



CENTRAL OKLAHOMA

WORKFORCE INNOVATION BOARD

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Monitoring Policy

Approved and Published: August 2025

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The Central Oklahoma Workforce Innovation Board (COWIB) is the policy and guidance board for the Workforce Oklahoma system in Central Oklahoma. We are business leaders with a goal to establish a highly skilled, productive workforce in our 9-county area.

The Central Oklahoma Workforce Innovation Board (COWIB) complies with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions), national origin (including limited English proficiency), age, disability, political affiliation or belief, or the basis of citizenship status or participation in a WIOA Title-1 financially assisted program or activity.

COWIB is an Equal Opportunity Employer/ Program. Auxiliary aids and services are available upon request to individuals with disabilities. Central Oklahoma Workforce Innovation Board's Workforce Innovation and Opportunity Act Title I program funding statement can be found at <https://cowib.org/funding/>.

<http://www.cowib.org/>



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Purpose

The purpose of this policy is to establish monitoring procedures that will comply with the requirements of the Workforce Innovation and Opportunity Act of 2014 (WIOA) as well as the state guidance offered in WSD# 03-2025.

References

- [The Workforce Innovation and Opportunity Act , Public Law 113-128](#)
- [Single Audit Act \(31 U.S.C. §§ 7501-7507\)](#)
- [2 CFR Part 200](#)
- [20 CFR Part 677](#)
- [20 CFR Part 683](#)
- [2 CFR Part 2900](#)
- [29 CFR Part 38](#)
- [TEN 11-24](#)
- [TEGL 05-24](#)
- [TEGL 15-14](#)
- WSD# 03-2025

Definitions

Administrative Finding—A Finding is a violation of a specific compliance requirement contained in law; regulations; national policies; FOA; Uniform Guidance or OMB Circulars; the grant terms and conditions; ETA policy guidance, including Training and Employment Guidance Letters (TEGLs); and/or the grant agreement.

Area of Concern— An Area of Concern is used when there is a potential issue, challenge, or situation identified that does not yet violate one of the sources listed below, but left unchecked, could elevate to a finding or, at a minimum, negatively impact outcomes. Reports typically include a recommendation to address the situation at hand. Areas of concern are primarily for technical assistance purposes to prevent violations of:

- a. Federal Law
- b. Federal Regulations
- c. Grant agreement
- d. Contract agreement
- e. Formal state or local policy

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Desk Reviews—Reviews made during the monitoring process for the purpose of collecting and analyzing information and to support on-site reviews/monitoring. Desk reviews analyze existing data such as required monthly financial reports, vouchers, contracts, budgets, case management system data, and prior audits and monitoring reports.

Disallowed Costs—Disallowed costs under WIOA and Uniform Guidance include unallowable, unallocable, and unreasonable expenses.

Effective or best practice is a strategy, approach, process, or product in one or more key areas of implementation: governance, administration, service design and delivery, etc. that is sufficiently effective and/or innovative to warrant highlighting in the report.

Employee/client misconduct is considered as actions occurring during or outside work hours that reflect negatively on USDOL, the State of Oklahoma, or the WIOA program. Misconduct may include, but is not limited to, conflict of interest involving outside employment, business, and professional activities, the receipt or giving of gifts, fees, entertainment and favors, misuse of Federal property, misuse of official information and such other activities as might adversely affect the confidence of the public, as well as serious violations of Federal and State laws.

File Reviews—Reviews of a sample of participant’s files to determine compliance with required federal, state, and local laws, policies, and procedures.

Finding—Noncompliance with policy, guidance or requested procedural steps.

Fraud, Misfeasance, Nonfeasance or Malfeasance Fraud—Misfeasance, nonfeasance or malfeasance should be considered broadly as any alleged deliberate action that is in violation of federal statutes and regulations. This category includes, but is not limited to, indications of bribery, forgery, extortion, embezzlement, theft of client checks, kickbacks from clients, intentional payment to a contractor or service provider without the expectation of receiving services, payment to ghost enrollees, misuse of appropriated funds, and misrepresenting information in official reports.

Gross Mismanagement/Gross Negligence is considered as actions or situations arising out of management ineptitude, oversight, or a disregard of the need to exercise reasonable care, leading to substantial violations of WIOA processes, regulation, or agreement/contract/grant provisions which could severely hamper the accomplishment of program goals. These include situations that lead to waste of government resources and could jeopardize future support for a particular project. This category includes, but is not limited to, non-auditable records, unsupported costs, highly inaccurate fiscal or program reports, payroll discrepancies, payroll deductions not paid to the Internal Revenue Service, failure to carry out basic required functions, and the lack of good internal control procedures.

Misapplication of funds is considered as use of funds, assets, or property not authorized or provided for under WIOA regulations, grants, agreements, or contracts. This category includes, but is not limited to, nepotism, political patronage, use of clients for political activities,

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ineligible clients, conflict of interest, failure to report income from federal funds, violation of agreement/contracts/grant procedures, and the use of federal funds for other than specified purposes.

On-Site Reviews—The fundamental component of monitoring reviews, consisting of data collection techniques using formal monitoring guides. On-site reviews allow for the verification of items contained in the contract, grant agreement, or other items identified in the desk review.

Questioned Costs—Questioned costs are Federal funds expended in violation of provisions of the applicable laws, regulations, or award terms, or an expenditure that is not supported by adequate documentation to show that it is an allowable cost. Questioned costs also include what appear to be unreasonable costs, even if they are not specifically unallowable.

Report Observation—At the time of examination, the COWIB Monitors may indicate key actions, processes, or items noticed or sampled. Observations are practices or processes that are particularly effective or efficient and/or may be replicated. These observations may also be ineffective or inefficient practices or processes that should be re-evaluated. These observations may also include questionable operational or business practices that must be noted for documentation purposes.

Substantial Violation is a severe violation of the provisions of WIOA Title I-B, which may include, but is not limited to, fraud, misfeasance, nonfeasance, malfeasance, misapplication of funds, gross mismanagement, gross negligence, failure to take corrective action, failure to meet performance goals in consecutive years, lack of sustained fiscal integrity, and failure to perform the duties required by the WIOA Act.

Sustained Fiscal Integrity means for the purpose of determining initial and subsequent local area designation, that the State/Grant Officer has not made a formal determination that either the grant recipient or any other entity charged with expending local area funds mis expended such funds due to willful disregard of the requirements of the provision involved, gross negligence, or failure to comply with accepted standards of administration for the 2-year period preceding the determination.

Local Oversight and Monitoring Responsibilities

Assurances

COWIB responsible for keeping the Oklahoma Employment Security Commission up to date with all relevant documents related to programs administered by OESC. These include plans, contracts, agreements, memorandums of understanding, grants, sub-grants, reports, and other applicable records.

At the beginning of each program year, COWIB will review these documents and provide written confirmation to OESC that they have the latest versions. Any new documents, missing

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documents identified by OESC, or updates to previously submitted documents will be forwarded electronically to OESC.

COWIB will also provide OESC with all relevant documentation, case notes, and reports during monitoring activities. Monitoring reports and resolutions generated by subrecipients or COWIB be submitted to OESC upon issuance.

COWIB will include OESC on all distribution lists to ensure they receive official copies of regulations, changes to plans, contracts, MOUs, grants, subgrants, reports and records, and related correspondence. Copies of regulations, issuances, policies, procedures, reports, board minutes, and correspondence submitted by COWIB to OESC will be signed and/or accompanied by signed cover letters attesting to official board approval.

Administrative Responsibilities

The Central Oklahoma Workforce Development Area is overseen by the Central Oklahoma Workforce Board. COWIB is responsible for overseeing and monitoring activities funded by the Workforce Innovation and Opportunity Act and other federal grants. COWIB is also required to monitor the Oklahoma Works American Job Center system and any subrecipients to ensure compliance with federal, state, and local policies, plans, and procedures.

Their responsibilities include:

1. Ensuring expenditures follow cost categories and limits outlined in WIOA and its regulations.
2. Confirming compliance with all applicable laws, regulations, and contracts.
3. Providing technical assistance where necessary and appropriate.

The Chief Local Elected Official in a local workforce area is liable for any misuse of any WIOA Title I funds (unless an agreement has been reached with the Governor to bear such responsibility). When the local workforce area is composed of more than one unit of general local government, the chief elected officials of such units may execute an agreement that specifies the respective roles of the individual CLEOs.

A. COWIB, as a LWDB and Fiscal Agent will:

1. Ensure monitoring of service providers on an annual basis and at least sixty (60) days before their contract ends and submit monitoring reports and resolutions to the OESC WIOA Oversight Team when issued.
2. Provide all requested documents to the OESC WIOA Oversight Team before the scheduled monitoring date.
3. Make sure that documents required by the OESC for on-site review are organized and ready for examination.
4. Ensure appropriate staff are available on-site during monitoring to assist the OESC

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team.

- B. COWIB, as a LWDB, will monitor all service providers once per year per 2 CFR 200.504 and as required during contract period to verify compliance with:
1. Compliance with federal, state, and local area regulations, plans, policies, and guidelines, including:
 - a. Participant eligibility verification documentation,
 - b. Participant records for assessment and employability plan,
 - c. Contracts such as on the job training, customized training, and worksite agreements.
 - d. Proper delivery of WIOA Adult and Dislocated Worker services based on the LWDB's integrated service delivery design.
 - e. Proper delivery of WIOA Youth services consistent with the LWDB's youth program.
 2. Contract performance compliance, and
 3. Compliance with local established policies.
- C. COWIB, as Fiscal Agent, will submit to the OESC team a list of all contracts, including periods of service and a review plan, within 60 days after the program year begins (July 1 – June 30). COWIB, as fiscal agent, is responsible for developing and enforcing specific policies, plans, and procedures which address the following:
1. Ensuring funds are spent in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Federal regulations, and State policies.
 2. Preparing and managing contracts and ensuring compliance.
 3. Addressing financial findings from monitoring.
 4. Maintaining proper accounting records and documentation.
 5. Preparing financial reports.
 6. Providing technical assistance to subrecipients on fiscal issues.
 7. Procuring contracts and/or written agreements.
 8. Disbursing funds for salaries, contracts, wages, and vouchers.
 9. Conducting continuous financial oversight and monitoring of the board staff and service providers for compliance with federal cost principles.
 - a. Fiscal agents may accomplish these responsibilities through a combination of routine review of invoices prior to payment with federal grant funds and periodic on-site reviews of LWDB and service provider financial records.

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Fiscal agents must submit copies of all monitoring reports and resolutions to the OESC WIOA Oversight Team when issued.

10. Ensuring independent audits of all contracted entities receiving one million dollars (\$1,000,000.00) or more in DOL grant funds (A Non-Federal entity that expends \$1,000,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted). In instances where the nine-month audit submission deadline creates an undue burden, contracted entities may request an extension. The written request for an extension must include:
 - a. Recipient name;
 - b. Award number;
 - c. Recipient audit period;
 - d. Justification for the extension;
 - e. New proposed date for the report submission; and
 - f. A corrective action plan to ensure that future reports will be filed timely.
11. Ensuring funds are being expended according to the LWDB-developed and CLEO approved budget.

COWIB Monitoring Policy and Procedures

Purpose

The Central Oklahoma Workforce Innovation Board (COWIB), establishes this policy to ensure compliance with federal, state, and local administrative and financial requirements, policies, and procedures, and to ensure performance goals are achieved. This policy outlines the roles, responsibilities, and procedures for monitoring Department of Labor (DOL)-funded programs and the delivery of integrated services.

Roles and Responsibilities

COWIB: The COWIB is responsible for the overall governance, oversight, and strategic direction of monitoring activities with the Central Oklahoma Workforce Development Area.

COWIB Staff: The LWDB staff are responsible for executing and managing day-to-day monitoring activities, ensuring operational compliance, and supporting subrecipients and service providers.

Fiscal Agent: The fiscal agent ensures proper financial management, accountability, and compliance with federal, state, and local fiscal regulations.

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Service Providers/Subrecipients: Service providers and subrecipients are responsible for implementing WIOA-funded programs and maintaining compliance with federal, state, and local fiscal regulations.

COWIB Monitoring Activities

COWIB will conduct the following types of monitoring:

- Programmatic Monitoring
 - Assess compliance with WIOA program requirements, including participant eligibility, service delivery, and performance outcomes.
 - Review participant files for accuracy and completeness.
 - Assess core performance measures.
- Fiscal Monitoring:
 - Evaluate financial management systems, including internal controls, cash management, and cost allocation.
 - Review expenditures to ensure they are allowable, allocable, and reasonable.
 - Verify adherence to procurement standards and contractual terms.
- Contract Monitoring
 - Assess contract performance, compliance, deliverables, and outcomes.
- System Monitoring
 - Review of the AJCs and One-Stop System
 - Evaluation of the MOU/ IFA and partner relations.
 - Compliance with equal opportunity and grievance and complaint policies and procedures.
 - Property Management Review

Monitoring Scope & Schedule

Programmatic Monitoring

An annual report will be distributed following each program year to include the following activities.

Activity	Scope	Frequency
Adult/ Dislocated Worker	A minimum 5% of new enrollments shall be monitored. Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment and individual employment plan and other items.	Quarterly, Annual Report
Youth	A minimum 5% of new enrollments shall be monitored. Monitoring of eligibility, participant eligibility	Quarterly, Annual Report

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	verification documentation, data validation, priority of services, assessment and individual service strategy and other items.	
On-the-Job Training	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, OJT contracts, worksite monitoring and other items.	Quarterly, Annual Report
Work Experience	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, WEX contracts, worksite monitoring and other items.	Quarterly, Annual Report
Supportive Services	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, and supportive service documentation.	Quarterly, Annual Report
Incentives	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, and incentive verification & documentation.	Quarterly, Annual Report
Occupational Skills Training	Monitoring of eligibility, participant eligibility verification documentation, data validation, priority of services, assessment of individual service strategy and/or individual employment plan, in-demand occupation, eligible training provider & program, verification of training documentation, and invoice and payment review.	Quarterly, Annual Report
Core Performance Indicators	Ensure the Service Provider is meeting all state performance expectations.	Quarterly, Annual Report

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Fiscal Monitoring

Activity	Scope	Frequency
Contract Compliance	Each local director (as a COWIB employee) for which COWIB is fiscal agent for is responsible for monitoring of all contracts. Verifying that the contracts are within compliance and are properly procured.	Quarterly
Invoice Review	Routine review of invoices prior to payment with federal grant funds. Each local area director, for which COWIB is the fiscal agent, is responsible for reviewing their invoices and signing off on payment.	Monthly
Subrecipient Review	Monitoring each subrecipient providing services to participants for program accountability and to ensure contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.	Once annually, and no less than sixty (60) days prior to the expiration date of the contract.
Single Audit	To be completed annually by an outside entity that was competitively procured.	Annually

Contract Monitoring

Activity	Scope	Frequency
Performance	Monitoring service providers on their contractual performance to ensure measures are met.	Monthly

System Monitoring

Activity	Scope	Frequency
System & Service Delivery	Review of the AJCs and the system to include partner relations, referral processes, MOU and IFA, customer satisfaction, Equal Opportunity, One Stop Operator, etc.	Annually
Property Management Review	Review each lease in which COWIB is the lease holder to ensure the cost of space is reasonable for the market.	Every 5 Years (last review was June 2025)

Monitoring Methods

COWIB's approach to monitoring uses a combination of methods, including:

- Desk reviews of reports, policies, and documentation.
- On-site visits to service provider locations.
- Interviews with staff, participants, and stakeholders.
- Sampling of participant files, financial records, and other documentation.

While these are the primary methods, COWIB may use additional techniques as necessary to ensure comprehensive oversight. Participant files, documentation, and other records will be reviewed both virtually and on-site using tools such as the Virtual Case Management System.

Reporting

Exit Conference

Upon the completion of the monitoring review, an exit conference will be conducted to discuss any preliminary issues or potential findings. The participants in the exit conference may include COWIB's Compliance Monitor(s), representatives from the Service Provider, and other relevant stakeholders as needed. The purpose of the conference is to ensure transparency, provide an opportunity for clarification, and discuss possible corrective actions.

Following the exit conference, the COWIB Compliance Monitor(s) will prepare a brief written summary of the issues discussed. This synopsis will be provided to the Service Provider for reference and further consideration.

Monitoring Report

A comprehensive written report summarizing the results of the monitoring review will be prepared by the COWIB Compliance Monitor(s) as soon as possible after the on-site review, typically within 30 days. The report will provide a detailed analysis of the review and may include the following components:

- 1. Scope and Purpose of the Review:**
 - A clear statement of the objectives and the areas or programs reviewed.
- 2. Monitoring Methods:**
 - A description of the techniques and tools used during the review, such as file sampling, interviews, site inspections, and system reviews.
- 3. Service Provider Strengths:**
 - A summary of exemplary practices or strengths identified during the review, with consideration for their potential promotion as best practices across the state.
- 4. Findings of Non-Compliance:**
 - A detailed summary of any instances of non-compliance, including citations of the applicable policies, procedures, rules, regulations, or laws.
- 5. Monitoring Observations:**
 - Observations that may not constitute formal findings but are worth noting for awareness or improvement.

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6. Suggestions for Program Improvements:

- Recommendations to enhance service delivery, improve compliance, or address gaps in current processes.

7. Required Corrective Actions:

- Specific actions the Service Provider must take to address identified findings, with deadlines for implementation and resolution.

Detailed Findings of Non-Compliance

Each finding of non-compliance will include the following information:

1. Compliance Requirement:

- A detailed description of the specific requirement that was not met, along with a citation of the relevant policy, rule, regulation, or law.

2. Method of Determination:

- An explanation of how the deficiency was identified, such as through:
 - i. Observation of program activities.
 - ii. Review of records in the online case management system.
 - iii. Examination of program documentation.
 - iv. Interviews with customers or Service Provider staff.

3. Extent of Non-Compliance:

- Quantification of the deficiency, wherever possible, to illustrate the scale of the issue. For example:
 - i. "Six out of 15 participant files sampled did not include the required documentation."

4. Cause(s) of Non-Compliance:

- An analysis of the underlying cause(s) of the issue, when identifiable, to support corrective actions and prevent recurrence.

Monitoring Report Responsibilities and Distribution

Activity	Responsible Staff	Type of Report	Distributed To
Programmatic Monitoring	<ul style="list-style-type: none"> • COWIB Youth Program Manager • COWIB Policy & Compliance Analyst 	<ul style="list-style-type: none"> • Written 	<ul style="list-style-type: none"> • Service Provider • COWIB CEO
Fiscal Monitoring	<ul style="list-style-type: none"> • COWIB Youth Program Manager • COWIB Policy & Compliance Analyst • COWIB CEO • Local Area Executive Directors 	<ul style="list-style-type: none"> • Written 	<ul style="list-style-type: none"> • Service Provider • COWIB CEO • COWIB Chairman of the Board • Local Area Director and Board Chair, as appropriate • COWIB Board, as appropriate • Chief Local Elected Official, as appropriate

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			<ul style="list-style-type: none"> • OESC WIOA Oversight Team
Contract Monitoring	<ul style="list-style-type: none"> • COWIB Youth Program Manager • COWIB Policy & Compliance Analyst • COWIB CEO • Service Provider 	<ul style="list-style-type: none"> • In-Person/ Virtual Meeting 	<ul style="list-style-type: none"> • Service Provider • COWIB CEO
System Monitoring	<ul style="list-style-type: none"> • COWIB Youth Program Manager • COWIB Policy & Compliance Analyst • COWIB CEO • One-Stop Operator 	<ul style="list-style-type: none"> • In-Person • Written 	<ul style="list-style-type: none"> • Service Providers • Center Managers, as appropriate • OESC Regional Manager, as appropriate • System Partners, as appropriate • OESC WIOA Oversight Team

Corrective Actions

An Official Report shall be provided to the appropriate party upon completion. Those receiving the report from Board Staff shall have 14 calendar days to respond. Observations will not require a response; however, areas of concern and findings would necessitate a response from the appropriate party. The appropriate party shall have 2 attempts to address all issues found with the report or have a plan in place for a resolution that has been approved by the COWIB CEO. Further responses may be allowed at the discretion of the COWIB CEO. A Final Determination Report will be issued at the end of the corrective action process. If parties reach an impasse and are not able to resolve an issue, the COWIB determination shall stand and the service provider has the option to submit a grievance through the COWIB Grievance Policy.

Follow Up

Appropriate COWIB Monitoring Staff shall conduct follow-up monitoring on those deficiencies which have been addressed in the monitoring report within a reasonable amount of time, to ensure that proper corrective actions have been taken. Persistent or unresolved issues may result in further action, including technical assistance, additional monitoring, or termination of contracts.

Appeals Process

If the service provider/subrecipient disagrees with the final determination, they have 15 days from receiving the determination to request an appeal or 2 business days after an informal resolution conference. Once the appeal is received, the COWIB Policy and Compliance Manager

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will review it and schedule a hearing within 30 days, unless all parties agree to extend the deadline for additional negotiations. In some cases, the COWIB CEO can waive the hearing requirement if immediate action is necessary.

During the hearing, the service provider/ subrecipient must provide evidence showing that they complied with all applicable laws, regulations, and policies. The decision from the COWIB, issued within 30 days after the hearing record is closed, is final and binding.

Any costs associated with legal assistance, accounting, or representation during the appeal cannot be covered by grant or contract funds received from COWIB. This includes costs for experts, accountants, or attorneys.

Support Documentation

Support documentation may be requested from the Service Provider from time to time to validate responses to correct actions. In providing the support documentation each supporting document shall have the issue number identified on the report and the appropriate participant identification number of the participant for which the documentation is referencing.

Technical Assistance

The COWIB Service Provider or One-Stop Partner may request technical assistance from the COWIB by making a request in writing to the COWIB CEO. The request should describe the type of assistance requested. The COWIB CEO will reply to any such request after considering the COWIB's priorities and available resources.

Equal Opportunity and Nondiscrimination Statement

All Recipients, and Sub-recipients / Sub-grantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

Addenda / Revisions

The COWIB Chief Executive Officer is authorized to issue additional instructions, guidance, approvals, and/or forms to further implement the requirements of policy, without making substantive change to the policy, except in situations when a new or updated state and federal guidance is issued.

WIOA ADULT PARTICIPANT FILE REVIEW

Case Manager:

American Job Center:

Participant Name:

Participant ID:

Eligibility	Y	N	Documentation/Comments
18 years or older			BC <input type="checkbox"/> License <input type="checkbox"/>
Low income (priority)			TANF <input type="checkbox"/> Welfare <input type="checkbox"/> SNAP <input type="checkbox"/> SSI/A <input type="checkbox"/> SP <input type="checkbox"/> Other <input type="checkbox"/>
Selective Service Registration			N/A <input type="checkbox"/> Number:
Citizenship/Work Eligible			SSC <input type="checkbox"/> BC <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Other <input type="checkbox"/>
Basic Skills Deficient (priority)			
Employment Status at Participation			Unemployed <input type="checkbox"/> Unable to find Employment <input type="checkbox"/> Employed but determined eligible by AJC (exception) <input type="checkbox"/>
Other Participant Information	Y	N	
Veteran			Campaign <input type="checkbox"/> Disabled <input type="checkbox"/> Recently Separated <input type="checkbox"/> Eligible Spouse <input type="checkbox"/> Received DVOP Service <input type="checkbox"/>
Individual w/ a disability			
Offender			
UI Claimant			UI profiled <input type="checkbox"/>
Required Documentation	Y	N	
Signed Application			
Grievance/Appeal/EEO			Grievance <input type="checkbox"/> EEO <input type="checkbox"/>
Signed Information Release Form			
Co-Enrollment	Y	N	
Referred by partner program			
Co-enrolled in another program			WIOA DW <input type="checkbox"/> TAA Program <input type="checkbox"/> W-P <input type="checkbox"/> Other:
TAA Program eligible			

Co-Enrollment (continued)	Y	N	Documentation/Comments
Received W-P services			Dates of W-P services:
Received other program services			Program:
Basic Career Services Received			
Eligibility determination			
Orientation			
Initial assessment			
Referrals to partner programs			WIOA DW <input type="checkbox"/> TAA Program <input type="checkbox"/> W-P <input type="checkbox"/> VR <input type="checkbox"/> ABE <input type="checkbox"/> Other <input type="checkbox"/>
Job Search/Placement			
Provision of Performance Inform. on ETPs			
LMI (job vacancies, in-demand, occupational skills)			
Supportive Services			Evidence they were offered/available <input type="checkbox"/> Services received:
Financial aid for training			
UI claims processing help			
Individualized Career Services Received			
Comprehensive assessment			
IEP			
Group/individual counseling or mentoring			
Career planning/case management			
Pre-vocational services			
Internships and work experience			
Workforce preparation activities			
Financial literacy services			
Out of area job search/relocation assistance			
English acquisition			

Training	Y	N	Documentation/Comments
Received			Provider: Dates of Training:
Training Approval Documentation			
Training Eligibility			Unlikely/unable to obtain/retain employment at self-sufficiency wage <input type="checkbox"/> In need of training to obtain/retain employment at self-sufficiency wage <input type="checkbox"/>
ITA			
Contract			OJT <input type="checkbox"/> Insufficient ETPs <input type="checkbox"/> CBO <input type="checkbox"/> Higher education <input type="checkbox"/> Pay-for-performance <input type="checkbox"/>
Work-based			Registered Apprenticeship <input type="checkbox"/> Incumbent worker <input type="checkbox"/> Transitional jobs <input type="checkbox"/>
Classroom			GED/HiSET <input type="checkbox"/> ESOL <input type="checkbox"/> Other:
Linked to local market			LMI proof provided Y <input type="checkbox"/> N <input type="checkbox"/>
Attendance/Grades/Updates			Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Progress Report <input type="checkbox"/>
Vendor on ETPL			Documentation provided: Y <input type="checkbox"/> N <input type="checkbox"/>
In-Demand Occupation			
Degree/certificate/diploma			Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Date:
Received Needs Related Payments?			
Results at Exit			
Exit Date			
Employed			N/A <input type="checkbox"/> Employer: Date of Employment: Quarter after exit: Employment related to training: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Credential			N/A <input type="checkbox"/> Credential type:

Results at Exit (continued)	Y	N	Documentation/Comments
Earnings Gain			Previous salary: Current salary:
Wage Data Follow-up *Note: if entered unsubsidized employment, F/U required for 12 months			Type of follow-up: Frequency:
Last date of contact			
Additional Comments:			
Problems with file:			

WIOA DW PARTICIPANT FILE REVIEW

Case Manager:

American Job Center:

Participant Name:

Participant ID:

Eligibility	Y	N	Documentation/Comments
Dislocation Event			Permanent Dislocation <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Permanent Closure <input type="checkbox"/> Substantial Layoff <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Previously self-employed <input type="checkbox"/>
Dislocation Employer			Employer: Layoff Date:
Eligibility criteria			Unlikely to return <input type="checkbox"/> Previous attachment to workforce <input type="checkbox"/>
Selective Service Registration			N/A <input type="checkbox"/> Copy in file <input type="checkbox"/>
Citizenship/Work Eligible			SSC <input type="checkbox"/> BC <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Other <input type="checkbox"/>
Participant Information			
Veteran			Campaign <input type="checkbox"/> Disabled <input type="checkbox"/> Recently Separated <input type="checkbox"/> Eligible Spouse <input type="checkbox"/> Received DVOP Service <input type="checkbox"/> N/A <input type="checkbox"/>
Individual w/ a Disability			
Offender			
UI Claimant			UI profiled <input type="checkbox"/>
Required Documentation			
Signed Application			
Grievance/Appeal/EEO			Grievance <input type="checkbox"/> EEO <input type="checkbox"/>
Signed Information Release Form			
Co-Enrollment			
Referred by partner program			
Co-enrolled in another program			WIOA Adult <input type="checkbox"/> TAA Program <input type="checkbox"/> W-P <input type="checkbox"/> Other:
TAA Program eligible			

Co-Enrollment (continued)	Y	N	Documentation/Comments
Received W-P services			Dates of W-P services:
Received other program services			Program:
Basic Career Services Received			
Eligibility determination			
Orientation			
Initial assessment			
Referrals to partner programs			WIOA DW <input type="checkbox"/> TAA Program <input type="checkbox"/> W-P <input type="checkbox"/> VR <input type="checkbox"/> ABE <input type="checkbox"/> Other <input type="checkbox"/>
Job Search/Placement			
Provision of Performance Inform. on ETPs			
LMI (job vacancies, in-demand, occupational skills)			
Supportive Services			Evidence they were offered/available <input type="checkbox"/> Services received:
Financial aid for training			
Individualized Career Services Received			
Comprehensive assessment			
IEP			
Group/individual counseling or mentoring			
Career planning/case management			
Pre-vocational services			
Internships and work experience			
Workforce preparation activities			
Financial literacy services			
Out of area job search/relocation assistance			
English acquisition			

Training	Y	N	Documentation/Comments
Received			Provider: _____ Dates of Training: _____
Training Approval Documentation			
Training Eligibility			Unlikely/unable to obtain/retain employment at self-sufficiency wage <input type="checkbox"/> In need of training to obtain/retain employment at self-sufficiency wage <input type="checkbox"/> Has skills/qualification to successfully participate in selected program <input type="checkbox"/>
ITA			
Contract			OJT <input type="checkbox"/> Insufficient ETPs <input type="checkbox"/> CBO <input type="checkbox"/> Higher education <input type="checkbox"/> Pay-for-performance <input type="checkbox"/>
Work-based			Registered Apprenticeship <input type="checkbox"/> Incumbent worker <input type="checkbox"/> Transitional jobs <input type="checkbox"/>
Classroom			GED/HISET <input type="checkbox"/> ESOL <input type="checkbox"/> Other: _____
Linked to local market			LMI proof provided Y <input type="checkbox"/> N <input type="checkbox"/>
Attendance/Grades/Updates			Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Progress Report <input type="checkbox"/>
Vendor on ETPL			Documentation provided: Y <input type="checkbox"/> N <input type="checkbox"/>
In-Demand Occupation			
Degree/certificate/diploma			Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Date: _____
Received Needs Related Payments?			
Results at Exit			
Exit Date			
Employed			N/A <input type="checkbox"/> Employer: _____ Date of Employment: _____ Quarter after exit: _____ Employment related to training: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Credential			N/A <input type="checkbox"/> Credential type: _____

Results at Exit (continued)	Y	N	Documentation/Comments
Earnings Gain			Previous salary: Current salary: Type of follow-up: Frequency:
Follow-up *Note: if entered unsubsidized employment, F/U required for 12 months			
Last date of contact			
Additional Comments:			

WIOA YOUTH PARTICIPANT FILE REVIEW

Case Manager:

American Job Center:

Participant Name:

Participant ID:

Eligibility	Y	N	Documentation/Comments
Age/DOB			BC <input type="checkbox"/> License <input type="checkbox"/> Other <input type="checkbox"/> DOB:
Parental consent (if minor)			
Eligibility Basis: OSY			16-24 <input type="checkbox"/> AND <ul style="list-style-type: none"> ○ School dropout ○ Youth within age of compulsory school attendance but hasn't attended school for at least the most recent complete school year calendar ○ Recipient of secondary diploma/equivalent who is low-income and is BSD or ELL ○ An individual who is subject to the juvenile or adult justice system ○ Homeless ○ Pregnant or parenting ○ Has a disability ○ A low-income individual who requires additional assistance
Eligibility Basis: ISY			14-21 <input type="checkbox"/> AND Low Income <input type="checkbox"/> OR 5% non-low-income exempt <input type="checkbox"/> AND <ul style="list-style-type: none"> ○ BSD ○ ELL ○ An offender ○ Homeless ○ Pregnant or parenting ○ Has a disability ○ A low-income individual who requires additional assistance
Low income documentation			Public Assistance <input type="checkbox"/> Below Poverty Level <input type="checkbox"/> Food Stamps <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Child <input type="checkbox"/> Disabled <input type="checkbox"/>
Selective Service Registration			N/A <input type="checkbox"/> Number:

Eligibility (continued)	Y	N	Documentation/Comments
Citizenship/Work Eligible			SSC <input type="checkbox"/> BC <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Other <input type="checkbox"/>
Veteran			Eligible Spouse <input type="checkbox"/> Received DVOP Service <input type="checkbox"/> Campaign <input type="checkbox"/> Disabled <input type="checkbox"/> Recently Separated <input type="checkbox"/>
Required Documentation			
Signed Application			
Grievance/Appeal/EEO			Grievance <input type="checkbox"/> EEO <input type="checkbox"/>
Signed Information Release Form			
Program Elements Offered/Received			
Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent			
Alternative secondary school services, or dropout recovery services			
Paid and unpaid work experiences that have as a component academic and occupational education (summer employment, pre-apprenticeship, internships, job shadowing, OJT)			
Occupational skill training			
Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster			
Leadership development opportunities			
Supportive services			
Adult mentoring (12+ months)			
Follow-up services (12+ months)			
Comprehensive guidance and counseling			
Financial literacy education			
Entrepreneurial skills training			
LMI on in-demand industries/occupations			
Postsecondary education and training transition preparation			
Key Dates			
Eligibility Determination			
Assessment			
Credential			
Entered Employment			
Exit			
Program Participation Type			Summer Youth <input type="checkbox"/> Year-Round Program <input type="checkbox"/>

Assessment	Y	N	Documentation/Comments
Academic Assessment			Test type: Date: Math: _____ Reading:
Aptitudes Assessment			Self-assessment <input type="checkbox"/> Test <input type="checkbox"/> Resume <input type="checkbox"/> Other:
Competencies, Interests			Application <input type="checkbox"/> Work history <input type="checkbox"/>
Assessment of Barriers			Describe:
Ongoing Assessment			
Service Integration			
Referred to American Job Center			
Referred to partner program			Program:
Received W-P services			Dates of W-P services:
ISS/IEP Development			
Present, and signed			Signed by participant <input type="checkbox"/>
Chronological Dates			
Is it a 'living document?'			
ISS Review/Updating			Frequency: 1x/wk <input type="checkbox"/> 2 wks <input type="checkbox"/> monthly <input type="checkbox"/> 3 mo <input type="checkbox"/> never <input type="checkbox"/>
Short & Long-term goals			
Goal #1: _____			Type: Date Set: Date Attained:
Goal #2: _____			Type: Date Set: Date Attained:
Goal #3: _____			Type: Date Set: Date Attained:
Basic and Individualized Services			
Date of 1 st Youth Service			
Comprehensive Assessment			
Services received			
Job search/referrals			Number of Jobs:
Supportive Services			Evidence they were offered/available <input type="checkbox"/> Services received:
Training			
Received	Y	N	Documentation/Comments
			N/A <input type="checkbox"/> Dates of Training:

Training (continued)	Y	N	Documentation/Comments
Training Approval Documentation			
Classroom			GED <input type="checkbox"/> ESOL <input type="checkbox"/> Other:
OJT			
ITA			
Skills Necessary			
Linked to local market			LMI proof provided Y <input type="checkbox"/> N <input type="checkbox"/>
Attendance/Grades/Updates			Attendance <input type="checkbox"/> Grades <input type="checkbox"/> Progress Report <input type="checkbox"/>
Vendor on ETPL			Documentation provided: Y <input type="checkbox"/> N <input type="checkbox"/>
In-Demand Occupation			
Degree/certificate/diploma			Degree <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Date:
Results at Exit			
Exit Date			
Employed			N/A <input type="checkbox"/> Employer: Date of Employment: Quarter after exit: Employment related to training: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>
Credential			N/A <input type="checkbox"/> GED <input type="checkbox"/> Credential type:
Earnings Gain			Previous salary: Current salary:
Wage Data			
Follow-up			Type of follow-up: Frequency:
Last date of contact			
Follow-up done for 12+ months			
Additional Comments:			

Fiscal Monitoring Questionnaire
For PY Fiscal WIOA Monitoring

Date Issued:

Date Due:

Sub-recipient: (SERVICE PROVIDER)

Primary Contact for the Sub-recipient:

Primary Contact Email:

Primary Contact Phone:

Physical Address of Sub-recipient:

Fiscal Agent:

Monitor(s):

Introduction and Background

The purpose of this review is to evaluate the sub-recipients ability to perform the fiscal tasks that are required for being a sub-recipient of WIOA grant funding and assure the proper safeguards are in place to protect grant assets.

Scope and Methodology

The Fiscal Agent will review each Sub-recipient (Service Provider) scope of projects, approved budget and proposed use of grant funds, completion reports, expenditures, and audited Financial Statements:

- To determine whether the Sub-recipient (SERVICE PROVIDER) expenditures were allowable, reasonable and comply with Federal, State and Local regulations.
- To determine if the Sub-recipient (SERVICE PROVIDER) is maintaining proper documentation regarding Personnel Activity reports (Time & Effort).
- To determine if the Sub-recipient (SERVICE PROVIDER) is maintaining a complete fixed asset/inventory system.

Complete questionnaire as thoroughly as possible. Please type all responses in the space provided. Please e-mail appropriate policies, procedures, forms, and other documentation. Information provided will be utilized by the WIOA Fiscal Agent while conducting the review.

Mandatory Attachments

Check the box when completed. *If these item does not apply, indicate N/A (every item must be populated).*

- Employee list (name, title, and salary)
- Expenditure control policies and procedures
- Cash Management policies and procedures (current)
- Travel Policy & Reimbursement policies and procedures (including conference, training, etc.)
- Travel reimbursement form
- Financial policies and procedures including a chart of accounts
- Human Resources/Personnel policies and procedures
- Procurement policies and procedures
- Cost allocation policies and procedures
- Client & Supportive Services policies and procedures
- Latest Audit Report, Findings, and Response
- Youth compensation and work experience policies
- Signed copy of current Service Provider contract
- Current WIOA funded equipment inventory list
- Current signed Indirect Cost Rate

Administrative Controls

1. Please describe how/where the Sub-recipient (SERVICE PROVIDER) maintains its financial policies and procedures and where they are kept:

2. Does the Sub-recipient (SERVICE PROVIDER) maintain policies and procedures for the following: record retention, equipment acquisition/management/disposition, procurement, cash management/drawdowns, program income, cost allocation, internal controls for separation of duties or other safeguards that prevent unauthorized purchases and disbursements of grant assets? Please describe.
3. Does the Sub-recipient (SERVICE PROVIDER) have a written internal management procedure relating to prevention and detection of fraud, waste, abuse, or other criminal activity? Yes No

If yes, please provide a copy

If no, please explain how the Sub-recipient (SERVICE PROVIDER) ensures allegations are recognized, detected, and promptly reported to the Office of Inspector General and the Compliance Review Division. Reference: *20 CFR 667.630 Complaints, Criminal Fraud and Abuse*

4. Does the Sub-recipient (SERVICE PROVIDER) have immediate access to the Uniform Grant Guidance? Yes No
5. Does the relevant staff have an adequate working knowledge of UGG? Yes No
6. Do you have a source of funds to make reimbursement for costs that may be disallowed in an audit? Yes No

Record Retention

1. Does the Sub-recipient (SERVICE PROVIDER) have written policies and procedures for record retention? Yes No
2. How long are financial records retained? _____

Equipment

1. Is a physical inventory of fixed assets/stewardship items conducted and are the results reconciled with the fixed asset records at least every two years? Yes No

What is the date of the last physical inventory? _____

2. Does your Sub-recipient (SERVICE PROVIDER) have a control system in place to safeguard fixed assets from loss, damage or theft? Yes No

3. Did the Sub-recipient (SERVICE PROVIDER) purchase any one item at \$5,000 or more with WIOA funds in PY17? Yes No

Procurement

1. Does the Sub-recipient (SERVICE PROVIDER)'s written procurement policies and procedures contain the following requirements (provide copy of policy/documentation):
 - a) A process for resolving disputes and claims? Yes No
 - b) A code of conduct for employees conducting procurements, including criteria regarding conflict of interest? Yes No
 - c) Avoiding purchasing unnecessary items or duplicative items? Yes No
 - d) Different types of procurement, including when and how to use them? Yes No
 - e) Requirements for a price or cost analysis? Yes No
 - f) Limited conditions under which sole source procurement may occur? Yes No

2. Is an organized RFP process in place for the solicitations of property and services from potential vendors and suppliers? Yes No

If yes, please attach

3. Does the RFP process follow standard WIOA and UGG guidelines as well as those stated in the most recently approved operational plan? Yes No

If no, please explain:

4. Identify the Sub-recipient (SERVICE PROVIDER)'s purchase thresholds:

5. Currently, does the Sub-recipient (SERVICE PROVIDER) utilize the non-competitive proposal/sole source method of procurement? Yes No

If yes, please describe the Sub-recipient (SERVICE PROVIDER)'s non-competitive proposal/sole source procedures for contractors and/or outside consultants and attach supporting documentation and/or a copy of the Sub-recipient (SERVICE PROVIDER)'s policy.

6. Does the Sub-recipient (SERVICE PROVIDER) maintain a list of pre-qualified individuals, firms, or other organizations that are used to acquire goods and services? Yes (attach a copy) No

If yes, please explain the selection process:

7. Does the Sub-recipient (SERVICE PROVIDER) require designated staff to be responsible for procurement or a specific process for procurement? Yes No Please explain:

Audit and Audit Resolution

1. Are you audited? Yes No

If yes, how often and do you have a copy on file?

2. Does the Sub-recipient (SERVICE PROVIDER) have a current Single Audit Report available for PY17? Yes No

If no, please explain why there is no available report:

3. Were there any major findings in the last audit? Yes No

If yes, what corrective actions were taken to solve the issue(s)?

Budget Controls

1. Explain the system(s) in place that are used by the Sub-recipient (SERVICE PROVIDER) to monitor budgets and actual costs on an ongoing basis:

a) Who monitors these budgets (title, current person in position)?

b) Who is informed of budget status and any changes?

Cash Management

1. Please describe the Sub-recipient (SERVICE PROVIDER)'s current cash management methodology (i.e., reimbursement, forecasting, just-in-time, etc.):

2. Please describe the source documents and the process used by the Sub-recipient (SERVICE PROVIDER) to substantiate cash and/or reimbursement requests (i.e., receipts, requisitions, travel expense reports, billing statements, etc.):

3. Does the Sub-recipient (SERVICE PROVIDER) maintain any federal funds in interest bearing accounts? Yes No

If yes, please explain why and how these amounts are reported:

Program Income

1. Does the Sub-recipient (SERVICE PROVIDER) generate program income? Yes No

If yes, describe what constitutes your program income:

2. Is the program income generated from WIOA funds spent prior to requesting additional funds? Yes No N/A

If no, explain:

3. How does the Sub-recipient (SERVICE PROVIDER) track program income funds?

Cost Allocation

1. Does the Sub-recipient (SERVICE PROVIDER) have an approved Indirect Cost Rate? Yes No

2. Does the Sub-recipient (SERVICE PROVIDER) utilize cost pools (different funding streams) to temporarily hold allocable costs?

Yes No (Please provide documentation for the answers below)

If no, how does the Sub-recipient (SERVICE PROVIDER) allocate costs that benefit multiple programs?

If yes, please describe the cost pools (funding streams) utilized by the Sub-recipient (SERVICE PROVIDER).

3. Does the Sub-recipient (SERVICE PROVIDER) have written policies and procedures for distributing program costs, staff time, and general administrative costs among programs?
Yes No

4. How does the Sub-recipient (SERVICE PROVIDER) guarantee that all individuals paid from federal grants are captured to ensure Time & Effort is completed?

5. For employees working on **one grant only** (single cost objective), is a certification produced, certified, and signed by both the employee and supervisor, and placed in a secure file?
Yes No (Please provide documentation)

6. How often are these employees required to submit their certified time and effort reports for verification?

7. For employees working on **multiple grants**, is the employee preparing and placing on file an adequate personnel activity report that includes the amount of time devoted to each project? Yes No

8. Does the Sub-recipient (SERVICE PROVIDER) utilize a Substitute System of Time and Effort?
 Yes No

If yes, what date was it approved and implemented?

9. How many of the Sub-recipient (SERVICE PROVIDER) staff are paid, either fully or partially, from these federal grant funds?

Allowable Costs

1. How does the Sub-recipient (SERVICE PROVIDER) ensure the grant is not charged unallowable costs based on applicable cost principles and provisions of the grant agreement?

2. Does the Sub-recipient (SERVICE PROVIDER) have a copy of all applicable UGG? Yes No

3. Is your staff aware of which costs are allowable, allowable under certain conditions, or unallowable? Yes No Explain:

Local Area utilize the Allowable Costs Transaction Testing Worksheet to determine if the sub-recipient only charges allowable costs in accordance with its applicable cost principles.

Internal Controls/Separation of Duties

1. Identify the staff responsible for the following:

Function	Name	Title
Allocates Costs		
Approves Purchase Orders		
Approves Invoices		
Makes/Records Deposits		
Prepares Checks		
Records Disbursements		
Prepares Bank Reconciliations		

Distributes Checks to Staff/Participants		
Distributes Checks to Vendors		
Maintains Petty Cash		
Maintains Inventory/Property Records		
Certifies Staff/Participant Time & Attendance Records:		
<ul style="list-style-type: none"> • Signs Checks 		
<ul style="list-style-type: none"> • Holds Blank Checks 		
<ul style="list-style-type: none"> • Authorizes Payroll for New Hires 		

2. If the staff member responsible for deposits is the same person who reconciles the bank account(s), how is appropriate internal control maintained? Please explain and provide documentation:

3. If the staff responsible for handling petty cash is the same person who approves cash receipts, how is appropriate internal control maintained? Please explain and provide documentation:

4. Please describe the Sub-recipient (SERVICE PROVIDER)'s accounting method or system (software) used to track federally-funded expenditures.

5. How does the Sub-recipient (SERVICE PROVIDER) use its accounting records to arrive at the expenditure amounts reported on PY17 Invoices?

6. Does the Sub-recipient (SERVICE PROVIDER) currently report costs on an accrual basis? Yes No

7. What types of costs make up the accruals charged to your Federal Grants (i.e., salaries, benefits, contract services, instructional materials, etc.)?

8. Are separate ledger accounts kept to track all revenues and expenditures for each grant? Yes No

If yes, what are the accounting codes for the WIOA Grant?

9. How do you ensure expenditures are being charged to the appropriate funding source?

10. Regarding source document(s) procedures:

a) Are invoices and/or receipts kept on file to support reported expenditures? Yes No

b) If purchase orders (POs) are used, do procedures require that POs, receiving reports, and invoices be reconciled before payment occurs? Yes No

If yes, what is that process?

If no, please explain:

11. What is your approval process for expenditures; beginning with requisition to payment?

Financial Reporting

1. Is accounting done: Manually Automated

2. Is accounting done on a:

Cash Basis Accrual Basis Cost Basis Other (specify) _____

3. Check each of the following records that are maintained:

- | | |
|--|--|
| <input type="checkbox"/> General Journal | <input type="checkbox"/> Payroll Ledger |
| <input type="checkbox"/> Cash Receipt Journal | <input type="checkbox"/> Accounts Payable Ledger |
| <input type="checkbox"/> Accounts Receivable Journal | <input type="checkbox"/> Obligation Control Register |
| <input type="checkbox"/> Purchase Journal | <input type="checkbox"/> Cost Allocation Plan |
| <input type="checkbox"/> General Ledger | |
| <input type="checkbox"/> Cash Disbursement Journal | |

4. Do the financial policies and procedures adequately cover the following areas?

- | | | | |
|----------------------|--|------------------------|--|
| Bonding | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chart of Accounts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Audit | <input type="checkbox"/> Yes <input type="checkbox"/> No | Purchasing Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Payroll Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cost Allocation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cash Management | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bank Reconciliation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Payroll Participants | <input type="checkbox"/> Yes <input type="checkbox"/> No | Travel | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Petty Cash | <input type="checkbox"/> Yes <input type="checkbox"/> No | Account Reconciliation | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Does the Sub-recipient (SERVICE PROVIDER) receive more than one grant? Yes No

If yes, answer the following questions:

a) Does the Sub-recipient (SERVICE PROVIDER) maintain separate bank accounts?

Yes No

b) How does the accounting system keep track of expenses for each grant?

c) How are WIOA expenses separated from other program costs?

d) How does the Sub-recipient (SERVICE PROVIDER) ensure that the expenditures are allocated appropriately?

6. How are WIOA expenditures recorded?

Separate checking accounts

Other (specify) _____

Codes used to classify expenses

Staff time and effort reports

7. Have you reallocated WIOA funds from one cost category (budget line item) to another?

Yes No

If yes, please explain:

8. What evidence does the Sub-recipient (SERVICE PROVIDER) show to support accruals (spreadsheets, reports, etc.)?

9. Does the Sub-recipient (SERVICE PROVIDER) have a system in place for financial reporting?

Yes No

If no, please explain:

10. Does the Sub-recipient (SERVICE PROVIDER) have written travel policies and procedures?

Yes No

If no, please explain: