



# REQUEST FOR PROPOSAL

Program Monitoring Services for  
WIOA Title IB Services

Communication of Intent due March 27, 2024  
Proposals due April 17, 2024

**West Central Arkansas Planning & Development District, Inc.**

PO Box 6409, Hot Springs, AR 71901-6409

(501) 525-7577 - [www.wcapdd.org](http://www.wcapdd.org)

## INQUIRIES

Prospective offerors are invited to submit questions and requests for additional information relative to this RFP during the Inquiry Period (March 4-15, 2024) by emailing Carrie Pratchard at [cpratchard@wcapdd.org](mailto:cpratchard@wcapdd.org). The deadline for emailing inquiries is 5:00 p.m., March 15, 2024.

All questions and requests for additional information will be posted along with their respective answers on the WCAPDD website, [www.wcapdd.org](http://www.wcapdd.org) no later than 5:00 p.m., March 20, 2024. NOTE: QUESTIONS WILL NOT BE ACCEPTED OR ANSWERED BY PHONE.

## KEY DATES

Where applicable, all deadlines are no later than 5:00 p.m. Central Time on the date listed.

March 4, 2024	RFP Issued
March 4-15, 2024	Inquiry Period
March 20, 2024	Questions & Answers Posted
March 27, 2024	Courtesy Communication of Intent to Submit Proposal
April 17, 2024	Submission Deadline
April 18-25, 2024	Evaluation Period
April 26, 2024	Selection Announcement
April 29-May 10, 2024	Contract Negotiations
To be Determined	Monitoring Begins - anticipated within 45 days of signed contract
To be Determined	Monitoring Report Issued – anticipated 90 days after monitoring begins

## PROCEDURES FOR RESPONSE SUBMITTAL

- Only complete proposals should be submitted. Contextual changes or additions will not be accepted after submission unless specifically requested by the Workforce Development Board of West Central Arkansas (WCWDB).
- A person legally authorized to bind the offeror shall sign the proposal.
- One (1) signed original in PDF format.
- PROPOSALS WILL ONLY BE ACCEPTED VIA EMAIL.

## SUBMISSION DEADLINES

All offerors planning to submit a proposal are asked to provide a letter or email indicating their intent to submit a proposal to Carrie Pratchard ([cpratchard@wcapdd.org](mailto:cpratchard@wcapdd.org)) no later than 5:00 p.m., March 27, 2024.

To be considered for selection, all proposals in PDF format must be received by Carrie Pratchard ([cpratchard@wcapdd.org](mailto:cpratchard@wcapdd.org)) via email no later than 5:00 p.m., April 17, 2024.

## OBJECTIVE

This Request for Proposal (RFP) has been prepared and published on behalf of the Workforce Development Board of West Central Arkansas (WCWDB) for the purpose of soliciting proposals for the performance of programmatic monitoring of the WIOA Title I-B Programs for the West Central Arkansas Workforce Development Area (WDA).

## BACKGROUND INFORMATION & GENERAL INSTRUCTIONS

### Organization Overview

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West Central Arkansas Planning & Development District, Inc. (WCAPDD) was established in 1967 and exists for the purpose of improving and enhancing the social and economic well-being of the people in its ten-county region, and is a private, non-profit organization, incorporated under Arkansas law.

WCAPDD serves as the WDA's Service Provider, Administrative Entity, and Fiscal Agent for WIOA Title I-B programs funded under the Workforce Innovation and Opportunity Act (WIOA).

Hightower Workforce Initiatives, LLC (HWI) is the One-Stop Service Operator.

### Service Area & Locations

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The WDA encompasses ten counties in West Central Arkansas, including Clark, Conway, Garland, Hot Spring, Johnson, Montgomery, Perry, Pike, Pope, and Yell counties.

There are four Arkansas Workforce Centers/American Job Centers in the area. They include a comprehensive center in Hot Springs, and three affiliate offices in Malvern, Morrilton, and Russellville.

### Eligible Offerors

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Acceptable proposals must come from entities such as consultants, auditors, and/or entities that meet the independence standards specified in the Generally Accepted Government Auditing Standards (GAGAS), or from public accountants who also meet such required standards.

### Scope of Services

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The monitoring to be performed will cover program activities for WIOA Title I-B Services for Program Years 2022 and 2023, July 1 through June 30, 2023, and 2024, respectively. An annual option for up to three (3) additional years may be considered based on performance, funding availability, acceptable negotiations, and approval of the WCWDB. Each annual option will be to monitor a single program year.

The monitoring services provided must meet the minimum procedures outlined in Section A of the Arkansas Division of Workforce Services (ADWS) Office of Employment Assistance Program and Financial Monitoring Instrument for Workforce Innovation and Opportunity Act Title I-B and Other Agency-Funded Programs. A copy of the monitoring instrument has been included as an appendix to this RFP for your convenience. NOTE: ADWS is the owner/creator of the monitoring instrument and any changes made to the instrument by ADWS will need to be incorporated into monitoring services. The current

ADWS instrument can be located at [https://dws.arkansas.gov/wp-content/uploads/Arkansas\\_Program\\_and\\_Financial\\_Monitoring\\_Instrument.pdf](https://dws.arkansas.gov/wp-content/uploads/Arkansas_Program_and_Financial_Monitoring_Instrument.pdf).

Monitoring services must also include an Entrance Interview to foster open communication and an Exit Meeting to share best practices and areas for improvement.

Upon completion of monitoring services, a written report must be issued to the WCWDB. All working papers and reports must be retained at the selected offeror's expense for a minimum of five (5) years.

## Regulations & Compliance

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Entities selected for monitoring services are contractors as defined under 2 CFR 200.331(b). The offeror is responsible for reading, understanding, and implementing all Federal, State, and other related governing agency regulations and guidance.

The Workforce Innovation and Opportunity Act, Federal Regulations, and Training & Employment Guidance (TEGL) can be located on the U.S. Department of Labor's website at <https://www.dol.gov/agencies/eta/wioa/guidance>. The State of Arkansas information can be located at <https://dws.arkansas.gov/workforce-services/workforce-innovation-wioa/wioa-plans-annual-reports-more-information/>.

## Inquiries & Answers

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Prospective offerors are invited to submit questions and requests for additional information relative to this RFP during the Inquiry Period (March 4-15, 2024) by emailing Carrie Pratchard at [cpratchard@wcapdd.org](mailto:cpratchard@wcapdd.org). The deadline for emailing inquiries is 5:00 p.m., March 15, 2024.

All questions and requests for additional information will be posted along with their respective answers on the WCAPDD website, [www.wcapdd.org](http://www.wcapdd.org) no later than 5:00 p.m., March 20, 2024. NOTE: QUESTIONS WILL NOT BE ACCEPTED OR ANSWERED BY PHONE.

## Communication of Intent

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All offerors planning to submit a proposal are asked to provide a letter or email indicating their intent to submit a proposal to Carrie Pratchard ([cpratchard@wcapdd.org](mailto:cpratchard@wcapdd.org)) no later than 5:00 p.m., March 27, 2024.

# RESPONSE INSTRUCTIONS

## Format

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All proposals should meet the following specifications:

- Typed on letter-size paper (8½"x11") with one (1) inch margins on all sides in Arial 12pt font
- All pages sequentially numbered
- PDF format
- Signed by a person legally authorized to bind the offeror

## Required Information

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To simplify the review process and obtain the maximum degree of comparison, all proposals must be organized as follows.

### *Section 1 – Title Page*

Complete the RFP Title Page (Attachment A) including legal name of offeror/organization, type of offeror/organization, federal identification number, complete address, authorized contact person with title, phone number, email address, total amount of proposal.

The Title Page must be signed by a person legally authorized to bond the offeror to be accepted for consideration.

### *Section 2 – Table of Contents*

Include a clear listing of the material included in the proposal by section including page numbers.

### *Section 3 – Monitoring Experience & Knowledge*

Briefly state your understanding of the work to be completed, including how your organization will fulfill and perform the monitoring services to meet the minimum procedures noted in the ADWS Monitoring Instrument referenced in *Scope of Services*, as well as comply with regulations and guidance noted in *Regulations & Compliance*.

Provide a summary of your organization's relevant experience in providing monitoring services to workforce programs, including WIOA Title I-B and One-Stop Operators, and/or monitoring programs funded by Federal, State, or other granting agencies.

Provide a brief resume for each staff member who will provide monitoring services. The resume should include relevant experience and training related to services to be provided.

### *Section 4 – Disclosures*

Provide the name, title, address, phone number, and email address of your authorized representative. Include a declaration that this person has the authority to bind your organization. This person should sign the response proposal and be the primary contact for contract negotiations.

Disclose the following matters as they relate to your organization, owners, and staff:

- Ability or lack thereof to be properly bonded or insured.
- Any instance or current allegations of fraud or abuse.
- Any union disputes or issues.
- Any relationships or common affiliations with current WCWDB members, WCAPDD staff, or Hightower Workforce Initiatives, LLC, or its staff.
- Any current or recent (within 1 year) relationships or affiliations with ADWS or any other Arkansas Workforce Center partner agencies.
- Any disallowed and/or questioned costs in the past five (5) years.

- Any present debarments/suspensions, proposed debarments/suspensions, declarations of ineligibility, or voluntary exclusions from participation by a federal department or agency.

*Section 5 – Budget & Timeline*

It is anticipated that a fixed price contract will be negotiated based on the proposal responses. Provide a preliminary quote including anticipated hours and tentative timeline to complete the engagement as well as hourly rate for each level of staff providing services. All quotes must explicitly state that prices, terms, and conditions will be held firm for a minimum of 90 days from the proposal receipt deadline.

**Response Submission**

Interested and qualified offerors should electronically submit one (1) signed original PDF format proposal response to this RFP to Carrie Pratchard at [cpratchard@wcapdd.org](mailto:cpratchard@wcapdd.org), no later than 5:00 p.m. CST, April 17, 2024.

Only complete proposals, signed by a person legally authorized to bond the offeror, should be submitted. Contextual changes or additions will not be accepted after submission unless specifically requested by the Workforce Development Board of West Central Arkansas (WCWDB).

PROPOSALS WILL ONLY BE ACCEPTED VIA EMAIL.

**RESPONSE EVALUATION & SCORING**

Proposals submitted in response to this RFP will be evaluated individually by the WCWDB Planning, Performance & Finance Committee. All offerors are urged not to contact any member of these committees; all inquiries should be directed to the representative indicated in the *Inquiries & Answers* section.

During the evaluation process, responding offerors may, at the request of the Committee, be invited to participate in an oral interview to clarify their proposal. This interview, if deemed necessary, in no way constitutes selection nor does it negatively affect the proposal’s evaluation.

Each proposal will be evaluated based on the criteria stated below. To be considered for selection a **proposal must meet a minimum aggregate score of 70 points** from the one hundred total points possible. Unnecessarily elaborate proposals and brochures are not required in your response to this RFP.

Section	Points
Communication of Intent	5
Section 1 – Title Page	0
Section 2 – Table of Contents	0
Section 3 – Monitoring Experience & Knowledge	
Understanding/Fulfillment of Services	20
WIOA Title I-B Monitoring Experience & Knowledge	15
One Stop Services Monitoring Experience & Knowledge	15

Staff Experience & Knowledge	15
Section 4 – Disclosures	10
Section 5 – Budget & Timeline	20

## RIGHTS & DISCLAIMERS

The WCWDB reserve the following rights and makes the following disclaimers:

1. The right to accept or reject any or all proposals.
2. Selection of an offeror’s proposal does not guarantee a contract to provide services. WCWDB and the offeror of the selected proposal will begin negotiations to determine the terms of the final contract. Should agreement not be reached, WCWDB may choose to select another offeror or reissue the RFP.
3. WCWDB rejects any legal liability in refusing to award a contract or to pay any of the offeror’s costs in preparing or submitting a response resulting from this RFP. Offerors must not start any procedures before a final contract has been signed by both the offeror and the WCWDB.
4. WCWDB will not be held financially responsible for any costs incurred prior to a contract being signed by both the offeror and WCWDB. If any procedures are initiated prior to signing the contract, the negotiations will be null and void.
5. Regardless of a proposal being accepted or declined, all offerors will receive notification via email of their proposal’s status.
6. The successful offeror must be prepared to accept sole responsibility for performance under the contract, including financial and all other liabilities.

## GRIEVANCE PROCEDURES

The WCWDB or the WCWDB Executive Committee is the responsible authority for handling complaints or protests regarding the proposal selection process. No protest shall be accepted by the Arkansas Workforce Development Board (AWDB) until all remedies at the WCWDB level have been exhausted. This includes, but is not limited to, false or inaccurate information, disputes, claims, protests of award, source evaluation or other matters of a contractual nature. Matters concerning violation of law shall be referred to such authority as may have proper authority.

The WCWDB or the WCWDB Executive Committee would like the opportunity to respond to any inquiry or resolve any dispute prior to the filing of an official complaint by the protestor. The protestor should contact, in writing, the designated contact person, so that arrangements can be made for a conference between the WCWDB and/or the WCWDB Executive Committee and the protestor.

Offerors not selected by this procurement may appeal the decision by submitting, within ten (10) calendar days of receipt of the WCWDB notification of the procurement decision, a written request for debriefing to obtain information on the procurement process and how their proposal was received and ranked.

The WCWDB or WCWDB Executive Committee’s disposition of the protest is final and will be provided to the protestor’s lead representative in writing via certified mail.

## APPENDIX

See attached ADWS Monitoring Instrument (79 pages)





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www.dws.arkansas.gov

Asa Hutchinson  
Governor  
Charisse Childers, Ph.D.  
Director

# ARKANSAS

**DIVISION OF WORKFORCE SERVICES (DWS)  
OFFICE OF EMPLOYMENT ASSISTANCE (EA)**

**WORKFORCE INNOVATION AND OPPORTUNITY ACT  
(WIOA)  
Title I-B and Other Agency-Funded Programs**

## PROGRAM AND FINANCIAL MONITORING INSTRUMENT

**STREET ADDRESS:  
#2 CAPITOL MALL  
LITTLE ROCK, ARKANSAS 72202**

**TELEPHONE: (501) 371-1028**

**MAILING ADDRESS:  
P.O. Box 2981  
LITTLE ROCK, ARKANSAS 72203**

**FAX: (501) 683-5858**

**ARKANSAS PROGRAM AND FINANCIAL  
Workforce Innovation and Opportunity Act (WIOA) Title I-B  
MONITORING INSTRUMENT  
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**NOTE: Hyperlinks have been embedded in the following section to make it easier for the reader to review the law and regulations for the applicable references.**

# **ARKANSAS MONITORING ENTRANCE INTERVIEW SIGN-IN SHEET**

(ATTACHED ADDITIONAL SHEETS IF NECESSARY)

FOR THE \_\_\_\_\_

(ENTER THE GEOGRAPHICAL AREA / LOCAL WORKFORCE DEVELOPMENT AREA NAME)

**ARKANSAS WORKFORCE INNOVATION AND OPPORTUNITY ACT**

DATE: \_\_\_\_\_

<b>NAME</b>	<b>ORGANIZATION</b>	<b>JOB TITLE OR PROFESSION</b>

# AR WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA) TITLE I-B MONITORING VISIT INTRODUCTION

**Local Workforce Development Area (LWDA) Being Monitored:** *(Name/Address/Director of Area)*

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**Monitor/Monitoring Team:**

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**Local Workforce Development Area Staff:** *(Obtain and Attach a Recent Organizational Chart)*

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**Monitoring/Review Dates:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Entrance Interview General Notes:** *(Complete the Attached Entrance Interview Sign-In Sheet)*

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# ENTRANCE INTERVIEW NOTES:

**LWDA NAME:** \_\_\_\_\_

**DATE OF REVIEW:** \_\_\_\_\_

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# PROGRAM REVIEW DOCUMENTS – SECTION A

1. Local 4-Year Plan
2. Changes to the Local Plan (***ALL Changes Must be approved by the Local and State WDB***)
3. Local Area Written Policies and Procedures (*At a minimum, Local Area applicable Written Policies and Procedures must include the following*):
  - a. Supportive Services (*including eligibility*)
  - b. On-the-Job Training (OJT) (*including contract procedures*)
  - c. Customized Training, Career Pathways, etc. (*contract procedures*)
  - d. Work Experience (*including contract procedures*)
  - e. Individual Training Account (ITA) (*and procedures for use*)
  - f. The local definition of self-sufficiency (*and procedures for use*)
  - g. Written Policy and Procedures used in the One-Stop and WIOA Title I-B for Veteran Priority, Adults, and other Special Populations
  - h. All forms and checklists used by front-line staff and internal monitors
  - i. Monitoring procedures (*internal and external, if applicable*)
  - j. Any policies or procedures used by case managers/counselors in referral of participants or case management
  - k. Grievance Procedures of Local Board (*or Administrative Entity/Grant Recipient*)
  - l. Grievance Procedures of One-Stop Operator
  - m. All contracts or agreements for the provision of WIOA Title I-B services
  - n. All Request For Proposals issued for the provision of services that must be procured by competitive bidding
  - o. All other policies approved by the Local Board
  - p. Program and Service Procedures used in the WIOA Title I-B & One-Stop
  - q. Procedures for Resolution of Findings arising from:
    - 1) Audits
    - 2) Investigations
    - 3) Monitoring and Oversight
4. Internal Program Monitoring Reports (Program and Financial) (*recently completed by the Local Board and/or Local Area Monitoring staff*)
5. Organizational Chart (*which includes names of Local Board staff and/or Administrative/Grant Recipient and the One-Stop Operator staff [WIOA Organization only for operator staff], Provider of WIOA Title I-B Services*)
6. List of current work sites for the following programs:
  - A. Youth
  - B. OJT
  - C. Work Experience
  - D. Incumbent Worker
  - E. Other

Inclusive of the following information:

  - The number of clients assigned to each
  - The participant(s) name(s)
  - The participant(s) training and/or work hours
  - Worksite agreements for the above listed sites, as appropriate

- The work/training site contact(s) with:
    - Supervisor's/Contact's name
    - Telephone number
    - Site address
8. Information concerning OJT and Customized Training contracts:
    - a. Name of Worksite / Training Site
    - b. Contract amounts and amounts expended by funding stream
    - c. Number served to date
    - d. Number of workers at each training site
  9. Local Workforce Development Board Members *(including the following)*:
    - a. Membership grid (listing categories represented)
    - b. Changes since last certification
    - c. Sign-Ins Sheets for Meetings
    - d. Board Meeting Minutes for July 1, 2021 – Present (last four quarters prior to annual monitoring review notification)
    - e. Board By-laws
    - f. Proxy Forms
    - g. CEO Agreements
    - h. CEO and Board Agreements
    - i. Board Nomination Forms
  10. Current contact list, i.e., case managers, office locations, addresses, telephone numbers at each location

## **FINANCIAL REVIEW DOCUMENTS - SECTION B**

1. Copy of the following records:
  - a. General Ledger (include all funds in excel format)
  - b. Check Register (include all funds in excel format)
  - c. Payroll Register (include all funds in excel format)
  - d. Bank Statements (include monthly reconciliation worksheets and supporting documentation for all funds)
  - e. Budget to Actual Analysis
  - f. Board Meeting Minutes
  - g. Internal and Subgrantee Monitoring Report(s)
2. Copy of the most recently updated (if not previously provided):
  - a. Approved Indirect Cost Rate and Cost Allocation Plan
  - b. Chart of Accounts
  - c. Financial Policies and Procedures (including cash management, procurement, leave, travel, etc.)
  - d. One-Stop Policies and Procedures
  - e. ITA Policies and Procedures
  - f. Work Experience Policies and Procedures, if applicable
  - g. OJT Policies and Procedures, if applicable
  - h. Supportive Services Policies and Procedures, if applicable
  - i. Memorandum of Understanding (MOU) and Infrastructure Funding Agreement (IFA) signed by all partners
  - j. Employee List and Job Descriptions



k. Inventory List

**The following financial records are requested to be available during our on-site visit:**

3. Copy of the following records:
  - a. Bank Collateralization
  - b. Lease Contract Agreement(s)
  - c. Sub-grant Agreement(s)
  - d. List of Training Providers
  - e. Training Providers Contract Agreement(s)
  - f. Other Contract Agreement(s)
  - g. Management Letter (A-133)
  - h. List of Equipment Purchases, if applicable
  - i. Petty Cash Reconciliation and Supporting Documentation
  - j. List of Board Members and Disclosure Statements
  - k. Employee Handbook
  - l. Insurance and Bonding
  - m. Invoices, receipts, payroll records, and other supporting documentation requested on-site

SECTION A –  
PART I. POLICIES AND PROCEDURES

**(Provide a copy of any LWDB approved written Policies and/or Procedures, which will be used during the review process. Include any written comments for each review item as necessary.)**

1. Does your local area provide career services and training services at the one-stop level?  Yes  No. Are any of the other services listed in **(Reference: WIOA Section 134(d))** provided in your local area?  Yes  No **(Reference: 20 CFR 680.140)**

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

2. Does your local area document, in Arkansas Joblink (AJL) and hardcopy, career services for adults and dislocated workers?  Yes  No **(Reference: WIOA Section 185(d)(1)(B))**

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

3. Does your local area document training services for adults and dislocated workers in AJL and with a hardcopy?  Yes  No **(Reference: WIOA Section 185(d)(1)(B))**

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

4. Does your local area have a written policy and/or procedure for out-of-area assistance and relocation assistance?  Yes  No. If yes, please provide a copy of the policy. **(Reference: 20 CFR 678.430(b)(10))**

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

5. Does your local area give priority to low-income adults, public assistant recipients, and individuals who are basic skill deficient?  Yes  No. If yes, please provide a copy of the policy and procedures. **(Reference: 20 CFR 680.600(a))**

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

6. Does your local area have a written policy for limiting the dollar amount and duration of Individual Training Accounts (ITAs)?  Yes  No. If yes, please provide a copy of the policy. **(Reference: 20 CFR 680.310)**

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

7. Does your local area utilize mechanisms other than ITAs to provide training services (i.e. OJT, Incumbent Worker and/or customized training)?  Yes  No. If yes, please provide a copy of your policy. **(Reference: 20 CFR 680.320, TEGs 10-16 & 19-16)**

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

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8. Does your local area have a written policy for determining the time limitation of an OJT contract?  Yes  No  N/A. If yes, please provide a copy of the policy. **(Reference: WIOA § 134(c)(3)(A)(i)(I), 20 CFR 680.700(c) and TEGL 19-16)**

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

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9. Does your local area have a written policy for determining "self-sufficiency/sufficient wage" as it pertains to training?  Yes  No  If yes, please provide a copy of the policy. **(Reference: 20 CFR 680.210, 680.710, 680.770)**

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

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10. Does your local area have a written policy for the provision of supportive services to adults and dislocated workers?  Yes  No. If yes, please provide a copy of the policy. **(Reference: WIOA section 3(59); WIOA 134(d)(2), 20 CFR 680.900)**

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

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11. Does your local area have a written policy for determining the level of needs-related payments for adults and dislocated workers?  Yes  No. If yes, please provide a copy of the policy. **(Reference: 20 CFR 680.970)**

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

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12. Does your local area have a written policy for providing/documenting follow-up services?  Yes  No. If yes, please provide a copy of the policy. **(Reference: WIOA Section 134(c)(2) (xiii)) 20 CFR 680.150(c)**

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

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13. Does your local area have approved written procedures and tools regarding the monitoring of sub recipients and contractors, including follow-up and resolution processes?  Yes  No. If yes, please provide a copy of the procedures and tools. **(Reference: 20 CFR 683.410 (a) (1-4))**

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

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14. Does your LWDA program utilize the five percent (5%) exception for low-income youth?  Yes  No. **(Reference: 20 CFR 681.250(c))**

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

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15. Does your LWDA have a written policy regarding additional barrier(s), as it pertains to the youth that qualify under the five percent (5%) window?  Yes  No. Is it in the local plan?  Yes  No. If yes, please provide a copy of the plan and policy. **(Reference: 20 CFR 681.300 and 681.310(a)(b))**

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

16. Does your LWDA track expenditures in out of school youth and compare it to the funding allocated for out-of-school youth?  Yes  No. If yes, please explain the process. **(Reference: 20 CFR 681.410)**

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

17. Does your LWDA ensure that the following concentrations are included in the design of local youth programs: Objective assessment; Academic and occupational skill levels; Individual Service Strategy; Establishment of career goals; Preparation for post-secondary education opportunities; Linkages between academic and occupational learning; Preparation for employment; Links to the job market and employers?  Yes  No. **(Reference: 20 CFR 681.420(a)(1-3))**

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

18. Does your LWDA provide linkages to entities that will foster the participation of eligible local area youth (i.e. law enforcement, housing authority, Job Corps, local education agencies)?  Yes  No. **(Reference: 20 CFR 681.420(c))**

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

19. Does your LWDA ensure that income eligibility for youth is met when required?  Yes  No. **(Reference: WIOA Section 3(36); 20 CFR 681.250)**

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

20. Does your LWDB have a written procedure for referral of youth participants to other agencies?  Yes  No. If ye, please provide a copy of the procedure. **(Reference: 20 CFR 681.420 (d))**

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

21. Does the LWDB ensure that parents, youth participants and individuals in the youth-community play a role in the design and implementation of youth programs?  Yes  No. **(Reference: 20 CFR 681.420(g) and 20 CFR 681.650)**

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

22. Does your LWDB have a written policy for determining "recent" as it pertains to assessments (Youth, Adult, and Dislocated Workers)?  Yes  No. If yes, please provide a copy of the policy. If no, please explain. **(Reference: 20 CFR 681.420(h) and TEGL 21-16)**

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

23. Does the LWDA ensure that all 14 program elements, as defined in **20 CFR 681.460(a)**, are options that are available to youth?  Yes  No. **(Reference: 20 CFR 681.460 (a))**

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

24. Does your LWDA provide supportive services for youth?  Yes  No. **(Reference: 20 CFR 681.570)**

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

25. Does your LWDA provide and document follow-up services for youth?  Yes  No. **(Reference: 20 CFR 681.580)**

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

26. How does your local area document follow up services for youth?  Yes  No. **(Reference: 20 CFR 681.580(c))**

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

27. Does your LWDA identify and track how funding and services are provided for con-currently enrolled youth/adults (18-24)?  Yes  No. **(Reference: 20 CFR 681.430 (b))**

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

28. Does your LWDB have a written policy to determine "appropriate levels of youth, adult and dislocated worker services" for the concurrently enrolled?  Yes  No. If yes, please provide a copy of the policy. **(Reference: 20 CFR 681.430(a))**

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

29. Does your LWDB have a written policy for providing and administering work experience in the following categories: summer employment opportunities **and other employment opportunities available throughout the school year**; pre-apprenticeship programs; internships and job shadowing; and/or on-the-job training (OJT) opportunities.  Yes  No? If yes, please provide a copy of your policy. **(Reference: 20 CFR 681.610 and 681.620)**

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

30. Does your LWDB have written procedures/system that tracks performance measures?  Yes  No. If yes, please provide a hard copy of your procedures/system. **(Reference: 20 CFR 677.205 and 20 CFR 677.210)**

a. Is there a corrective action plan for assuring that they will be met?  Yes  No

31. Is the LWDA meeting the negotiated performance requirements?  Yes  No. If no, please list the measures that are not being met.

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

32. Does your LWDA have a grievance process, including resolution, on the local level?  Yes  No. If yes, please provide a hard copy of your policy. If no, please provide an explanation. **(Reference: 20 CFR 683.600)**

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

33. Does your LWDB have a written policy for selecting local youth service providers?  Yes  No. If yes, please provide a hard copy of your policy. If no, please provide an explanation. **(Reference: 20 CFR 681.400 (b))**

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

34. Does your local area have participants enrolled in any WIOA Title 1 programs for 90 days or more?  Yes  No. **If yes, please provide proof of the services that will be provided or based on the date the participant(s) will be expected to complete all services exited.**  
**(Reference: 20 CFR 677.150(c)(1)(i))**

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

35. Does your local area schedule services when it is anticipated to be provided in the future?  Yes  No  
**Reference: 20 CFR 677.150 (c)(1)(i))**

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

36. Arkansas JobLink (AJL) is the State's official reporting system. Are all data fields being completed and entered in a timely and accurate manner?  Yes  No. Does the LWDA utilize the *Enrollment notes* section?  Yes  No. The *Individual Employment Plan* section?  Yes  No.  
**(Reference: WIOA Section 185(d)(1))**

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

37. Does the local area provide Case Management at the One-Stop level?  Yes  No. If yes, obtain a copy

of written policy or procedures. If no, please provide explanation.  
**(Reference: 20 CFR 680.220(a) and 20 CFR 681.420(a)(3) ADWS Policy Manual - Case Management WIOA I-B 4.2)**

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

38. Does your local area provide incentive payments to Youth participants?  Yes  No. If yes, please provide a copy of the policy and/or procedure. **(Reference: 20 CFR 681.640; TEGL 21-16; ADWS Policy No. WIOA I-B – 3.2)**

**Additional Comments for PART I (Use additional sheets if necessary):** \_\_\_\_\_  
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**PART II. GOVERNANCE (Local Workforce Development Board (LWDB))**

1. Is the Board certification current?  Yes  No. If Yes \_\_\_\_\_, please provide date \_\_\_\_\_ If No \_\_\_\_\_, please provide explanation. **(Reference: 20 CFR 679.320, 679.350)**

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

2. Are there any LWDB vacancies?  Yes  No. Are they filled within 60 days of vacancy?  Yes  No. If no, please provide explanation. **(Reference: 20 CFR 679.320, 679.350; CEO Membership Guide Part B-500)**

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

\_\_\_\_\_

3. Do representatives of (private industry) business constitute fifty-one (51%) of the LWDB?  Yes  No. Are there at least two small business representatives on the LWDB?  Yes  No. Do representatives of workforce constitute twenty (20%) of board membership?  Yes  No. If no, please provide explanation. **(Reference: 20 CFR 679.320(b))**

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

\_\_\_\_\_

4. Do you provide new LWDB members with an orientation of the role of the local board?  Yes  No. **(Reference: 20 CFR 679.370, CEO Membership Guide Part B-600)**

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

\_\_\_\_\_

5. Does the LWDB have an approved four-year local plan?  Yes  No. If yes, please provide a hard copy of your plan. If no, please provide an explanation. **(Reference: 20 CFR 679.370(a), 20 CFR 679.560)**

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

\_\_\_\_\_

6. Has the local plan been amended during the current year?  Yes  No. If yes, please provide details of any amendments. **(Reference: 20 CFR 679.580)**

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

\_\_\_\_\_

7. Is there a procedure in place used by the LWDB to review and/or initiate new policies?  Yes  No. **(Reference: 20 CFR 679.310(b))**

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

\_\_\_\_\_

8. Does the LWDB, or its members, take(s) an active role as part of its oversight responsibility (review, evaluation and monitoring) of the local One-Stop system?  Yes  No. **(Reference: 20 CFR 679.370(i)(1))**

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

\_\_\_\_\_

9. Has the LWDB established local performance measures?  Yes  No. (If yes, please obtain a copy.) **(Reference: 20 CFR 679.370(j))**

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

\_\_\_\_\_



10. Does the LWDB coordinate with local economic development and local employers?  Yes  No. If no, please provide explanation. **(Reference: 20 CFR 679.370(e)(2))**

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

11. Does the LWDB promote private sector involvement in the local workforce investment system?  Yes  No. If no, please provide explanation. **(Reference: 20 CFR 679.370(e)(1))**

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

12. Does the LWDB have standing committees for youth, individuals with disabilities, and one-stop operator?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 681.100)**

a. Are the standing committees chaired by a LWDB member?  Yes  No. Have they convened to assist the LWDB to implement WIOA?  Yes  No. **(Reference: A.C.A. §15-4-3712(a)(2)(A))** If no, please provide an explanation.

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

13. Does the standing youth committee include the required members?  Yes  No **(Reference: 20 CFR 681.110(a)(b))**

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

14. Does the youth committee provide linkages with local education agencies?  Yes  No. If no, please provide explanation. **(Reference: 20 CFR 681.120(c))**

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

15. Is a written policy and/or procedures in place for the selection of youth providers?  Yes  No. If yes, please provide a hard copy of your policy/procedures. If no, please provide an explanation. **(Reference: 20 CFR 679.370(I)(1))**

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

16. Does the LWDB directly provide career services or training services?  Yes  No. If yes, what services are provided? **(Reference: 20 CFR 679.410(3)(b)(c))**

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

17. Does the LWDB have written concurrence from the chief elected official and the Governor to provide career services? \_\_\_ Yes \_\_\_ No. (If yes, request a copy.) If no, please explain.

**(Reference: 20 CFR 679.410(3)(b))**

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

\_\_\_\_\_

18. Does the LWDB have a waiver to provide training services? \_\_\_ Yes \_\_\_ No. If yes, please provide a hard copy of your waiver. If no, please provide an explanation. **(Reference: 20 CFR 679.410(3)(c))**

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

\_\_\_\_\_

19. Is the LWDB certified as the local one-stop operator? If yes, does the LWDB have written concurrence from the chief elected officials (s) and the Governor? \_\_\_Yes \_\_\_No If Yes, **Provide a copy.**

**(Reference: 20 CFR 678.800(3))**

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

\_\_\_\_\_

20. Does your LWDA have a current Chief Elected Official agreement? \_\_\_Yes \_\_\_No. If yes, please provide a copy. If no, please provide an explanation. **(Reference: 20 CFR 679.310(c-e), 683.710; A.C.A. §15-4-3709(g)(2)) Provide a copy.**

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

\_\_\_\_\_

21. Is any staff of the LWDB involved in the provision of career or training services, or designated or certified as One-Stop Operator? \_\_\_ Yes \_\_\_ No. **(Reference: 20 CFR 679.410(d))**

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

\_\_\_\_\_

22. Is there a current written agreement between the Chief Elected Officials, LWDB, and the fiscal agent? \_\_\_Yes \_\_\_No. If yes, please provide a copy. If no, please provide an explanation. **(Reference: 20 CFR 679.430)**

**Provide a copy.**

**Additional Comments FOR PART II** (Use additional sheets if necessary.): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

### Part III. ONE-STOP CERTIFICATION AND OPERATIONS

1. Does the LWDA have at least one comprehensive physical One-Stop/Workforce Center to provide the career services specified? \_\_\_Yes \_\_\_No **(Reference: 20 CFR 680.100(b)(1))**

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

\_\_\_\_\_

2. Does the Local Area have a One Stop Operating Budget?  Yes  No. If yes, please provide a hard copy of your plan. If no, please provide an explanation. **(Reference: 20 CFR 678.500(b)(2))**

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

\_\_\_\_\_

3. A Memorandum of Understanding (MOU) is an agreement developed and executed between the Local WDB and the one-stop partners, with the agreement of the chief elected official (s) and the one-stop partners relating to the operation of the one-stop delivery system in the local area. Do you have a MOU signed by each of the above?  Yes  No. **(Reference: 20 CFR 678.500)**

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

\_\_\_\_\_

4. What type of MOU was developed for the local area?  A single "Umbrella" MOU,  or,  a separate MOU between the Local Board and each partner? If yes, please provide a hard copy of your MOU. **(Reference: 20 CFR 678.505)**

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

\_\_\_\_\_

5. Since funds are generally appropriated annually, financial agreements may be negotiated with each partner annually to clarify funding of services and operating costs of the system under the MOU. What is the duration of your local areas MOU? \_\_\_\_\_. **(Reference: 20 CFR 678.505(b))**

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

\_\_\_\_\_

6. Is a written policy/procedure in place for the selection of the One-Stop Operator(s)?  Yes  No. If yes, please provide a hard copy of your policy/procedures. If no, please provide an explanation. **(Reference: 20 CFR 678.605)**

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

\_\_\_\_\_

**Additional Comments for PART III (Use additional sheets if necessary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Part IV. DELIVERY OF ADULT AND DISLOCATED WORKER SERVICES THROUGH THE ONE-STOP SYSTEM

1. Are all adults and dislocated workers who receive services beyond self-service or information only activities registered in AJL?

Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 680.110)**

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

2. Are all eligible applicants co-enrolled with the TAA Program? If so, how many are you currently serving?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 618.325)**

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

3. Does your One – Stop Operator coordinate services with TAA Staff to provide appropriate services?  Yes  No If no, please provide an explanation. **(Reference: WIOA I Policy Number 6.2)**

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

4. Do you require an individual to be in a career service for a certain amount of time before receiving training services?  Yes  No. If yes, please provide an explanation. **(Reference: 20 CFR 680.220(c))**

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

**A. CAREER SERVICES**

1. Do you maintain check sheets and eligibility criteria for career services in both the adult and dislocated worker programs?  Yes  No. If no, please provide explanation. **(Reference: 20 CFR 680.120 and 680.130)**

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

2. Are career services provided through the One-Stop Delivery System?  Yes  No. Are career services provided by the One-Stop Operator?  Yes  No. Or, are they provided through a contract?  Yes  No. If career services are provided through a contract, who is the contract with? \_\_\_\_\_.

**(Reference: 20 CFR 680.160)**

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

3. Are all basic career services being provided to adults and dislocated workers as required?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 678.430(a) 680.150)**

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

**B. TRAINING SERVICES**

1. Before enrolling an individual into any training program, does your area document that the individual: (1) Has received the required career services \_\_Yes \_\_No; (2) Has met the eligibility requirements \_\_Yes \_\_No; (3) Has been determined by the one-stop operator to be in need of training and has the skills and qualifications to successfully complete the training program \_\_Yes \_\_No; (4) Has selected a program that is directly linked to the employment opportunities in the local area or the planning region, or in another area to which the individual is willing to relocate \_\_Yes \_\_No; and (5) Is unable to obtain grant assistance from other sources? \_\_Yes \_\_No. If the answer to any of the above is no, please provide an explanation. **(Reference: 20 CFR 680.220)**

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

2. Do you coordinate with the training provider for other grant sources such as Pell, to help pay for the cost of training? \_\_Yes \_\_No. If no, please provide an explanation. **(Reference: 20 CFR 680.230(b))**

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

3. Does your area have an MOU or other agreement with all training sites setting the guidelines for coordination and/or possible reimbursement of Pell Grant when awarded? \_\_Yes \_\_No. If yes, please provide a hard copy of your MOU. If no, please provide an explanation. **(Reference: 20 CFR 680.230).**

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

**C. INDIVIDUAL TRAINING ACCOUNTS (ITAs)**

1. Do you set limits on the amount of funding for ITAs? \_\_Yes \_\_No. If yes, what are the funding limits? \_\_\_\_\_. Are these limits described in a LWDB policy? \_\_Yes \_\_No. If yes, please provide a hard copy of your policy. If no, please provide an explanation. **(Reference: 20 CFR 680.310)**

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

2. Do you set time limits on the amount of ITAs? \_\_Yes \_\_No. If yes, what are the time limits? \_\_\_\_\_. Are these limits described in a LWDB policy? \_\_Yes \_\_No. If yes, please provide a hard copy of your policy. If no, please provide an explanation. **(Reference: 20 CFR 680.310)**

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

3. Are eligible participants made of aware of their customer choice training options through the AJL Provider Link?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 680.340)**

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

4. Is complete ITA information, including location name, start and end dates, and ITA amounts entered into the AJL reporting system?  Yes  No. If no, please provide an explanation. **(Reference: WIOA Section 185(d)(1)(B))**

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

**D. ELIGIBLE TRAINING PROVIDERS**

1. Who, in your Local Area, manages the Eligible Training Provider (ETP) list? **(Reference: 20 CFR 680.430(c))**

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

2. Does the manager of the local ETP list accept applications, collect performance and cost information, and other required information, submit the local list, and ensure dissemination and appropriate use?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 680.430(c))**

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

3. Is the ETP list kept up to date with accurate information, i.e., performance, cost and other required information?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 680.490 and 20 CFR 680.510)**

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

4. Does the local training provider list contain providers who do not automatically qualify (Pre-Apprenticeship Act) for "initial" eligibility to the statewide training provider list?  Yes  No. If no, please explain **(Reference: 20 CFR 680.470(f))**

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

5. Does your local area allow for eligible training providers outside the local area or outside of the State?  Yes  No. If no, please provide an explanation. **(Reference: 20 CFR 680.520)**

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

**E. PRIORITY AND SPECIAL POPULATIONS**

1. Priority for individualized career services and training services funded with Title I adult funds must be given to recipients of public assistance, other low-income individuals, and individuals who are basic skills deficient. Does your area have a system or procedure to guarantee this priority? \_\_\_Yes \_\_\_No. If no, please provide plans for developing one. **(Reference: 20 CFR 680.600(a))** Does your local WDB have a process that gives priority for individualized career and training services to other eligible individuals? \_\_\_ Yes \_\_\_ No. If no, please provide an explanation. **(Reference: 20 CFR 680.600(c))**

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

2. The priority of adult funding “does not” apply to the dislocated worker funding stream. Does your area apply a priority system to the dislocated worker funds? \_\_\_Yes \_\_\_No. If yes, please provide an explanation. **(Reference: 20 CFR 680.610)**

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

3. An individual with a disability, whose family does not meet income eligibility criteria under the Act, may be considered a low-income individual. Does your area have guidelines established to determine eligibility of an individual with a disability? \_\_\_Yes \_\_\_No. If no, please provide an explanation. **(Reference: 20 CFR 680.640)**

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

4. Priority of services in all Department of Labor-funded training programs under 38 U.S.C. 4215 and described in 20 CFR part 1010. Note: A veteran must meet each program’s eligibility criteria to receive services under the perspective employment and training program. Does your area have a system to guarantee this priority? \_\_\_ Yes \_\_\_ No. If no, please an explanation. **(Reference: 20 CFR 680.650)**

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

5. Does your local area have a procedure for ensuring priority of services for veterans and eligible spouses? \_\_\_Yes \_\_\_No. If yes, please provide a copy of the procedures. If no, please explain. **(Reference: TEGs 10-09; & 19-16; ADWS Policy No. WIOA I-B – 2.2 & 2.8)**

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

**F. ON-THE-JOB TRAINING (OJT), PRE-APPRENTICESHIP, AND CUSTOMIZED TRAINING**

1. Does your area contract with any public, private non-profit, or private sector employers for OJT, Pre-Apprenticeship or Customized Training? \_\_\_Yes \_\_\_No. **If no, skip to next section.**

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

2. Are employers followed up on to verify that OJT participants are provided long term employment with wages, benefits, and working conditions that are equal to those provided to regular employees? \_\_\_Yes \_\_\_No. If No, please explain. **(Reference: 20 CFR 680.700(b))**

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

3. OJT contracts must be limited to the period of time required for a participant to become proficient in the occupation for which training is being provided. Are OJT contracts based on skill requirements for the occupation, the skill level of the participant, prior work experience, and the participant's employment plan? \_\_\_Yes \_\_\_No. If no, please explain. **(Reference: 20 CFR 680.700(c))**

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

4. If an OJT contract is written for an employed worker, the employee must not be making a self-sufficient wage or wages comparable to or higher than wages from previous employment as determined by the local board. Does your local area verify self-sufficiency or wages from previous employment before entering into an OJT contract? \_\_\_Yes \_\_\_No. **(Reference: 20 CFR 680.710(a))**

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

5. Like all training programs, the OJT must lead to a job that gives the individual economic self-sufficiency or wages comparable to or higher than wages from previous employment. Does your local area verify that an OJT contract for an employed worker leads to self-sufficiency or wages comparable to or higher than previous employment before entering into an OJT contract? \_\_\_Yes \_\_\_No. **(Reference: TEGL 19-16)**

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

6. Does the OJT relate to the introduction of new technologies, new production or service procedures, upgrading to a new job that requires additional skills, workplace literacy, etc.? \_\_\_Yes \_\_\_No. **(Reference: 20 CFR 680.710 (c))**

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



7. For OJT contracts, what is the usual wage rate reimbursement percentage? \_\_\_\_\_.  
If any reimbursement percentages exceed 50%, what written criteria is used to qualify the increased rate? \_\_\_\_\_  
**(Reference: 20 CFR 680.720(b))**

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

8. For customized training, what is the usual employer paid wage rate percentage? \_\_\_\_\_.  
**(Reference: WIOA sec. 3 (14)(C)(i))**

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

**G. SUPPORTIVE SERVICES**

1. Does your area provide supportive services? \_\_\_Yes \_\_\_No. If no, does your local area have policies and/or procedures for referrals to partnering agencies when supportive services are not provided by the local area? \_\_\_Yes \_\_\_No. If yes, obtain copy. If no, please explain and **then skip to question (7)**

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

2. Supportive services are only to be provided to eligible participants who are participating in career or training services and unable to obtain supportive services through other programs. Does your local area coordinate with other programs that may be able to provide such services? \_\_\_Yes \_\_\_No. If no, please explain.  
**(Reference: 20 CFR 680.910)**

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

3. Are supportive services provided only when necessary to enable an individual to participate in Title I career services or training activities? \_\_\_Yes \_\_\_No. If no, please explain. **(Reference: 20 CFR 680.910(b))**

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

4. Does your local area set limits on supportive services? \_\_\_Yes \_\_\_No. If yes, what are the limits?  
**(Reference: 20 CFR 680.920(a))**

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

5. Does your local area grant exceptions to the limits set in item number 4 above? \_\_\_Yes \_\_\_No.  
**(Reference: 20 CFR 680.920(b))**

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

6. Are the exceptions established and included in written procedures? \_\_\_ Yes \_\_\_ No. If no, please explain.

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

7. Are needs-related payments provided in your local area? \_\_\_ Yes \_\_\_ No. **If no, skip to end of this section.**  
**(Reference: 20 CFR 680.930)**

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

8. In order to receive needs-related payments, are Adult/DLW participants screened to verify they are unemployed, have ceased to qualify for unemployment or trade readjustment allowance, and have been enrolled in program of training services under WIOA Section 134(c)(3); Or be unemployed and did not qualify for UI or TAA readjustment assistance? \_\_\_ Yes \_\_\_ No. If no, please explain.  
**(Reference: 20 CFR 680.940 and 20 CFR 680.950)**

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

9. Does your local area allow needs-related payments to begin 30 calendar days before training begins for participants accepted in a training program? \_\_\_ Yes \_\_\_ No. If no, please explain.  
**(Reference: 20 CFR 680.960)**

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

10. Has a needs-related payment level been established by the local area? \_\_\_ Yes \_\_\_ No If no, please explain. **(Reference: 20 CFR 680.970(a)(b))**

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

**Additional Comments for PART IV (Use additional sheets if necessary.):**

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

## PART V. DELIVERY OF YOUTH SERVICES

1. How many total youth participants are the Local Area currently serving? \_\_\_ (**Reference: 20 CFR 681.250(c)**)
2. Are all youth reportable individuals and participants registered in AJL? \_\_\_ Yes \_\_\_ No.  
(**Reference: WIOA Section 185(d)(1), 20 CFR 681.320**)

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

3. An in-school youth (ISY), age 14-21 (unless an individual with a disability who is attending school under State law), at the time of enrollment must be a low-income individual to be eligible for services. Do you verify low-income status? \_\_\_ Yes \_\_\_ No. If no, please explain. (**Reference: 20 CFR 681.220**)

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

- a. A youth, age 14-21 must also have a barrier. Do you collect and document the barrier for eligibility determination? \_\_\_ Yes \_\_\_ No. (**Reference: 20 CFR 681.220**)

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

4. Has your local area defined: An individual, who requires additional assistance to complete an educational program, or to secure and hold employment, for either an in-school youth, an out-of-school youth, or both? \_\_\_ Yes \_\_\_ No. If yes, please provide a copy of the policy and the definition(s) in the local plan. (**Reference: 20 CFR 681.300 and 20 CFR 681.310**)

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

5. Does your local area permit youth who are not low-income individuals to receive youth services? \_\_\_ Yes \_\_\_ No. If yes, how do you track the 5% served? (**Reference: 20 CFR 681.250(c)**)

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

6. How many youth are within the 5% low income exception window?  
\_\_\_\_\_

7. Are any youth over the 5% low income exception window? \_\_\_ Yes \_\_\_ No. If yes, how many? \_\_\_\_\_

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

8. Has your local area defined the criterion for the barrier category: (face serious barriers to employment)? If yes, please obtain a copy. \_\_\_ Yes \_\_\_ No If no, please explain.  
(**Reference: 20 CFR 681.210(c)(9) and 681.220(d)(8)**)

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

9. Does your board have a standing youth committee to assist in planning, operational, oversight, and other issues relating to the provision of services to youth? \_\_\_ Yes \_\_\_ No. If yes, please provide copies of your committee minutes from the program year. **(Reference: 20 CFR 681.120(g), A.C.A. § 15-4-3712)**

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

10. Does your LWDB have a written procedure for referral of youth, when they are not eligible for WIOA, to other agencies for service or further assessment? \_\_\_Yes \_\_\_No. If yes, please provide a copy of the procedure. **(Reference: 20 CFR 681.420 (e))**

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

## **A. OUT-OF-SCHOOL YOUTH**

1. Does your local area coordinate with high school equivalency programs or other educational programs, so that youth can be registered as an out-of-school youth? \_\_\_Yes \_\_\_No. If no, please explain. **(Reference: 20 CFR 681.230, TEGL 21-16 pg.3)**

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

2. Seventy-five percent (75%) of youth funds are to be used for out-of-school youth. How do you document the funds spent on out-of-school youth? Are you currently using any State Waivers? \_\_\_Yes \_\_\_No. Has the waiver been approved? \_\_\_Yes \_\_\_No. What is the current program year for the waiver? \_\_\_\_\_  
**(Reference: 20 CFR 681.410)**

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

## **B. YOUTH PROGRAM, DESIGN, ELEMENTS AND PARAMETERS**

1. The program provider must provide an objective assessment that includes a review of academic and occupational skill levels and service needs. (Note: The provider may use a recent objective assessment that was developed under another educational or training program). Do you complete an objective assessment on all youth participants? \_\_\_Yes \_\_\_No. If no, please explain. **(Reference: 20 CFR 681.420(a)(1))**

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

2. The development of an individual service strategy (ISS) must be completed which identifies career pathways that include education and employment goals and consider the objective assessment results. (Note: The provider may use a recent individual service strategy that was developed under another educational or training program). Do you complete an ISS on each youth participant? \_\_\_Yes \_\_\_No. Do you maintain the ISS as a living document? \_\_\_Yes \_\_\_No. **(Reference: 20 CFR 681.420(a)(2))**

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

\_\_\_\_\_

3. Local Youth Programs must make each of the (14) program elements listed in WIOA section 129(c)(2) as options available to youth participants. Does your local youth program make all fourteen elements available to youth in your area? \_\_\_Yes \_\_\_No. If no, please explain. If yes, submit a chart of providers of the 14 program elements and the agreements for the provision of services not provided with WIOA funds. **(Reference: 20 CFR 681.460)**

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

\_\_\_\_\_

4. Are there any youth participants who have been in the program for 90 days or more who have not received services? \_\_\_Yes \_\_\_No. If yes, please explain. **(Reference: 20 CFR 677.150(c)(1)(i))**

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

\_\_\_\_\_

5. Eligible youth who are 18-24 may participate in adult and youth programs concurrently. These individuals must be eligible under the youth or adult eligibility criteria applicable to the services received. Youth ages 16-24 may use the Individual Training Account system. Does your program include concurrent enrollments? \_\_\_Yes \_\_\_No. **(Reference: 20 CFR 681.430 and 20 CFR 681.550)**

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

\_\_\_\_\_

### **C. PAID or UNPAID WORK EXPERIENCE**

1. Do all paid or unpaid work experience participants have a completed academic and occupational education component form, and is it integrated into the ISS? \_\_\_Yes \_\_\_No. **(Reference: 20 CFR 681.600(b))**

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

\_\_\_\_\_

2. Are all work experience categories available to youth participants? \_\_\_Yes \_\_\_No. **(Reference: 20 CFR 681.600 (c)(1-4))**

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

\_\_\_\_\_

**Additional Comments for PART V (Use additional sheets if necessary.):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART VI. BUSINESS SERVICES

1. The Joint WIOA Final Rule requires the provision of “business services” through the one-stop delivery system, to support a local workforce development system that meets the needs of businesses in the local area.

Does your local area have written Business Services Policy and Procedures? \_\_\_ Yes \_\_\_ No. If yes, obtain copy. If No, please explain.

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

\_\_\_\_\_

2. Does your local area have an active Business Services Team? \_\_\_ Yes \_\_\_ No

Who is your local area’s Business Services Coordinator? \_\_\_\_\_

How often does the Business Services team meet? \_\_\_\_\_ Obtain copy of meeting agendas.

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

\_\_\_\_\_

3. Does your workforce center staff and designated partner program staff have a clear understanding of industry skills needs? \_\_\_ Yes \_\_\_ No If no, please explain. What are some of the needs of specific industries in your local area? (**Reference: TEGL 16-16**)

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

\_\_\_\_\_

4. How does your local area meet the needs of businesses in your local area? (**References: TEGL 16-16 and 20 CFR 678.435**)

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

\_\_\_\_\_

5. Does your workforce center staff and designated partner program staff identify appropriate strategies for assisting employers, and coordinate business services activities with workforce center partner programs as appropriate? \_\_\_ Yes \_\_\_ No. If yes, please explain your strategies. If no, please explain. (**Reference: TEGL 16-16**)

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

\_\_\_\_\_

6. Does your workforce center staff and designated partner program staff incorporate an integrated and aligned business services strategy among workforce center partners to present a unified voice for the Arkansas Workforce Center in its communications with employers? \_\_\_ Yes \_\_\_ No. Please explain. (**Reference: TEGL 16-16**)

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

\_\_\_\_\_

- 
7. Are labor exchange activities and labor market information made available to local employers?  Yes  No If no, please explain. **(References: 20 CFR 678.430 (a)(4)(ii) and (a)(6); 20 CFR 678.435 (a))**

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

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8. Does your local area establish and develop relationships and networks with large and small employers and their intermediaries?  Yes  No Please explain. **(Reference: 20 CFR 678.435 (a))**

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

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9. Does your local area develop, convene, or implement industry or sector partnerships?  Yes  No Please explain. **(Reference: 20 CFR 678.435 (a))**

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

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## PART VII. OVERSIGHT AND MONITORING

- 
1. Each recipient and sub recipient must continuously monitor grant-supported activities in accordance with the uniform administrative requirements at 2 CFR 200, as applicable, including the applicable cost principles indicated at for non-profit organizations the applicable requirements are at 2 CFR 200.

Has monitoring been conducted and who provide the monitoring of the following: **(Reference: 20 CFR 683.400(c)(1) and 20 CFR 683.410)**

One – Stop Operator  Yes  No Who provided the Monitoring? \_\_\_\_\_

Fiscal Agent  Yes  No Who provided the Monitoring? \_\_\_\_\_

Service Provider  Yes  No Who provided the Monitoring? \_\_\_\_\_

If Yes, provide a copy of the monitoring reports. If No, please explain

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

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2. During the last monitoring process completed by your **Local Area monitor**, were there any findings?  Yes  No. When was the monitoring completed? \_\_\_\_\_  
Were there any findings, which are not yet resolved?  Yes  No. Please provide a copy of the monitoring report **(Reference: 20 CFR 683.410)**

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

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3. From the last local monitoring, was technical assistance provided and/or requested? \_\_\_Yes \_\_\_No. If yes what/who provided the TA? **(Reference: 2 CFR 200.332(e)(1))**

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

4. Who is responsible for the resolution of findings from monitoring and oversight reviews at each of the following levels? **(Reference: 20 CFR 683.420)**

LWDB: \_\_\_\_\_

One-Stop Operator: \_\_\_\_\_

Service Provider: \_\_\_\_\_

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

5. Are there written procedures for resolving findings arising from audits, investigations, monitoring and oversight reviews? \_\_\_Yes \_\_\_No. Please obtain a copy. **(Reference: 20 CFR 683.420, 2 CFR 200.332)**

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

7. Do the resolution procedures include follow-up? Yes \_\_\_\_\_No \_\_\_\_\_ Obtain a copy.

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

8. Has the Local Workforce Development Board Members been informed of State or Federal monitoring findings? Yes \_\_\_ No \_\_\_ Was there disallowed cost associated with the monitoring findings? Yes \_\_\_No \_\_\_ If so, were the CEOs and Board Members informed of the disallowed cost? Yes \_\_\_ No \_\_\_

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



## ADWS ADULT AND DISLOCATED WORKER PARTICIPANT

### Adult and Dislocated Worker File Review Form

Participant Name:		Program:	
Date of Review:		Reviewer:	
Office Location / Case Manager:		Participant ID:	

Eligibility	Complete ✓	Not Complete ☒	N/A	Comments: Issues and/or Concerns
Personnel Policies, Rights & Benefits				
Authorization to Obtain / Release Information Form				
Hatch Act/Grievance/EEO				
Proof of Age / Identity				
Citizenship / Work Authorization				
Selective Service Registered (Jan. 1, 1960 or after – Males)				
Eligibility / Certification Sheet				
Date of Participation				
Veteran Documentation/Priority and Service Special Populations				
Economic/Local Priority Eligibility				
DLW / DH Eligible				
TAA Co-Enrolled				
Date of Dislocation				
Employer of Dislocation				
Meets at least one (1) Dislocation Category				
Individual Employment Plan & Updates				
Initial Assessment/Test Results				
Justification / In Need of Training Services				
Justification for Supportive Services				
ETPL Documented / Verified Training Program in Demand				
Skills/Qualifications to Comp. Training				
Grant/Assistance Coordinated				
ITA Voucher				
I-9 (For Employment Activities)				
Job Description (OJT, WE, IWT, WBL)				
Last Service Date > 90 Days				
Credentials Verification				
MSG Identified/Verified				
Case Mgt. Notes current and in MIS				
Follow – up Services				
All activities documented in MIS				

<b>Additional Information:</b>

## YOUTH PARTICIPANT Youth File Review Form

Participant Name:		Program:	ISY / OSY	
Date of Review:		Reviewer:		
Office Location / Case Manager:		Participant ID:		
Eligibility	Complete ✓	Not Complete ☒	N/A	Comments: Issues and/or Concerns
Personnel Policies, Rights & Benefits				
Authorization to Obtain Information Form				
Hatch Act/Grievance/EEO				
Proof of Age / Identity				
Citizenship / Work Authorization				
Selective Service Registered (Jan. 1, 1960 or after – Males)				
Eligibility / Certification Sheet				
Economic Eligibility				
Date of Participation				
5% Window				
Barrier (s) Documented				
Individual Service Strategy - Current/Individual Employment Plan				
Objective Assessment				
Work Permit (Age 14-15)				
I-9 (For Employment Activities)				
MSG Identified/Verified				
Credentials Verification				
Last Service Date > 90 Days				
Case Mgt. Notes current and in MIS				
Twelve Months Follow – up Services				
All required activities documented in MIS				
<b>Additional Information:</b>				

# PARTICIPANT INTERVIEW FORM

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Work/Training Location: \_\_\_\_\_ Address: \_\_\_\_\_

Participant Status:  YOUTH  ADULT  DLW

1. How many hours per week do you spend in the classroom? \_\_\_\_\_
2. What has your instructor been teaching you? \_\_\_\_\_
3. Have you ever had this type of training before? \_\_\_\_\_
4. Do you feel you are benefiting from the program? \_\_\_\_\_ If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
5. Do you sign an attendance sheet each time you meet with the instructor or report to work? \_\_\_\_\_
6. Where are you working and who is your supervisor? \_\_\_\_\_
7. How many hours per week do you work? \_\_\_\_\_ How much per hour do you make? \_\_\_\_\_
8. Do you have supervision at all times? \_\_\_\_\_ If no, please explain: \_\_\_\_\_
9. Were you advised of the pay schedule before you started to work? \_\_\_\_\_
10. What kind of work have you been doing? \_\_\_\_\_
11. Do you have enough work to keep you busy? \_\_\_\_\_
12. Do you feel the working conditions are safe? \_\_\_\_\_ If no, please explain: \_\_\_\_\_
13. Have you ever had an accident while at work on this program? \_\_\_\_\_ If yes, did you report it to your supervisor?  
\_\_\_\_\_ please explain the accident: \_\_\_\_\_  
\_\_\_\_\_
14. Do you sign a daily time sheet each time you report for work? \_\_\_\_\_ Do you ever sign your time sheet before it is complete? \_\_\_\_\_ Have you had any problems with your paycheck? \_\_\_\_\_ If yes, how long did it take to correct the problem? \_\_\_\_\_
15. Did you have any problems getting certified for the youth program? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_
16. Do you know what your rights are? \_\_\_\_ Do you know where the Equal Opportunity Poster is located?  
\_\_\_\_\_
17. Do you have any comments you want to make: \_\_\_\_\_  
Additional comments or observations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

# SUPERVISOR INTERVIEW/WORK/TRAINING SITE REVIEW FORM

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

Work/Training Site: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Participant(s): \_\_\_\_\_

Worksite Status:  YOUTH  ADULT  DLW

1. Are you familiar with the Work-Site Agreement and do you know where it is?
2. If applicable, are you familiar with the Child Labor Laws for 14-17 year olds?
3. Did you receive orientation on the Youth Program and information on how the time sheets and sign-in sheets are to be completed?
4. Are the participants ever asked to sign blank time sheets? \_\_\_\_\_
5. How many hours per week do the participants work? \_\_\_\_\_
6. Do participants have supervision at all times? \_\_\_\_\_
7. Is there enough work to keep the participants busy? \_\_\_\_\_
8. What type of work do the participants perform? \_\_\_\_\_
9. Are the working conditions safe? \_\_\_\_\_
10. Have any of the participants had an accident? \_\_\_\_\_
11. Have you had any problems with any of the participants (i.e., discipline, work habits, etc.)?  
If yes, please explain: \_\_\_\_\_
12. Are any of the participants related to anyone at the work site? \_\_\_\_\_
13. Has any participant had any problems with their paychecks (i.e., getting them on time, check amount, etc.)?  
If yes, please explain: \_\_\_\_\_
14. Where is the EEO Poster located? \_\_\_\_\_

Items Reviewed/Observed: ( ) Time Cards/Sign-in-Sheets ( ) Work-Site Agreement  
( ) EEO Poster ( ) Supervision ( ) Safety Measures Observed

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

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_



# Arkansas Monitoring Exit Interview Sign-In Sheet

(ATTACHED ADDITIONAL SHEETS IF NECESSARY)

FOR THE \_\_\_\_\_

(ENTER THE GEOGRAPHICAL AREA / LOCAL WORKFORCE DEVELOPMENT AREA NAME)

ARKANSAS WORKFORCE INNOVATION AND OPPORTUNITY ACT

DATE: \_\_\_\_\_

NAME	ORGANIZATION	JOB TITLE OR PROFESSION

## SECTION B – PROCUREMENT REVIEW GUIDELINES ATTACHMENT B-1

The following guidelines will be followed to conduct the review of all Local Workforce Development Area (LWDA)/Subrecipient procurement (including contract and subcontract level).

1. Obtain and review a copy of the LWDA's written Policies and Procedures regarding procurement.
2. Identify the LWDA's small purchase limit: \_\_\_\_\_
3. Verify that the LWDA's written procurement policies and procedures contain the following requirements:
  - a. A code of conduct for employees conducting procurements, including criteria regarding conflict of interest
  - b. A process for avoiding purchasing unnecessary or duplicative items
  - c. A process for resolving disputes, claims, and protest of awards
  - d. All procurements are conducted in a fair and open manner
  - e. Various types of procurement including when and how to use them
  - f. Solicitation of small and minority firms, women's business enterprise and labor surplus area firms
  - g. A cost price analysis
  - h. An awarding agency review
  - i. Bonding requirements
  - j. Compliance with contract provisions, e.g., termination, equal opportunity, etc.
4. The Monitor will complete the exercises below for procurement transactions paid for in whole or in part with WIOA funds:

**METHODS OF PROCUREMENT** (*Selection of a minimum of two transactions for each of the following procurement methods will be completed*):

- a. **SMALL PURCHASES**  
Use 2 Small Purchase worksheets (Procurement Tool 1 - to record the Outcomes)
- b. **NONCOMPETITIVE PROPOSAL/SOLE SOURCE**  
Use 2 Noncompetitive Proposal/Sole Source worksheets (Procurement Tool 2 - to record the outcomes)
- c. **SEALED BID/INVITATION FOR BID (IFB)**  
Use 2 IFB worksheets (Procurement Tool 3 - to record the outcomes)
- d. **COMPETITIVE PROPOSAL/REQUEST FOR PROPOSAL (RFP)**  
Use 2 RFP worksheets (Procurement Tool 4 to record the outcomes)

**CONTRACT AGREEMENT** (*If the Administrative Entity/Grant Recipient (or the contractor/subcontractor) signed a contract during the program year, for each of the procurement methods above, the monitor will record the outcomes on the Contract Review Worksheet (using Procurement Tool 5A Government or Procurement Tool 5B Non-governmental) for each*

procurement method used. However, if the LWDA uses only one contract agreement template for all procurement transactions, the monitor will complete only one Contract Review Worksheet.

**[References: 29 CFR Part 95, Section 95.41-47, 29 CFR Part 97, Section 97.36, WIOA Directive 00-2, and Procurement and DOL Financial Management TAG Part II, Chapter II-10]**

**Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Interviewed:** \_\_\_\_\_



# SMALL PURCHASE WORKSHEET:

# PROCUREMENT TOOL 1

LWDA/Subgrantee:		
Staff Interviewed:	Date Reviewed:	
Amount of Purchase:	Date Purchased:	
Source of Purchase:		
Describe briefly the goods or services procured: _____ _____ _____		
If \$5,000 or more, was prior approval received?	Yes	No
For the purchase of equipment, did the Subgrantee determine that the purchase of this equipment is more cost effective than leasing?	Yes	No
Did the Subgrantee document the small purchase transaction by one of the following: sales receipt, current catalogs, or formal quotes? <b>[Reference: 2 CFR Part 200.320 (B)]</b>	Yes	No
Did the Subgrantee obtain price or rate quotations from an adequate number of qualified sources? <b>[Reference: 2 CFR Part 200.320(c)(2)(i)]</b>	Yes	No
Did the Subgrantee perform a cost or price analysis? <b>[Reference: 2 CFR Part 200.323 (A)(B)(C)(D)]</b>	Yes	No
Was the purchase made on the basis of full and open competition? <b>[Reference: 2 CFR Part 200.319 (A)]</b>	Yes	No
Did the Subgrantee ensure that the award was not made to a debarred or suspended party? <b>[Reference: 2 CFR Part 200.205 (D) 200.213]</b>	Yes	No
Was there a conflict of interest, real or apparent, in this procurement transaction? If yes, explain. <b>[Reference: 2 CFR Part 200.112, 200.318 (C)(I)]</b> _____	Yes	No

Does it appear that the small purchase was properly procured based on the information reviewed? <b>If no, please explain.</b> _____ _____ _____ _____	Yes	No
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**Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Interviewed:** \_\_\_\_\_

# CAPITAL EXPENDITURE WORKSHEET

# PROCUREMENT TOOL 1A

LWDA/Subgrantee:		
Staff Interviewed:	Reviewed Date:	
Purchased Amount:	Purchased Date:	
Source of Purchase:		
Describe briefly the goods or services procured:		
_____		
_____		
_____		
_____		
_____		
If \$5,000 or more, was prior approval received?	Yes	No
For the purchase of equipment, did the Subgrantee determine that the purchase of this equipment is more cost effective than leasing?	Yes	No
For the purchase or improvement of Real Property, did the Subgrantee document that the purchase was for one of the following: <b>[Reference: 2 CFR Part 200.311]</b>	Yes	No
A. Improvements for physical and programmatic accessibility and reasonable accommodation as required by the Americans with Disabilities Act (ADA) of 1990 and the Rehabilitation Act of 1973, as amended.	Yes	No
B. To fund repairs, alterations, and capital improvements of SESA-owned real property or WIOA-owned property transferred to the WIOA Title I program.	Yes	No
C. Job Corps facilities as authorized by the Secretary. <b>[Reference: WIOA section 160(3)(B)]</b>	Yes	No
D. To fund disaster relief employment projects for demolition, cleaning, repair, renovation, and reconstruction of damaged and destroyed structures, facilities and lands located within a disaster area. <b>[Reference: WIOA sec. 173(d)]</b>	Yes	No
Did the Subgrantee use the proper method of procurement? (Small purchase, Sole source, competitive bid, IFB/RFP) (Complete appropriate procurement tool.)	Yes	No
Did the Subgrantee perform a cost or price analysis? <b>[Reference: 2 CFR Part 200.323]</b>	Yes	No

<p>Did the Subgrantee ensure that the award was not made to a debarred or suspended party?  <b>[Reference: 2 CFR Part 200.205 (D) 200.213]</b></p>	Yes	No
<p>Was there a conflict of interest, real or apparent, in this procurement transaction? If yes, explain. <b>[Reference: 2 CFR Part 200.112, 200.318 (C)(I)]</b></p> <p>_____</p>	Yes	No
<p>Was the purchase made on the basis of full and open competition? <b>[References: 2 CFR Part 200.319]</b></p>	Yes	No
<p>Does it appear that the capital expenditure was properly procured based on the information reviewed? If no, please explain. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	Yes	No

**Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Interviewed:** \_\_\_\_\_

# NON-COMPETITIVE PROPOSAL/SOLE SOURCE      PROCUREMENT TOOL 2

LWDA/Subgrantee:			
Staff Interviewed:		Review Date:	
Award Amount:		Agency Awarded:	
Goods or Services Procured:			
Did the Subgrantee determine this award was not feasible under any other Procurement method? If yes, did the Subgrantee determine that one of the following circumstances applies: <input type="checkbox"/> The item is only available from one single source. <input type="checkbox"/> The public exigency or emergency for the requirement will not permit a delay resulting from the competitive solicitation. <input type="checkbox"/> The awarding agency gave written authorization for noncompetitive proposals. <input type="checkbox"/> After solicitation of a number of sources, competition is determined inadequate. <b>[Reference: 200.319]</b>		Yes	No
Did the Subgrantee conduct a cost or price analysis for this transaction? <b>[Reference: 2 CFR Part 200.323]</b>		Yes	No
Did the LWDA/Subgrantee's procurement records include: <b>[Reference: 2 CFR Part 200.318 (I) 200.319, 200.323]</b>	The rationale for selecting this method of procurement.	Yes	No
	Justification for lack of competition when competitive bids or offers are not obtained.	Yes	No
	The basis for contractor selection	Yes	No
	The basis for award cost or price	Yes	No
Did the Subgrantee ensure that the award was not made to a debarred or suspended party? <b>[Reference: 2 CFR Part 200.205 (D) 200.213]</b>		Yes	No
Was there a conflict of interest, real or apparent, in this procurement transaction? If yes, explain. <b>[Reference: 2 CFR Part 200.112, 200.318 (C)(I)]</b> _____ _____		Yes	No
Was the sole source transaction properly procured based on the information reviewed? If no, please explain. _____		Yes	No

**Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Interviewed:** \_\_\_\_\_

# SEALED BID/INVITATION FOR BID (IFB)

# PROCUREMENT TOOL 3

LWDA/Subgrantee:		
Staff Interviewed:	Review Date:	
Award Amount:	Agency Awarded:	
Goods or Services Procured:		
Did the Subgrantee document its rationale for selecting this method of procurement? <b>[Reference: 200.320 and WIOA Directive 00-2]</b>	Yes	No
Did the Subgrantee publicly advertise the solicitation? <b>[Reference: 2 CFR Part 200.320]</b>	Yes	No
Did the IFB include full and clear definitions and descriptions of the goods or services to be procured? <b>[Reference: 2 CFR Part 200.320]</b>	Yes	No
Did the Subgrantee retain copies of each bid received? Total number of bids received? _____	Yes	No
Were the bids opened publicly at the time and place stated in the solicitation? <b>[Reference: 2 CFR Part 200.320(C)(2)(iii)]</b>	Yes	No
Did the Subgrantee state its right in the IFB to reject any or all bids due to unresponsiveness?	Yes	No
If yes, did the Subgrantee reject any or all the bids received?	Yes	No
Did the Subgrantee document the specific reasons for rejecting any or all the bids? <b>[Reference: 2 CFR Part 200.320(v)]</b>	Yes	No
Did the Subgrantee perform a written determination of demonstrated performance for this procurement transaction addressing the following? <b>[Reference: 2 CFR Part 200.318(h)]</b> <input type="checkbox"/> Contractor Integrity <input type="checkbox"/> Compliance with Public Policy <input type="checkbox"/> Record of Past Performance <input type="checkbox"/> Financial & Technical Resources	Yes	No
Did the Subgrantee award the contract to the lowest bidder who met the technical requirements/specifications? <b>[Reference: 2 CFR Part 200.320(C)(2)(iv)]</b>	Yes	No
Did the Subgrantee ensure that the award was not made to a debarred or suspended party? <b>[Reference: 2 CFR Part 200.205 (d), 200.213, 200.521 Appendix II to part 200 (H)]</b>	Yes	No
Was there a conflict of interest, real or apparent, with this procurement transaction? <b>[Reference: 2 CFR Part 200.112, 200.318 (c)(1)]</b>	Yes	No

Did there appear to be any situations considered to be restrictive of competition regarding this procurement transaction? <b>[Reference: 2 CFR Part 200.319]</b>	Yes	No
Was the IFB procurement process properly conducted based on the information gathered? If no, please explain. _____ _____	Yes	No

**Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Interviewed:** \_\_\_\_\_

# COMPETITIVE PROPOSAL/REQUEST FOR PROPOSAL (RFP) PROCUREMENT TOOL - 4

LWDA/SUBGRANTEE:				
Staff Interviewed:		Review Date:		
Award Amount:		Agency Awarded:		
Goods or Services Procured:				
Did the LWDA/Subgrantee document its rationale for selecting this method of procurement? <b>[Reference: WIOA Directive 00-2]</b>			Yes	No
Did the Subgrantee publicly advertise this RFP? <b>[Reference: 2 CFR Part 200.320 (c)(2)(1), 200.320 (d)(1)]</b>			Yes	No
Did the Subgrantee provide adequate response time for bidders?			Yes	No
Did the RFP indicate the following: <b>[Reference: 2 CFR Part 200.320 (c)(2)(1)]</b>	• The scope of work and service area		Yes	No
	• The method for evaluating the proposals		Yes	No
	• The deadline for receipt		Yes	No
	• The dispute process		Yes	No
Did the Subgrantee follow its procedures for proposal evaluation as specified in its written procurement procedures? <b>[Reference: 2 CFR Part 200.320]</b>			Yes	No
Did the Subgrantee perform a cost or price analysis in connection with this procurement transaction? <b>[Reference: 2 CFR Part 200.323]</b>			Yes	No
Did the Subgrantee perform a written determination of demonstrated performance for this procurement transaction addressing the following: <b>[References: 2 CFR Part 200.318 (h)]</b>				
<input type="checkbox"/>	Contractor Integrity		Yes	No
<input type="checkbox"/>	Compliance with Public Policy		Yes	No
<input type="checkbox"/>	Record of Past Performance		Yes	No
<input type="checkbox"/>	Financial & Technical Resources		Yes	No
Did the Subgrantee ensure that the award was not made to a debarred or suspended party? <b>[References: 2 CFR Part 200.205 (d), 200.213]</b>			Yes	No
Was there a conflict of interest, real or apparent, with this procurement transaction? <b>[References: 2 CFR Part 200.112, 200.318(c)(1)]</b>			Yes	No
Did there appear to be any situations considered to be restrictive of competition regarding this procurement transaction? <b>[References: 2 CFR Part 200.319]</b>			Yes	No



Was the RFP procurement process properly conducted based on the information gathered? If no, please explain. _____ _____	Yes	No
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**Monitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Staff Interviewed:** \_\_\_\_\_

# CONTRACT REVIEW WORKSHEET (Governmental) PROCUREMENT TOOL 5A

LWDA/Subgrantee:		
Staff Interviewed:	Review Date:	
Type of Goods or Services Purchased:		
Procurement Method Used: <input type="checkbox"/> IFB <input type="checkbox"/> Sole Source <input type="checkbox"/> RFP		
Source of Purchase:		
Purchase Amount:	Contract Period:	
Did the contract resulting from the procurement transaction specify the following: <i>(Check appropriate box)</i>		
<ul style="list-style-type: none"> <li>• Administrative, contractual, or legal remedies in instances of contractual violation? (Contracts other than small purchases.) <b>[Reference: 2 CFR Part 200.303, 200.318(k)]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Termination for cause or for convenience by the grantee or contractor? (All contracts in excess of \$10,000.) <b>[Reference: 2 CFR Part 200.339, 200.340]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Accordance with Title VI of the Civil Rights Act of 1964, and provisions of WIOA Section 188 and compliance with Equal Employment Opportunity provisions in Executive Order (EO) 11246, as amended by EO 11375 and supplemented by the requirements of 41 CFR Part 60? <b>[References: 2 CFR Part 200.303, 200.321]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Notice of awarding agency requirements and regulations pertaining to reporting. <b>[Reference: 2 CFR Part 200.204, 200.205, 200.212, 200.308,]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• The DOL's requirements pertaining to patent rights with respect to any discovery or invention under this contract? <b>[Reference: 2 CFR Part 200.315(c)]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Awarding agency requirements and regulations pertaining to copyrights and rights in data? <b>[References: 2 CFR Part 200.448]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• The rights of the State, DOL, or any of their authorized representatives to access any books, records, papers or other pertinent documents for the purpose of auditing or monitoring? <b>[Reference: 2 CFR Part 200.336]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• The retention of all required records for 3 years? <b>[Reference: 2 CFR Part 200.333]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>• Compliance with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act and Section 508 of the Clean Water Act (contracts in excess of \$500.01)? <b>[Reference: 2 CFR Part 200.521 Appendix II to part 200(g)] [Also reference the WIOA]</b></li> </ul>	Yes	No

<p><b>Manual, Part I, D2, Administrative Provision, dated June 22, 1994 - dollar limitations approved by the AWIB in May 2000.]</b></p>		
<ul style="list-style-type: none"> <li>For a non-governmental agency awarded a contract for \$500.01 or more, did the subcontractor certify that no funds shall be used for lobbying (Byrd-Anti Lobbying Amendment)? <b>[Reference: 2 CFR Part 200.450, 200.521 Appendix II to part 200(g)] [Also reference the WIOA Manual, Part I, D2, Administrative Provision, dated June 22, 1994 - dollar limitations approved by the AWIB in May 2000.]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Requiring compliance with the debarment and suspension requirements. <b>[References: 2 CFR Part 200.205(D) 200.113, 200.213, 200.338(D)]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Did the subcontractor sign a certification of a Drug Free Workplace or is it certified in the contract? <b>[Reference: 2 CFR Part 200.213]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Based on the above, did the Subgrantee include all required contract provisions and/or certifications? If no, please explain. <b>[Reference: 2 CFR Part 200.326 DOL Financial Management TAG, Ch.II-10-7]</b></li> </ul> <hr/> <hr/>	Yes	No

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Interviewed: \_\_\_\_\_

# CONTRACT REVIEW WORKSHEET (Non-governmental) PROCUREMENT TOOL 5B

LWDA/Subgrantee:			
Staff Interviewed:	Review Date:		
Type of Goods or Services Purchased:			
Procurement Method Used:	<input type="checkbox"/> IFB	<input type="checkbox"/> Sole Source	<input type="checkbox"/> RFP
Source of Purchase:			
Purchase Amount:	Contract Period:		
Did the contract resulting from the procurement transaction specify the following: <i>(Check appropriate box.)</i>			
<ul style="list-style-type: none"> <li>Administrative, contractual, or legal remedies in instances of contractual violation (In excess of small purchase threshold)? <b>[Reference: 2 CFR Part 200.303, 200.318(k), 200.320(b)]</b></li> </ul>	Yes	No	
<ul style="list-style-type: none"> <li>Termination for cause of for convenience by the grantee or contractor (Contracts in excess of small purchase threshold)? <b>[Reference: 2 CFR Part 200.339, 200.340]</b></li> </ul>	Yes	No	
<ul style="list-style-type: none"> <li>The rights of the State, DOL, or any of their authorized representatives to access any books, records, papers, or other pertinent documents (records retention for 3 years) for the purpose of auditing or monitoring (In excess of small purchase threshold)? <b>[Reference: 2 CFR Part 200.333 200.336]</b></li> </ul>	Yes	No	
<ul style="list-style-type: none"> <li>Compliance with Equal Employment Opportunity provisions in the Executive Order (EO) 11246, as amended by EO 11375 and supplemented by the requirements of 41 CFR Part 60? <b>[Reference: 2 CFR Part 200.321]</b></li> </ul>	Yes	No	
<ul style="list-style-type: none"> <li>For the performance of experimental, developmental, or research work the DOL's requirements pertaining to patent rights, copyrights, and rights in data? <b>[Reference: 2 CFR Part 200.448]</b></li> </ul>	Yes	No	
<ul style="list-style-type: none"> <li>Compliance with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act and Section 508 of the Clean Water Act (contracts in excess of \$500.01)? <b>[Reference: 2 CFR Part 200.521 Appendix II to part 200 (g) [Also reference the WIOA Manual, Part I, D2, Administrative Provision, dated June 22, 1994 - dollar limitations approved by the AWIB in May 2000.]</b></li> </ul>	Yes	No	
<ul style="list-style-type: none"> <li>For a contract for \$500.01 or more, did the subcontractor certify that no funds shall be used for lobbying (Byrd-Anti-Lobbying Amendment)? <b>[Reference: 2 CFR Part 200.450, 200.521 Appendix II to Part 200 (i)] [Also reference the WIOA Manual, Part I, D2,</b></li> </ul>	Yes	No	

<b>Administrative Provision, dated June 22, 1994 - dollar limitations approved by the AWIB in May 2000.]</b>		
<ul style="list-style-type: none"> <li>Requiring compliance with the debarment and suspension requirements (EO 12459 and 12689)? <b>[Reference: 2 CFR Part 200.113, 200.213]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Did the subcontractor sign a certification of a Drug Free Workplace or is it certified in the contract? <b>[Reference: 2 CFR Part 200.213, 200.303]</b></li> </ul>	Yes	No
<ul style="list-style-type: none"> <li>Based on the above, did the Subgrantee include all required contract provisions and/or certifications? If no, please explain. <b>[Reference: 2 CFR Part 200.326 DOL Financial Mgmt TAG, Ch II-10-7]</b></li> </ul> <hr/> <hr/>	Yes	No

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Interviewed: \_\_\_\_\_

# PROPERTY MANAGEMENT

# PROCUREMENT TOOL 6

1. Obtain a copy of the LWDA/Subgrantee's equipment records. Does the Subgrantee maintain equipment records that include the following data?

Data Element	Yes	No		Data Element	Yes	No
Description				Acquisition Date		
Serial Number				Acquisition Cost		
Funding Source				Location of Equipment		
Title Holder				Use and Condition of Equipment		
Percentage of Federal Participation				Ultimate Disposition Data		

2. Physically verify a sample of 10 pieces of equipment. (**Note:** Consider the location and cost of equipment in your selection.) Review for recent procurements of \$5000 or more needing prior approval.
3. Is a physical inventory of equipment conducted and are the results reconciled with the property records at least once every two years?  Yes  No
4. Does it appear that equipment purchased with WIOA funds is used for WIOA service delivery purposes?  Yes  No
5. Does it appear that adequate maintenance procedures are in place to keep equipment in good condition?  Yes  No
6. Does it appear that the control system is adequate to safeguard the property from loss, damage, or theft?  Yes  No
7. Is the Subgrantee's property disposition policy consistent with Federal regulations?  Yes  No

[References: 2 CFR Part 200.313]

Monitor: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Interviewed: \_\_\_\_\_

# WIOA FINANCIAL MONITORING INSTRUMENT

**SUBRECIPIENT/LOCAL AREA:** \_\_\_\_\_

**DATE(S) OF ON-SITE REVIEW:** \_\_\_\_\_

**MONITOR(S) CONDUCTING REVIEW:** \_\_\_\_\_

**SUBGRANTS REVIEWED:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SUBGRANT NUMBER:** \_\_\_\_\_

**SUBGRANT AMOUNT:** \_\_\_\_\_

**START/END DATE:** \_\_\_\_\_

TITLE	SUBGRANT NUMBER	SUBGRANT AMOUNT	START/END DATE

**PL = Public Law 105-220**  
**N/A = Not Applicable**

**WIOA = Workforce Investment and Opportunity Act**  
**W/P REF = Work Paper Reference**

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
<b>ACCOUNTING SYSTEMS/CONTROLS</b>					
2 CFR 200 Uniform Guidance 200.302 (a) (b)	1. Does the subrecipient's accounting system provide for identification, receipt, and expenditure of funds for each subgrant by year of appropriation and applicable cost categories/components?				
2 CFR 200 Uniform Guidance 200.302 (b)(6), 200.333	2. Are the subrecipients' accounting records maintained in a manner to facilitate the tracking of funds to source documents?				
2 CFR 200 Uniform Guidance 200.302 (b) (6)	3. Does the subrecipient have written accounting procedures? (Obtain and review.)				
	a. Are procedures updated as needed?				
	b. Are procedures being utilized by appropriate staff?				
2 CFR 200 Uniform Guidance 200.327, 200.302	4. Does subrecipient have a system in place to ensure report and payment due dates for financial reports, taxing agencies, insurance companies, etc., are met?				
2 CFR 200 Uniform Guidance 200.302	5. Does the subrecipient's accounting system provide for: a. Chart of accounts?				
	b. Fixed assets accounts?				
	c. Cash receipts journal?				



REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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	d. Cash disbursements journal?				
	e. General journal?				
	f. General ledger?				
	g. Subsidiary ledgers?				
2 CFR 200 Uniform Guidance 200.327	6. Does subrecipient's chart of accounts appear to be customary accounts and include all categories/components by which costs are reported?				
2 CFR 200 Uniform Guidance 200.327	7. Does subrecipient prepare monthly trial balances?				
2 CFR 200 Uniform Guidance 200.333, 200.327	8. Has subrecipient retained all financial records and supporting documentation for the period of time required by the ADWS?				

## FINANCIAL REPORTS

2 CFR 200 Uniform Guidance 200.302 (a) (5), 200.327	1. Are the subrecipient's Monthly Financial Reports prepared on an accrual basis for each active grant title as required by the ADWS?				
	Does the subrecipient have an approved Budget?				
	Are actual expenditures compared to budgeted expenditures monthly?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.302 (a) (2), 200.327	<p>2. If a subrecipient reports on a cash basis, except for quarter- ending reporting periods, is a worksheet prepared to convert from cash to an accrual basis?</p> <p>If no, please explain subrecipient’s method of developing accruals: _____          _____          _____          _____</p> <p>Review supporting documentation for subrecipient’s latest quarter-ending Monthly Financial Report(s) to verify development of accruals.</p>				
2 CFR 200 Uniform Guidance 200.302 (a) (2), 200.327	<p>3. If subrecipient reports on an accrual basis monthly, are accruals entered in subrecipient’s books of account?</p> <p>If yes, when are accruals reversed? _____          _____</p> <p>Explain subrecipient’s method of developing accruals.          _____          _____          _____</p>				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.327, 200.302	<p>4. Are Monthly Financial Reports prepared from subrecipient's books of account?</p> <p>If no, explain subrecipient's method of preparing reports.</p> <p>_____</p> <p>_____</p> <p>Reconcile the subrecipient's latest Monthly Financial Report(s) to the General Ledger in order to verify accuracy.</p>				
2 CFR 200 Uniform Guidance 200.302 (a) (1) (2), 200.327	<p>5. Are Monthly Financial Reports being prepared by program year of appropriation for all applicable subgrants?</p>				
2 CFR 200 Uniform Guidance 200.302, 200.321	<p>6. If subrecipient is reporting "Stand-In Costs", are records being maintained separately for these costs at the program year/category levels for applicable titles?</p> <p>Using supporting documentation, verify amount(s) of "Stand-In Costs" reported on subrecipient's latest Monthly Financial Report(s).</p>				
2 CFR 200 Uniform Guidance 200.327, 200.302	<p>7. Are Monthly Financial Reports being submitted in the AWIS system on a timely basis?</p> <p>Review all current-year reports to verify reports were received no later than the 15th of the month.</p> <p>Note exceptions: _____</p> <p>_____</p> <p>_____</p>				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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<b>CASH RECEIPTS</b>					
2 CFR 200 Uniform Guidance 200.302, 200.303	1. Does subrecipient maintain a log or receipt for all funds received?				
	a. Is the log maintained by person(s) not responsible for maintaining accounting records?				
	b. Is the log verified with bank reconciliations?				
2 CFR 200 Uniform Guidance 200.302, 200.303	2. Are checks restrictively endorsed by person(s) opening the mail?				
2 CFR 200 Uniform Guidance 200.302, 200.303	3. Are all receipts required to be recorded promptly and checks deposited daily or at appropriate regular intervals?  Describe the process followed: _____ _____ _____				
2 CFR 200 Uniform Guidance 200.302, 200.303	4. Select a sample of ADWS cash disbursements to the subrecipient and determine if transactions:				
	a. Can be traced to subrecipient's bank statements?				
	b. Can be traced to the subrecipient's books of account?				
<b>CASH DISBURSEMENTS</b>					

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.303	1. Does subrecipient maintain a cash disbursements system which provides for the following: a. Use of sequentially pre-numbered checks?				
	b. Safeguarding of blank checks to prevent unauthorized access?				
	c. Safeguarding of mechanical check signers and signature stamps?				
	d. Prohibiting the drawing of checks payable to cash?				
	e. Prohibiting the signing of checks in advance?				
	f. Authorizing documentation accompanying all checks presented for signature?				
	g. Requiring more than one signature?				
	h. Requiring check-signing authority, when two signatures are required, to at least one person not having responsibility for maintaining accounting records?				
	i. Retaining and properly accounting for all copies of voided checks (clearly marked "void") along with information concerning possible future claims, if applicable?				
	2 CFR 200 Uniform Guidance 200.303	2. Does subrecipient have written policies supporting check payment procedures?			

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.302, 200.303	3. Select a sample of cash disbursements journal entries and determine if:  a. Entries can be traced to the subrecipient's books of account?				
	b. Payments can be traced to source documentation and appear to be for usual transactions?				
	c. Payments have been charged to appropriate program year, title(s), and categories/components?				
2 CFR 200 Uniform Guidance 200.303, 200.302, 200.404	4. Does the subrecipient have written policies concerning use of credit cards and cash-equivalent items (gas cards, bus passes, gift cards, etc.) if applicable? Select a sample of transactions and determine if:  a. Credit card or cash-equivalent vouchers correspond to supporting documentation and cancelled checks?				
	b. Credit card or cash-equivalent payment procedures are consistent with policy?				
2 CFR 200 Uniform Guidance 200.407 (y), 200.474	5. Does subrecipient have a written travel policy, which meets ADWS requirements?				
2 CFR 200 Uniform Guidance 200.407 (y), 200.474	6. Select a sample of travel vouchers and determine if:  a. Travel vouchers correspond to supporting documentation and cancelled checks?				
	b. Travel payment procedures are consistent with travel policy?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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2 CFR 200 Uniform Guidance 200.405	7. Does subrecipient have a system in place to ensure telecommunications (cell phones, tablets, etc.) charges to programs relate only to WIOA activities?  Describe system: _____ _____				
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### PETTY CASH

2 CFR 200 Uniform Guidance 200.302	1. Does subrecipient maintain a petty cash fund, which includes WIOA funds?				
2 CFR 200 Uniform Guidance 200.302	2. If yes, what is the amount specified for this fund? \$ _____				
2 CFR 200 Uniform Guidance 200.302	3. What is the current balance in the fund? Balance: \$ _____ Date: _____				
2 CFR 200 Uniform Guidance 200.302, 200.303	4. Who is the designated petty cash custodian? Name: _____ Title: _____				
2 CFR 200 Uniform Guidance 200.302, 200.303	5. Does subrecipient maintain a petty cash system which provides for: a. Emergency or incidental use only? b. Well-documented disbursements?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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	c. Pre-numbered petty cash slips? d. Monthly reconciliations? _____ If not, how often? _____				

**CASH MANAGEMENT/EXCESS CASH**

2 CFR 200 Uniform Guidance 200.303, 200.302	1. Does subrecipient have controls in place to ensure that cash on hand does not exceed immediate needs?  Describe system: _____ _____ _____ _____				
2 CFR 200 Uniform Guidance 200.302, 200.303	2. Does subrecipient maintain a daily cash flow ledger or worksheet reflecting daily cash receipts, disbursements, and cash balances for each WIOA program/title as well as for total WIOA funds?				
2 CFR 200 Uniform Guidance 200.302	3. Does subrecipient have procedures in place to ensure that cash requests do not exceed the amounts of funds awarded the subrecipient by the State for all WIOA programs?				



REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.302	4. Do these procedures provide for the prompt return of unneeded funds to the ADWS?				
2 CFR 200 Uniform Guidance 200.302	5. Does subrecipient monitor its subcontractors on an ongoing basis to control excess cash at that level?  Specify method(s) utilized to control excess cash at the subcontractor level (delaying cash requests, adjusting amounts requested, reimbursement rather than advance payment basis, other).  _____ _____ _____				
2 CFR 200 Uniform Guidance 200.302	6. Does subrecipient request cash for payroll-withholding items (FICA, insurance, Federal and State taxes) based only on the actual dates on which payment must be made?				
2 CFR 200 Uniform Guidance 200.302	7. Complete the excess cash analysis worksheets for a selected period of time to determine whether subrecipient's cash on hand is within allowable limits for all WIOA programs.  NOTE: If subrecipient is reporting program income, the subrecipient's program income balance(s) must be included as cash on hand for the time period for which cash analysis worksheets are prepared.				
ADWS PY13-10 (Change 2) Issuance	8. Does the subrecipient utilize a First In – First Out (FIFO) procedure for requesting available funds?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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<b>BANK RECONCILIATIONS</b>					
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2 CFR 200 Uniform Guidance 200.302	1. Is subrecipient preparing monthly bank reconciliations for all WIOA accounts?  Determine number of WIOA bank accounts. _____  Obtain copies of latest completed bank reconciliations.				
2 CFR 200 Uniform Guidance 200.302	2. Are bank reconciliations current? If not, how many months are they behind? _____				
2 CFR 200 Uniform Guidance 200.302, 200.303	3. Do bank reconciliations itemize outstanding checks?				
2 CFR 200 Uniform Guidance 200.302, 200.303	4. Does subrecipient have procedures for canceling outstanding checks, which have become outdated?				
2 CFR 200 Uniform Guidance 200.302	5. Do bank reconciliations trace to subrecipient's books of account? If not, note any exceptions.  _____ _____				
2 CFR 200 Uniform Guidance 200.302, 200.303	6. Are bank reconciliations prepared by person(s) not responsible for handling cash and/or signing checks?				

<b>PAYROLL SYSTEM</b>					
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2 CFR 200 Uniform Guidance 200.430 (i) (8) (i)	1. Does the subrecipient's payroll system provide for: a. Payrolls based on time and attendance reports?				
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REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
	b. Payrolls certified by management: <ul style="list-style-type: none"> <li>1) For accuracy?</li> <li>2) That all payees are bona fide staff or participants?</li> </ul> c. Staff and participants paid by check or direct deposit? d. Preparation of payrolls entirely separate from and independent of the distribution of the payroll? e. Distribution of the payroll made by person(s) not involved in timekeeping or bank reconciliation work?				
2 CFR 200 Uniform Guidance 200.430, 200.303	2. Does subrecipient have written policies supporting payroll procedures?				
2 CFR 200 Uniform Guidance 200.303	3. Does subrecipient have written procedures for handling: <ul style="list-style-type: none"> <li>a. Unclaimed participant checks?</li> <li>b. Lost, stolen, or missing checks?</li> <li>c. Payroll complaints?</li> </ul>				
2 CFR 200 Uniform Guidance 200.430 (i)(8)(i), 200.431	4. Does subrecipient maintain staffs' leave records, which reflect cumulative sick, annual, and compensatory time accrued and taken?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.430 (i)(8)(i), 200.431	5. Select a sample of payroll register entries for both staff and participants, review cancelled checks, and determine if:  a. Entries can be traced to staff and participant timesheets?				
	b. Cumulative leave records for sampled individuals agree with timesheets?				
	c. Only authorized persons endorse checks?				
<b>BONDING/INSURANCE</b>					
2 CFR 200 Uniform Guidance 200.304 (b)	1. Are subrecipient's employees who are responsible for handling WIOA funds, either directly or indirectly, covered under fidelity bonds?				
2 CFR 200 Uniform Guidance 200.431 (c)	2. Are subrecipient's employees and eligible participants covered under the State Workers' Compensation law?				
2 CFR 200 Uniform Guidance 200.431	3. Has subrecipient secured insurance coverage for injuries suffered by participants not covered under the State Workers' Compensation?				
2 CFR 200 Uniform Guidance 200.447	4. Does subrecipient have adequate liability insurance coverage for all staff and/or participants operating vehicles for WIOA purposes?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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2 CFR 200 Uniform Guidance 200.447	5. Has subrecipient secured insurance coverage for its non-expendable property?				
2 CFR 200 Uniform Guidance 200.447	6. Has subrecipient ensured that all its WIOA bank accounts have FDIC coverage?				
2 CFR 200 Uniform Guidance 200.305 (b) (7) (ii)	7. Have subrecipient bank balances in excess of FDIC coverage (\$250,000) been collaterally secured?  Amount of collateralization: \$ _____				

## PROPERTY MANAGEMENT/LEASES

2 CFR 200 Uniform Guidance 200.313 (d) (1) (2) (3)	1. Does subrecipient make periodic physical inventories of all property? Complete the Property Management worksheet.				
	a. By whom? _____				
	b. How often? _____				
	c. Are differences reconciled?				
2 CFR 200 Uniform Guidance 200.313 (d) (1)	2. Does subrecipient maintain property records for its nonexpendable property, including identification tag numbers, as required by the ADWS?				
2 CFR 200 Uniform Guidance 200.313 (d) (1) (3)	3. Has subrecipient established and implemented written procedures to account for lost, stolen, or damaged property?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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2 CFR 200 Uniform Guidance 200.313 (d) (1) (5) , 200.313 (e) (1) (2) (3) (4)	4. If subrecipient disposed of any property during the current year, were the ADWS's disposition guidelines followed?				
2 CFR 200 Uniform Guidance 200.465	5. Do all lease agreements for building space and equipment comply with applicable Federal regulations?  Obtain all current lease agreements and review. Verify that a sample of lease/rent payments recorded in the cash disbursements journal agrees with costs stipulated in the lease agreements.				

## PROGRAM INCOME

2 CFR 200 Uniform Guidance 200.307, 200.80	1. Has subrecipient generated WIOA program income during current program/fiscal year? If yes, specify subgrant(s) and amount(s):  _____ _____ _____				
2 CFR 200 Uniform Guidance 200.305 (b) (5), 200.80	2. Has subrecipient submitted a Program Income Report to the ADWS for each quarter during which program income was earned and/or expenditures were incurred for all applicable subgrants? If yes, review subrecipients records to determine if:				
	a. Program income is being accounted for as a separate funding source for each applicable subgrant?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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	<p>b. Amounts of program income earned and/or expended during the current program/fiscal year agree with amounts reported to the ADWS for the same time period?</p> <p>c. Program income is being utilized to further the program objectives of the WIOA subgrant under which the program income was earned?</p> <p>d. Program income expenditures are being accounted for and reported by appropriate cost categories?</p>				
<p>2 CFR 200 Uniform Guidance 200.305 (b) (9)</p>	<p>3. Has subrecipient earned less than \$500 interest on advances of WIOA funds during the current program/fiscal year? If in excess of \$500, specify subgrant(s):</p> <p>_____</p> <p>_____</p>				

## MEMORANDUM OF UNDERSTANDING

<p>2 CFR 200 Uniform Guidance 200.331</p>	<p>1. Is there a Memorandum of Understanding (MOU) signed by all partners in the One-Stop? (Obtain a copy.)</p>				
<p>2 CFR 200 Uniform Guidance 200.332, 200.371</p>	<p>A. Have all partners signed an Infrastructure Funding Agreement (IFA)? (When applicable, have appropriate leases been signed?)</p>				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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<p>2 CFR 200 Uniform Guidance 200.328 (b) (1) (2) (i) (ii) (iii), 200.405</p>	<p>B. Have the common costs been allocated properly? (Obtain a copy of the common costs and the allocation basis for each cost.) (Sample up to five common cost source documents.)</p>				
	<p>C. Has the Subgrantee identified each partner's resource contribution to the One-Stop and assigned dollar values to each?</p>				
	<p>2. A. Is there a spreadsheet or other document showing Due to/Due from amounts for each partner? (Obtain a copy.)</p> <p>B. Have comparisons of budgeted costs to actual cost been made at least quarterly and adjustments made (if differences between budgeted and actual costs are greater than 10%).</p>				
	<p>3. Has the One-Stop billed all amounts or adjusted resource sharing to the partners (must be completed annually)?</p>				
	<p>4. Have all collections or adjustments been made during this agreement?</p> <p>(Sample up to five payment or adjustment documentations.)</p> <p>_____</p> <p>_____</p> <p>_____</p>				



REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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## INTERNAL COST ALLOCATION

<p>2 CFR 200 Uniform Guidance 200.57, 200.9, 200.400 (e)</p>	<p>1. Does subrecipient have an approved cost allocation plan for reporting costs, which are jointly shared by different funding sources and/or WIOA titles? If yes, which costs are shared (salaries and benefits, building space and utilities, office supplies and equipment, travel, etc.)?</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>2 CFR 200 Uniform Guidance 200.333, 200.400, 200.405 (d)</p>	<p>2. Does subrecipient have written procedures for identifying, accumulating, and allocating costs between funding sources/WIOA titles and applicable cost categories for those costs incurred for common or joint purposes benefiting more than one cost objective?</p> <p>Is there written evidence such as timesheets that costs being allocated to the grant are being treated consistently over time and within the accounting system, are necessary and reasonable, and are being allocated to the grant based on benefits received?</p> <p>Describe subrecipient's cost allocation method(s):</p> <p>_____</p> <p>_____</p>				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.306	3. What method(s) of indirect cost allocation is being used by the subrecipient during the current program/fiscal year (Cost pool, provisional rate adjusted to actual, predetermined rates, other)?  _____ _____ _____				
2 CFR 200 Uniform Guidance 200.306, 200.404	4. Do the subrecipient's procedures for allocating costs among the subrecipient's various funding sources/WIOA titles result in allocated costs, which appear to be fair and reasonable? Note any exceptions.  _____ _____				
<b>COST LIMITATIONS</b>					
2 CFR 200 Uniform Guidance 200.300 (a)	1. Does subrecipient have procedures in place to monitor expenditure/funds availability data on a continuing basis to ensure compliance with applicable cost limitations for each of its WIOA programs by year of appropriation?  Describe subrecipient's method of monitoring cost limitations. Does it appear adequate and are established procedures being followed?  _____ _____ _____				
2 CFR 200 Uniform Guidance 200.300 (a), 200.302	2. Does subrecipient prepare a separate cost limitations report based on reported expenditures each month? If				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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	<p>yes, obtain and review copy of latest report. Note any possible problems foreseen regarding over/under expenditure levels.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>2 CFR 200 Uniform Guidance 200.302</p>	<p>3. Has subrecipient reported administrative costs attributed to WIOA funds in excess of the 10% limit?</p> <p>If yes, indicate subgrant(s) to which exception is applicable:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				

## AUDIT

<p>2 CFR 200 Uniform Guidance 200.501</p>	<p>1. Is subrecipient required to have a Single Audit?</p>				
<p>2 CFR 200 Uniform Guidance 200.501</p>	<p>2. Has subrecipient had a formal audit conducted within the past year?</p>				
<p>2 CFR 200 Uniform Guidance 200.501, 200.318 (a)</p>	<p>3. Was subrecipient's audit secured according to ADWS's procurement policies? Review audit selection documentation.</p> <p>_____</p> <p>_____</p> <p>_____</p>				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
	_____				
2 CFR 200 Uniform Guidance 200.18, 200.513 (a)	4. Did subrecipient receive acceptance of its latest audit from its cognizant agency?				
2 CFR 200 Uniform Guidance 200.26	5. Were there any questioned/disallowed costs in subrecipient's last audit?  Amount of questioned/disallowed costs:     \$ _____  Amount unresolved:                                     \$ _____				
2 CFR 200 Uniform Guidance 200.36, 200.26	6. If subrecipient's latest audit was an A-133 audit, did subrecipient receive a separate management letter disclosing nonmaterial findings? If yes, obtain copy and review to ensure appropriate corrective action has been taken.				
2 CFR 200 Uniform Guidance 200.66	7. If corrective action was stipulated during the ADWS's resolution of subrecipient's previous year's audit, has such action been taken by subrecipient?  If no, please explain:  _____ _____ _____				
2 CFR 200 Uniform Guidance 200.25 (c) (d), 200.66	8. Does subrecipient have procedures in place to correct audit findings?				

REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
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<p>2 CFR 200 Uniform Guidance 200.26, 200.25, 200.513 (c) (3) (iii)</p>	<p>9. Has subrecipient established procedures to ensure its subcontractors covered by the Single Audit have had such audits conducted and that subrecipient receives these audits within the required 180-day timeframe?</p> <p>NOTE: If subrecipient has any subcontractor audits in current audit resolution, review resolution files to ensure proper procedures are being followed. Note any exceptions.</p> <p>_____</p> <p>_____</p>				
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**PROCUREMENT**

<p>2 CFR 200 Uniform Guidance 200.317 – 200.326</p>	<p>1. Did subrecipient have any procurement(s) during the current year?</p> <p>If yes, complete procurement attachment B-1.</p>				
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**INTERNAL CONTROLS**

<p>2 CFR 200 Uniform Guidance 200.62, 200.303</p>	<p>1. Does the subgrantee have written internal management procedures related to preventing and detecting fraud, waste, abuse, or other criminal activity?</p> <p>If not, how does it ensure allegations are recognized, detected and reported to the Office of Inspector General and The Compliance Review Division?</p> <p>_____</p> <p>_____</p>				
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REFERENCE	REVIEW ITEM	YES	NO	N/A	W/P REF
2 CFR 200 Uniform Guidance 200.303	2. How does the subgrantee ensure that its subrecipients (including the One-Stop Operator) are aware of their responsibilities?  _____ _____ _____ _____				
20 CFR 678.620, 678.625, 679.400, 679.430, 683.200 (c) (5)	3. Are there appropriate firewalls in place to prevent conflicts of interest if the organization serves in multiple roles (local fiscal agent, local Board staff, One-Stop Operator, and direct provider of services)?				

