Click here to enter text.  Has the information changed since the last monitoring visit?  Yes  No  Have any coalitions/consortiums/designation agreements been updated since the last monitoring visit?  Yes  No / No changes (nothing to provide)  If yes, list which agreement(s) has/have changed Click here to enter text. and please provide a copy of any updated governing coalitions/consortiums/designation agreements.  New agreement(s) uploaded to MFT site or New agreements are posted here (website link): Click here to enter text.  Information regarding LWDB  List of any vacancies by category and how long the vacancy has been unfilled uploaded, or the list of vacancies with duration and association(s) is posted here (website link): Click here to enter text.  Copy of LWDB adopted budget & supplemental budget uploaded **or** is posted here (website link): Click here to enter text.  Are budget to actual updates provided to management periodically?  Yes  No If yes, how often? Click here to enter text.  Copy of chief local elected official approval/concurrence of budget (examples include emails from Chief Elected Official or designee, Board minutes from chief elected official, Board-Consortiums, or minutes from LWDB meeting where the Chief Elected Official is present, and budget is approved) uploaded **or** is posted here (website): Click here to enter text.  Copy of LWDB minutes where budget is adopteduploaded **or** is posted here (website): Click here to enter text.  Does the organization perform more than one function?  Yes  No / No changes (nothing to provide)  **If yes**, have the organization’s duties or the conflict-of-interest agreement changed since the last monitoring visit?  **If yes**, provide a copy of the updatedsigned agreement ensuring no conflicts exi**s**ts when an entity performs multiple functions.  Conflict statement uploaded **or** is posted here (website): Click here to enter text. |

# Section 1.2 MOU and IFA

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| **Section 1.2 Memorandum of Understanding (MOU) and Infrastructure Funding Agreement (IFA)** |
| * Was the MOU modified (including signed/re-signed) since the last monitoring visit?  Yes  No **/** Nochanges (nothing to provide)   If yes, provide a copy of the modified MOU.  Uploaded to MFT site or updated MOU is posted here (website): Click here to enter text.   * Signed Infrastructure Funding Agreement or other funding agreements which address the funding structure (required annually)   Uploaded to MFT site **or** current IFA is posted here (website):Click here to enter text.   * Documentation of IFA reconciliation uploaded to MFT site:   Information uploaded must include evidence that programs occurring in WDA are being charged based on agreed upon   cost allocation methodology (examples include: spreadsheets showing actual charges, invoices to partners, or other forms of   documentation) and reflect reconciliation at least once every 6 months.     * Dates or anticipated dates of IFA reconciliation for PY23. This reconciliation must be completed at least biannually per   WorkSource System Policy 1024, Rev2. Click here to enter text. |

# Section 1.3 Policies and Procedures

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| **Section 1.3 Policies and Procedures** | |
| Program Policies  The monitoring team will be downloading programmatic policies from the LWDB website 2 weeks prior to the review entrance date. Please ensure all Program Policies on the website are current.  Administrative & Fiscal Policies  The following items may be provided with a website link or by uploading and electronic copy to the MFT site. | |
| Approved Policies   * Debt Collection   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Procurement and Selection of One-Stop Operator and Service Providers   Website Link: Click here to enter text.  OR Uploaded to MFT site:     * Conflict of Interest   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Restrictions/Disclosures on Political Activity (may be   included in conflict-of-interest policy)  Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Property Management and Inventory   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Dispute Resolution and Appeals   Website Link: Click here to enter text.  OR Uploaded to MFT site:     * Monitoring Policy   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Personnel Responsibilities and Limitations Under WIOA   Title I-B - (LWDBs and subrecipients must define in writing their personnel, travel, and leave policies including restrictions defined herein)  Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Incumbent Worker Training Criteria   Website Link: Click here to enter text.  OR Uploaded to MFT site:  OR No IWT programming:   * Customer Concern and Complaint Resolution   Website Link: Click here to enter text.  OR Uploaded to MFT site: | Procedures and/or Policies   * Records Retention and Public Access (or follow State   policy)  Website Link: Click here to enter text.  OR Uploaded to MFT site:  OR We do not have a stand-alone policy   * LWDB Cash Management   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Bank Reconciliation   Website Link: Click here to enter text.  OR Uploaded to MFT site:     * Internal Controls   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Allowable Cost   Website Link: Click here to enter text.  OR Uploaded to MFT site:   * Staff and Board Travel Reimbursement   Website Link: Click here to enter text.  OR Uploaded to MFT site:     * Personal Identifiable Information (policy requirement   in discussion)  Note: Records Retention and Public Access. A stand-alone not required per WIN 0139, however, if LWDB has a local policy it needs to conform to dates in ESD Policy 5403 |

# Section 1.4 Admin Controls/Monitoring/OS Certification

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| **Section 1.4 Administrative Controls, Monitoring, and One-Stop Certification** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | One-Stop Certification | | | | | |  |  | | | | | Please list your One-Stop centers, level of certification, and most recent date of certification.  For each, when was the last annual report provided to the LWDB; or when is it anticipated to be provided to the LWDB? | Center Name and Location | Certification Level (Comprehensive, Affiliate, Specialized or Connection) | Last  Certification Date | Date when the last report was provided to the LWDB or, if no report provided yet, anticipated report out date | |  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Have any sites been decertified since the last monitoring visit?  Yes  No  **If yes**, which site(s) and the effective date? Click here to enter text.  Have any new sites been opened since the last monitoring visit but have yet to be certified?  Yes  No  **If yes**, which site(s) and the opening date? Click here to enter text.  Have any sites been provisionally certified since the last monitoring visit and have yet to be fully certified?  Yes  No  **If yes**, which site(s) and briefly describe the corrective action steps yet to be completed and their timeline. Click here to enter text.  Does the WDA follow the One-Stop Certification process and forms in State policy 1016 or does the WDA have their own policy and process that differs from what’s outlined in 1016?  We follow 1016 process and forms  We have a different local process and forms  If you have a different process and forms, please upload those items to MFT or provide the website link: Click here to enter text. | | | | |   Subrecipient Monitoring  Unless otherwise noted, the following items may be provided with a website link or electronic copy to the MFT site.  Completed Monitoring Tools for the following programs from the most recent round of monitoring. Please upload to MFT a completed tool for one participant per program: (LWDB’s choice of participant(s))  Youth  Adult  Dislocated Worker  One Stop Operator  Federal Economic Security for All or  N/A  State Economic Security for All or  N/A  Rapid Response Additional Assistance or  N/A  OPIOID or  N/A  QUEST or  N/A  Administrative and fiscal monitoring tool for subrecipients  Please provide copies of most recent organization and/or subrecipient monitoring reports (programmatic and administrative/fiscal) issued since last monitoring visit for the following programs:  If final monitoring reports for the current PY are not completed by the time of the monitoring visit, please provide evidence of monitoring such as completed file checklists, working papers and monitoring letters or the draft report available for the monitors as well as final monitoring report(s) for the prior PY.  Youth final monitoring report(s) uploaded OR Final report not issued. Items uploaded**:** Click here to enter text.  Adult final monitoring report(s) uploaded OR Final report not issued. Items uploaded**:** Click here to enter text.  Dislocated Worker final monitoring report(s) uploaded OR Final report not issued. Items uploaded**:** Click here to enter text.  One Stop Operator final monitoring report(s) uploaded OR Final report not issued. Items uploaded**:** Click here to enter text.  Federal Economic Security for All final monitoring report(s) uploaded  OR Final report not issued. Items uploaded**:** Click here to enter text.  OR  N/A  State Economic Security for All final monitoring report(s) uploaded  OR Final report not issued. Items uploaded**:** Click here to enter text.  OR  N/A  Rapid Response Additional Assistance final monitoring report(s) uploaded  OR Final report not issued. Items uploaded**:** Click here to enter text.  OR  N/A  OPIOID final monitoring report(s) uploaded  OR Final report not issued. Items uploaded**:** Click here to enter text.  OR  N/A  QUEST Disaster Recovery DWG final monitoring report(s) uploaded  OR Final report not issued. Items uploaded**:** Click here to enter text.  OR  N/A  Copy of organization and/or subrecipient/service provider monitoring schedule for the current year for the following programs:   * Youth * Adult * Dislocated Worker * One Stop Operator * Federal Economic Security for All or  N/A * State Economic Security for All or  N/A * Rapid Response Additional Assistance or  N/A * OPIOID or  N/A * QUEST Disaster Recovery DWG or  N/A   Please provide the following information about your subrecipients’ audit schedule(s).   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Subrecipient Name | Organization is  **for profit** or **non-profit** | End of Fiscal Year **(date)** | **Date** audit was uploaded to the FAC | Were there issues pertaining to the contracted program(s), funds, or administration? **Y/N** | If yes, **date** when a management decision was issued by LWDB.  If no, leave blank. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |

# Section 1.5 Internal Controls

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| **Section 1.5 Internal Controls** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | INTERNAL CONTROLS | | | | | | |  | | Yes | No | Explanation | | | 1 | Have there been any changes within the LWDB personnel or fiscal agent that impact internal controls? If yes, please provide an explanation. |  |  | Click here to enter text | | | 2 | Does the LWDB and fiscal agent appropriately secure sensitive and confidential information collected and retained for the purpose of the grant award, including restricted access limited to necessary personnel? |  |  | Click here to enter text | | |  | | Choose one option below | | | Explanation | | 3 | Have there been any complaints or incident reports since the last monitoring review (excluding EO complaints)? | No active complaints or incident reports | Complaint or incident report in last three years that resulted in investigation | Current complaint or active OIG investigation | Click here to enter text. | | 4 | Have there been other legal issues at the LWDB or fiscal agent? | Not aware of any legal issues involving staff that would impact fiscal results | One or more staff has been jailed or convicted of a felony but was more than 3 years ago | One or more staff has been jailed, convicted of a felony or is under criminal investigation | Click here to enter text. | | 5 | Have there been lawsuits filed against the LWDB or fiscal agent? | No lawsuits filed against entity | Lawsuits, but are minor in nature | Lawsuits are considered a substantial audit risk | Click here to enter text. | | **Documents Requested:** The following items may be provided with a website link or electronic copy to the MFT site. | | | | | | | Separation of Duties Chart | | | | | | | System Access Rights | | | | | | |  | |

# Section 1.6 Cash and Financial Management

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| **Section 1.6 Cash and Financial Management** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | CASH & FINANCIAL MANAGEMENT | | | | | | |  | | Yes | No | NA | Explanation | | 1 | Does the LWDB earn any program income from WIOA funds? If yes, please provide the steps the LWDB took to ensure compliance with 20 CFR 683.200(b) |  |  |  | Click here to enter text | | 2 | What is the LWDBs basis of accounting? If cash or modified is selected, please explain the methodology used to convert financials to an accrual basis for reporting purposes. | Accrual | Cash | Modified | Click here to enter text | | 3 | Describe your method for determining and allocating indirect costs | Click here to enter text. | | | | | **Required WIOA Youth Program Funds:** | | | | | | | 4 | WIOA Sec. 129(a)(4)(b) and 20 CFR 681.410 – Require LWDBs at a minimum, 75 percent of youth funds are expended  on OSY. | | | | | |  | | Yes | No |  | Explanation | |  | Was the LWDB in compliance with the OSY expenditure requirement on the most recently closed WIOA Youth Formula Grant? |  |  | If no, what did the LWDB do to try to meet the requirement? | Click here to enter text | | Is the LWDB in compliance with the OSY expenditure requirement on the WIOA Youth Formula Grant currently being spent? |  |  | If no, what is the LWDB doing to meet the requirement? | Click here to enter text | | 5 | 20 CFR 681.590 – Not less than 20 percent of the WIOA funds allocated are provided to ISY and OSY with paid and  unpaid work experiences that fall under the categories listed in § 681.460(a)(3) and further defined in § 681.600. | | | | | |  | | Yes | No |  | Explanation | |  | Was the LWDB in compliance with the 20% WEX requirement for the most recently closed WIOA Youth Formula Grant? |  |  | If no, what did the LWDB do to try to meet the requirement? | Click here to enter text | | Is the LWDB in compliance with the 20% WEX requirement for the WIOA Youth Formula Grant currently being spent? |  |  | If no, what is the LWDB doing to meet the requirement? | Click here to enter text | | **Optional Allowances of Adult/Dislocated Worker Funds – Pay-for-Performance** | | | | | | |  | | Yes | No |  | Explanation | | 6 | Is the LWDB allocating funds for Pay-for-Performance? |  |  | If yes, please explain what safeguards are in place to ensure that the 10% maximum allowance is not exceeded, as outlined in WIOA Sec. 134 (d)(1)(A)(iii). | Click here to enter text. |   Has the Fiscal Agent changed accounting systems since the last monitoring?  Yes  No  What percentage of your organization’s budget is funded by ETA?  Less than 50% of overall funding  Between 50%-70%  Over 70% of overall funding  Which of the three options best describe your organization’s current situation:  Entity does not use a line of credit to pay its bills and no bankruptcy has been filed  Entity uses its line of credit and has not filed for bankruptcy in the last three years  Entity has exhausted its line of credit and/or has filed for bankruptcy in the last three years  **Transaction Sampling**  Understanding that accounting systems vary, each board will be given the option of providing the list of transactions from specific months or from specific draws identified by the Monitoring Unit. For each transaction sampled, the Monitoring Unit will review source documentation and allocation method, if applicable. Both processes will test allowability, allocation, and reasonableness of transactions sampled.  Monitoring Unit will identify specific draws or months by program and request the following financial documents, prior to the review. **Please indicate your preference by selecting one of the two options below.**  *Option 1:*  Selected **Draws** for each grant (draws to be identified)  Detailed General Ledger of transactions by grant  OR  *Option 2:*  Selected **Months** for each grant (months to be identified)  Detailed General Ledger of transactions by grant  Chart of Accounts for organization uploaded  Monitoring Unit will be requesting the following financial documents, for specific months, prior to the review.   * Trial Balance by funding source * Bank statements and reconciliation * Petty Cash (if applicable)  We HAVE petty cash  We DO NOT have petty cash * Purchase card – Statement & backup receipts  We HAVE P-cards  We DO NOT have P-cards   Note: Once initial documents are received transactions will be randomly selected, in which detailed documentation such as invoices, cash receipts, and supporting documentation will need to be provided.  Monitoring Unit will be requesting the following financial documents, identifying specific months, prior to the review:  Monthly detailed ledger of indirect costs  Capital Asset and other expense allocated documentation |

# Section 1.7 Procurements, Contracts, OS Operator

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| **Section 1.7 Procurements, Contracts, and One Stop Operator** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | One-Stop Operator | | | | | | |  | | Yes | No | NA | Explanation | | 1 | Does the One-Stop Operator perform multiple functions?  If so, is there a conflict of interest signed by the entity employing the OSO the board and the CLEO? |  |  |  | Click here to enter text. |   **Please provide the following items:**  List of RFPs released or awarded since last monitoring visit with minimally the following information:   * Service(s) procured * Total dollar amount of procurement * Term/effective dates of procurement * Expiration date of procurement * Fund source(s) included in procurement with amounts * List of all applicants   List of WIOA Funded Provider Contracts and Professional Service Contracts awarded or amended since last monitoring visit with the following information:   * Subrecipient or Contractor name * Funding source(s) * Contract begin & end dates * Total amount of contract * Subrecipient or Contractor designation * Brief description of services or scope of work * How it was procured: Sole Source, RFP/RFP/Formal Bid, Sealed Bid, low dollar/informal bidding, or other (with explanation) * If amended, a brief explanation of changes (i.e. term extended and dollars added; scope changes; etc.)   \*Note: Once initial documents are received RFPs and contracts will be selected for sampling.  **One-Stop Operator**  Date of the last One-Stop Operator Procurement: Click here to enter text.  Was a procurement released since the last monitoring review?  Yes  No  **If yes**, please provide the following items (upload to MFT where possible):  OSO RFP  List of respondents  Successful bidder’s proposal  Proof of Evaluation Criteria used (score sheets and documented meetings of review panelists)  List of where and when the OSO RFP was published, include websites, newspapers, etc.  Documentation showing how the amount of funding was determined to cover the cost of services provided in the RFP  Copy of Conflict of Interest/Firewall agreement (when applicable)  Documentation showing evaluators were free from conflicts (conflict of interest statements-attestations)  Copy of LWDB meeting minutes that document the Board’s involvement in the procurement process.  Documentation of who developed or drafted the specification, requirements, statements of work, or invitations for bids or requests for proposals, or conducted the competition. (to ensure one stop operators were not involved in the development of the RFP.)  Any documentation of a legally binding written agreement such as a contract or MOU the LWDB executed with the selected OSO  Copy of LWDB meeting minutes that document the Board’s approval of the OSO. |

# Section 1.8 Cost Allocation Plan or Rate

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| **Section 1.8 Cost Allocation Plan or Rate** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | COST ALLOCATION PLAN OR RATE | | | | | | |  | | Yes | No | NA | Explanation | | 1 | Did the organization’s cognizant agency change from previous year? If yes, please identify the new cognizant agency in the explanation column. |  |  |  | Click here to enter text. | | 2 | Did the organization’s method or base for allocation costs significantly change from the previous year? If yes, please provide a brief explanation. |  |  |  | Click here to enter text. |   **Please upload the following items:**  Approved Cost Allocation Plan and Rate  Cognizant agency approval certification, approving/recognizing allowable rate  Copy of cost policy statement  Note:*For those LWDBs where ESD is* ***not*** *the cognizant agency, an approved cost allocation plan is still required. Please provide the information submitted to the cognizant agency as well as the approval letter.* |

# Section 1.9 Property and Inventory and Outreach Materials

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| **Section 1.9 Property and Inventory** |
| Please upload the following:  Property log & inventory of equipment with minimally the following items OR  N/A:   * Description * Serial # * Funding source * Title holder * % of federal participation * Acquisition date * Acquisition cost * Location of equipment * Use and condition of equipment * Ultimate disposal date   List of equipment and capital improvements more than $5,000 OR  N/A  Equipment/technology lease agreements OR  N/A  Inventory list of small and attractive items OR  N/A  Briefly describe the process by which new items are received and added to inventory Click here to enter text.  OR  upload written process  Briefly describe the steps the organization takes to safeguard against risk of loss by theft Click here to enter text.  OR  upload written process |

# Section 1.10 Single Audit

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| **Section 1.10 Single Audit** |
| |  |  |  | | --- | --- | --- | | SINGLE AUDIT | | | | 1 | What is the organization name the audit is issued under and the EIN? | Click here to enter text. |   Please upload the following items:  Copy of the organization’s most recent Single Audit Report |

# Section 1.11 Personnel

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| **Section 1.11 Personnel** |
| **Please upload the following items:**  Organizational Chart. If fiscal agent and LWDB staff are separate entities, please provide charts for both. For boards directly providing services, please provide the chart for the entire organization.  List individuals, including name and title, who charge their time to WIOA funds   * Include all current and past employees, since last monitoring review * If an employee was hired or left during the year, provide start date and/or separation date as applicable   Copy of job descriptions (new hires or if job descriptions were changed) OR  N/A  Note: Once initial documents are received, payroll transactions will be selected for sampling (employee and time frame will be identified). |

# Section 1.12 Grievance and Complaint

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| **Section 1.12 Grievance and Complaint** |
| |  |  |  | | --- | --- | --- | | GRIEVANCE AND COMPLAINT | | | | 1 | How are Local Board members kept apprised of and current with incident reporting of fraud and abuse and grievance/complaint procedures of participants? |  |   **Please upload the following:**  Grievance/Complaint log (Program Complaint Log)  All supporting documentation leading up to the resolution of the grievance/complaint that was filed |

# Section 1.13 Incumbent Worker Training

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| **Section 1.13 Incumbent Worker Training** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | INCUMBENT WORKER PROGRAM | | | | | | |  | | Yes | No | Not yet but looking to launch one this year | Explanation | | 1 | Does the LWDB have an incumbent worker program? |  |  |  | Click here to enter text. | |  | **If yes,** | | | | | | 2 | Does the LWDB review and award applications or do you contract with an intermediary to run the intake, review, and awarding process? | | | | Click here to enter text. | | 3 | Does the LWDB manage the training contracts, or do you contract with one or more intermediaries to manage the reimbursement process? | | | | Click here to enter text. | | 4 | Briefly explain how the LWDB, either directly or through a review process of documents submitted by your contracted intermediary, ensures that the required employer match is met. | | | | Click here to enter text. | | 5 | Briefly explain the LWDB's application and awarding process including criteria, and how the business community is made aware of IWT opportunities. | | | | Click here to enter text. |   If you have a currently active Incumbent Worker Program, please upload the following:  List of executed contracts for Incumbent Worker Program with the following information:   * Employer Name * Contract amount * Occupation(s) being trained * Execution Date * Expiration Date * Number of participants trained or currently in training   Policies and processes governing Incumbent Worker Program  Link to program on organization’s website (if available) Click here to enter text.  Note: O*nce a list of executed contracts is received contracts will be selected for sampling.* |

# Section 1.14 Stevens Amendment

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| **Section 1.14 Public Law 116-260, Section 505 of Division H** |
| Please provide a list of all of the following items, that describe, or reference programs funded with federal dollars, and were published since the last monitoring visit:  • Brochures  • E-mail blasts  • Manuals  • Press releases  • Promotional materials (e.g., fliers, advertisement)   * Please provide links to any information posted to your website concerning federal funding levels in compliance with Public Law 116-260, Division H, Section 505.   Click here to enter text. |

# Programmatic Questions

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| **Programmatic Questions** |
| |  |  | | --- | --- | | **STATE ECONOMIC SECURITY FOR ALL (ECSA) GRANTS** | | | *\*Answer is only needed if this grant was identified in scope on your entrance letter.* | | | State Economic Security for All (EcSA) Grants | | | \*1 | Is the LWDB planning on utilizing the State EcSA funds beyond WIOA Title I?  Yes  No  If yes, has the LWDB filed the policy with GMO?  Yes  No  If yes, date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \*2 | Did the LWDB request GMO’s approval for Additional Allowable uses of State EcSA funds beyond the WIOA Title I and the 5 State EcSA allowable activities?  Yes  No  If yes, date approval received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Program Questionnaire | | | | | | |  | | Yes | No | NA | Explanation | | 1 | Have any of your providers of WIOA Youth, Adult or Dislocated programs changed in the last calendar year?  If yes, please explain the changes. |  |  |  | Click here to enter text. | | 2 | Have any of your WIOA service providers experienced turnover in leadership positions that are directly responsible for the oversight and implementation of the WIOA programs within the last calendar year?  If yes, please explain the changes. |  |  |  | Click here to enter text. | | 3 | Describe the internal controls developed locally to ensure data reported in the state MIS system is valid, reliable, and aligns with source documentation in accordance with ESD Policy 1003, Rev. 5. | Click here to enter text. | | | | | 4 | Provide evidence staff has received training on the importance of correct data entry and allowable source documentation in the last program year. | Click here to enter text. | | | | | 5 | Describe your local process and/or procedures for regular data element review of program data for errors, missing data, and other anomalies, including missing documentation. | Click here to enter text. | | | | | 6 | List names of staff who attended or viewed the recording of the annual ESD statewide data validation training as required in ESD Policy 1003, Rev. 5. | Click here to enter text. | | | | |