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| SUBRECIPIENT: |  |  | CONTRACT(S): |  |
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| **SECTION I: Administrative Requirements** | | **Yes** | **No** | **N/A** | **COMMENTS** |
| **1.** | Does your organization have an internal control system including written policies/procedures in place to prevent: |  |  |  |  |
|  | * Falsification of WIOA participation documentation, embezzlement, theft and willful misapplication by staff of funds received from the Partnership? |  |  |  |  |
|  | * Solicitation and acceptance by staff of gratuities, favors or anything of monetary value from actual or potential vendors or subcontractors? |  |  |  |  |
|  | * Organizational and personal conflict of interest in the award of financial assistance and in conduct of procurement activities involving WIOA funds? |  |  |  |  |
|  | * Lobbying or related political activities involving WIOA funds? |  |  |  |  |
| **2.** | Has each staff member received a copy of the written policies/ instructions on the organization’s internal control system? |  |  |  |  |
| **3.** | Does your organization have an internal control system including written policies/procedures in place to protect PII, including medical information, in case files, stored electronically, or passing through electronic devices? |  |  |  |  |
| **4.** | Has your organization implemented the provisions to maintain a drug-free workplace? |  |  |  |  |
| **5.** | Has your organization or your organization’s principals been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or organization? |  |  |  |  |
| **Section 2: EEO Requirements** | | **Yes** | **No** | **N/A** | **COMMENTS** |
| **1.** | Has your organization set up policies and procedures to ensure that: |  |  |  |  |
|  | * It complies with all the cited laws and related regulations? |  |  |  |  |
|  | * It does not discriminate on the basis of race, color, national origin, religion, age, gender, sexual orientation, disability, marital status, political affiliation or belief? |  |  |  |  |
|  | * It maintains a log to track all complaints? |  |  |  |  |
| **2.** | Are these policies and procedures including the “Equal Opportunity is the Law” and Equal Opportunity is the Law Supplement notices, posted in conspicuous places with mention of name and phone number of the staff person to be contacted if problems occur? |  |  |  |  |
| **4.** | Has your organization designated a responsible official for implementation of Non-discrimination/EEO policies and procedures? If no, explain. |  |  |  |  |
| **5.** | Does your organization ensure that all participants are informed of SDWP’s Nondiscrimination/Program/Criminal Complaint Resolution Procedures? |  |  |  |  |
| **6.** | Does your organization maintain evidence that participants are informed of the resolution procedures? |  |  |  |  |
| **7.** | Are EEO posters and the Industrial Welfare Commission Order Regulating Wages and Work Conditions posted in a conspicuous manner? |  |  |  |  |
| **Section 3: Personnel Requirements** | | **Yes** | **No** | **N/A** | **COMMENTS** |
| **1.** | Does your organization have an updated organizational chart, which details the lines of unit/department and staff responsibilities? |  |  |  |  |
| **2.** | Are the duties for each employee clearly defined? |  |  |  |  |
| **3.** | Does your organization have a personnel policy that addresses the following areas: |  |  |  |  |
|  | * Hiring procedures? |  |  |  |  |
|  | * Termination? |  |  |  |  |
|  | * Employee benefits? |  |  |  |  |
|  | * Grievance procedures? |  |  |  |  |
|  | * Incident reporting, such as fraud and other criminal activities? |  |  |  |  |
| **Section 4: Records Maintenance** | | **Yes** | **No** | **N/A** | **COMMENTS** |
| **1.** | Does your organization maintain all contract documentation and records within the geographical boundaries of San Diego County or does your organization have a waiver of this requirement in writing? |  |  |  |  |
| **2.** | Has your organization made arrangements to retain all records pertaining to the contract for a period of 3 years following the contract termination date? |  |  |  |  |
| **3.** | Has your organization made arrangements to retain all records pertaining to the contract beyond the prescribed 3-year period until pending litigation or audit findings have been resolved? |  |  |  |  |
| **Section 5: Subcontracts** | | **YES** | **NO** | **N/A** | **COMMENTS** |
| **1.** | Does your organization have any SDWP-funded subcontract(s)? If “Yes”, |  |  |  |  |
|  | 1. Is each of the sub-contractor approved by SDWP? |  |  |  |  |
|  | 1. Have the Federal guidelines as outlined in Section 29 of the contract general provisions been followed during the sub-contractor selection process? |  |  |  |  |
| **2.** | Do your procurement procedures follow the following applicable guidelines?   * 29 CFR Part 95, Sections 95.40 through 95.48 for institutions of higher education, hospitals and other –non-profit and commercial organizations. * 29 CFR Part 97, Section 97.36 for states and local government. * OMB Circular A-133. |  |  |  |  |
| **3.** | Does your organization have a system to oversee/monitor your subcontractor(s) both programmatically and fiscally? |  |  |  |  |

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| **Section 6: Adult Programs** | | **YES** | **NO** | **N/A** | **COMMENTS** |
| **1.** | Are all staff members that are responsible for WIOA Adult and Dislocated programs provided with access to the SWDP Operations Manual? |  |  |  |  |
| **2.** | Do Adult and Dislocated Worker services provided at the AJCC include the following? Identify documentation kept to substantiate services provided. |  |  |  |  |
|  | 1. Determination of WIOA Title I eligibility |  |  |  |  |
|  | 1. Outreach, intake and orientation to the information and other services available through the AJCC delivery system |  |  |  |  |
|  | 1. Initial assessment of skill levels, aptitudes, abilities, and supportive service’s needs |  |  |  |  |
|  | 1. Job search and placement assistance, and where appropriate, career counseling |  |  |  |  |
|  | 1. Information regarding in-demand occupations and industry sectors |  |  |  |  |
|  | 1. Referral to, and coordination of, activities with other programs and services |  |  |  |  |
|  | 1. Labor market information |  |  |  |  |
|  | 1. Performance and program cost information regarding eligible providers and training services |  |  |  |  |
|  | 1. Local area performance information |  |  |  |  |
|  | 1. Information regarding supportive services |  |  |  |  |
|  | 1. Information and assistance regarding UI claims |  |  |  |  |
|  | 1. Assistance to determine eligibility for financial aid for non-WIOA funded education and training programs |  |  |  |  |
|  | 1. Comprehensive and specialized assessments of skill levels and service needs, including in depth interviewing |  |  |  |  |
|  | 1. Individual employment plan development |  |  |  |  |
|  | 1. Group counseling |  |  |  |  |
|  | 1. Individual counseling |  |  |  |  |
|  | 1. Career planning |  |  |  |  |
|  | 1. Short-term prevocational services |  |  |  |  |
|  | * Internships and work experiences linked to careers |  |  |  |  |
|  | * Workforce preparation activities |  |  |  |  |
|  | * Financial literacy services |  |  |  |  |
|  | * Out-of-area job search and relocation assistance |  |  |  |  |
|  | * English language acquisition and integrated education and training programs |  |  |  |  |
|  | * 12 months of follow-up services after the first day of unsubscribed employment |  |  |  |  |
|  | * Business services for employers, including appropriate recruitment |  |  |  |  |
| **3.** | Does the organization ensure veterans receive priority of service? If yes, how? |  |  |  |  |
| **4.** | Does the organization ensure recipients of public assistance, other low-income individuals, and individuals who are basic skills deficient receive priority of service? If yes, how? |  |  |  |  |
| **5.** | With respect to the ITAs, are there staff who are responsible for: |  |  |  |  |
|  | 1. Identifying clients eligible for ITAs, providing guidance and assistance to clients in use of ITAs? |  |  |  |  |
|  | 1. Assuring training selection and occupational area meet guidelines established by the WDB, including referrals to training providers on the State-approved ETPL? |  |  |  |  |
|  | 1. Are efforts made to ensure that those receiving ITAs are finding training-related jobs? |  |  |  |  |
|  | 1. Are efforts are made to ensure participants are placed in a safe education/training location? |  |  |  |  |
| **6.** | With respect to OJTs, are there AJCC staff who are responsible for: |  |  |  |  |
|  | 1. Identifying clients eligible for an OJT, providing guidance and assistance to clients in use of OJT? |  |  |  |  |
|  | 1. Assuring training selection and occupational area meet guidelines established by the WDB? |  |  |  |  |
|  | 1. Are efforts made to ensure that those receiving OJT are retained at the completion of the OJT? |  |  |  |  |
|  | 1. Are efforts made to ensure OJT has met the approved target self-sufficiency wage, or has clear documentation of one or more of the following benefits: 2. Documented evidence of step raises that lead to higher wage and self-sufficiency for the candidate within a year of training completion; or 3. Documented evidence of career ladders or advancement opportunities that can be directly linked to the successful completion of the OJT. |  |  |  |  |
| **7.** | Does the organization ensure that participants placed in training, OJT or work experience do not report directly to family members or friends? |  |  |  |  |

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| **Section 7: Youth Programs** | | **Yes** | **No** | **N/A** | **COMMENTS** |
| **1.** | Are all staff members that are responsible for WIOA Youth programs provided with access to the SWDP Operations Manual? |  |  |  |  |
| **2.** | Are youth who do not meet the enrollment requirements of a particular program, or who cannot be served, referred to appropriate programs to meet the basic skills and training needs of the applicant.  [WIOA 129(c)(3)(B), 20 CFR 681.420] |  |  |  |  |
| **3.** | How are youth who meet enrollment requirements of a provided with information for appropriate services that are available. [WIOA 129(c)(3)(A)(i), 20 CFR 681.420(d)(1)] |  |  |  |  |
| **4.** | Are your organization’s youth programs designed to provide the following to the youth participants?  [WIOA 129(c)(1), 20 CFR 681.420, WSD 16-01] |  |  |  |  |
|  | 1. Objective Assessment; |  |  |  |  |
|  | 1. Development of service strategies and goals directly linked to one or more of the performance indicators; |  |  |  |  |
|  | 1. Activities leading to the attainment of a secondary school diploma, or its recognized equivalent, or a recognized postsecondary credential; |  |  |  |  |
|  | 1. Preparation for postsecondary educational and training opportunities; |  |  |  |  |
|  | 1. Links between academic instruction and occupational education leading to the attainment of recognized postsecondary credentials; |  |  |  |  |
|  | 1. Preparation for unsubsidized employment opportunities; and |  |  |  |  |
|  | 1. Connections to employers, including small employers, in in-demand industry sectors and occupations of the local and regional labor markets. |  |  |  |  |
| **5.** | Has your organization made available the fourteen required youth program elements to the youth served under WIOA. Please provide the name of then entity(s) that provides the element and if the element is provided via a contract, referral or other. [WIOA 129(c)(2), CRF 681.460] |  |  |  |  |
|  | 1. Tutoring, study skills training, instruction, and dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent or for a recognized postsecondary credential; |  |  |  |  |
|  | 1. Alternative secondary school services, or dropout recovery services; |  |  |  |  |
|  | 1. Paid and unpaid work experiences that have academic and occupational education as a component of the work experience; |  |  |  |  |
|  | 1. Occupational skill training; |  |  |  |  |
|  | 1. Education offered concurrently with, and in the same context as, workforce preparation activities and training for a specific occupation or occupational cluster; |  |  |  |  |
|  | 1. Leadership development opportunities; |  |  |  |  |
|  | 1. Supportive services; |  |  |  |  |
|  | 1. Adult Mentoring for a duration of at least 12 months; |  |  |  |  |
|  | 1. Follow-up services for not less than 12 months after the completion of participation; |  |  |  |  |
|  | 1. Comprehensive guidance and counseling; |  |  |  |  |
|  | 1. Financial literacy education; |  |  |  |  |
|  | 1. Entrepreneurial skills training; |  |  |  |  |
|  | 1. Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area; and |  |  |  |  |
|  | 1. Activities that help youth prepare for and transition of postsecondary education and training. |  |  |  |  |
| **6.** | If a youth is co-enrolled in adult and youth programs, does your organization have a system to track the funding streams to ensure appropriate cost distribution and avoid duplication of services? |  |  |  |  |
| **7.** | Are supportive services or incentive payments provided to youth participants? |  |  |  |  |
|  | 1. If no, please explain: |  | | | |
|  | 1. If yes, are supportive services or incentive payments provided, |  |  |  |  |
|  | 1. In line with established procedures? |  |  |  |  |
|  | 1. Supported by appropriate documentation? |  |  |  |  |
|  | 1. Has your participant incentive plan been   approved by SDWP? |  |  |  | Please provide a copy of the plan. |
| **8.** | Does your organization pay classroom-based wages to the participants? |  |  |  |  |
|  | 1. If yes, has your classroom-based wage plan been approved by SDWP? |  |  |  | Please provide a copy of the plan. |
| **9.** | Does your organization issue stipends to the participants? |  |  |  |  |
|  | 1. If yes, has your stipend plan been approved by SDWP? |  |  |  | Please provide a copy of the plan. |
| **10.** | Does your organization ensure verification that 17-year-old male participants are registered with the Selective Service System within 30 days of their 18th birthday if they turn 18 during the period of WIOA enrollment/participation. |  |  |  | Please describe the method used. |
| **11.** | Does your organization have a system to ensure that when an Applicant Statement is used, all the requirements for its use are applied in every file? |  |  |  |  |
|  | 1. A case note is made in the CalJOBS system of efforts made (and failed) to get documents. |  |  |  |  |
|  | 1. Applicant Statements are not used to verify General Eligibility criteria and other unallowable criteria listed in the Youth Eligibility Manual. |  |  |  |  |
|  | 1. Parent/Guardian signs Applicant Statements if youth is under 18 years. |  |  |  |  |
| **12.** | Does your organization ensure that: |  |  |  |  |
|  | 1. The Youth Work Experience Training do not unfavorably affect current employees and do not impair existing contracts for services or collective bargaining agreements? |  |  |  |  |
|  | 1. The participants do not displace current employees or replace employees that were previously laid off from the worksite? |  |  |  |  |
| **13.** | Does your organization conduct an on-site visit to ensure that worksites comply with WIOA requirements? |  |  |  |  |
|  | 1. If yes, do all worksites receive an on-site visit? |  |  |  |  |
|  | 1. If not, how does your organization ensure that worksites comply with the WIOA requirements and safety requirements? |  |  |  |  |
| **14.** | Does your organization conduct an orientation and provide an information packet or handbook to the participant supervisors and alternate supervisors prior to the participant’s first day of work? |  |  |  |  |
|  | 1. If not, how does your organization ensure supervisors are informed of their roles and responsibilities and the WIA compliance requirements regarding youth participants? |  |  |  |  |
| **15.** | Does your organization have written policies and procedures that are used to implement the time, attendance, and check payment system? |  |  |  |  |

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| I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION PROVIDED IN RESPONSE TO THIS QUESTIONNAIRE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. | | | |
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| NAME: |  | | |
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