

Local Workforce Development Area (LWDA) Permanent File and Annual Reporting

I. BACKGROUND

Arkansas Department of Workforce Services (ADWS) has established a comprehensive and continuous monitoring system to fulfill its responsibility as a federal grant recipient and because effective monitoring is a key method for achieving our primary mission – quality services to job seekers and employers.

A critical component of the continuous monitoring system is a completed “LWDA Permanent File and Annual Reporting” form submitted annually by each LWDA. This form is a communication tool for LWDA to apprise ADWS staff of challenges or achievements, new developments in the region, technical assistance needs or other concerns. Each LWDA will have an opportunity once every Program Year to help shape ADWS oversight, training and capacity building priorities through information presented in this form. The LWDA Permanent File and Annual Reporting form will cover key areas of WIOA including: governance, administrative and fiscal procedures, service delivery/operations and performance.

ADWS recognizes that initial completion of this process will require a significant investment of staff time by the LWDA; however, the information provided will be used to establish a permanent file for both financial and programmatic operations which will only require updating in subsequent years based on changes to governance, policies, procedures or other key elements of service design and delivery. ADWS will provide ample time for LWDA completion of this initial process and will continue with other oversight and monitoring activities. ADWS appreciates the local system’s contribution to this process and recognizes that each LWDA’s ability to accurately and thoroughly respond to this request reflects a commitment to ensuring full oversight of local service provider compliance and effectiveness.

The LWDA Permanent File and Annual Reporting form is provided below along with instructions for accurate and timely completion by each LWDA.

Monitoring is a shared responsibility across the federal, state and local partnership that comprises the public workforce system. Thank you for your effort to support our shared responsibilities and your commitment to ensuring a compliant and effective Arkansas workforce system!

II. INSTRUCTIONS

Each LWDA is required to adhere to the following:

- ◆ Engage in a process to complete the LWDA Permanent File and Annual Reporting form, which is your self-assessment and risk assessment, in an accurate and timely manner. This process may vary depending on the LWDA but should ensure that appropriate staff is charged with the responsibility of completing this form. Those identified to complete the LWDA Permanent File and Annual Reporting form should understand the purpose of the tool, how to complete it, and have the knowledge and understanding of the LWDA's management and operations to provide accurate information to ADWS.
- ◆ Fully respond to the questions and requests for additional information in this form. Submit this completed form with all required documents (e.g. policies, procedures, lists, etc.) as electronic copy to WIOATA@arkansas.gov. The initial request for completion of this form will be 90 days from the date of the Issuance putting the LWDA on notice of the requirement. However, the Annual Reporting Requests found in section "C" are due on August 31, 2018.
 - Some of the requests below will include an "*" to identify which requests must be maintained throughout the year. Should the information change regarding these questions, the LWDA is required to update the information within 30 days of the change.
- ◆ Immediately notify WIOA's Accountability and Compliance unit at the WIOATA@arkansas.gov concerning any questions regarding how to complete this form or if there are any challenges that may impact timely submission. (Note: Attachments may be uploaded to the Financial Monitoring SharePoint Site via the link <http://dwssp.arkansas.gov/dfm/SitePages/Home.aspx>).

III. LWDA PERMANENT FILE AND ANNUAL REPORTING INFORMATION REQUEST FORM

Name of LWDA: _____

Name & Signature of Chief Elected Official (CEO)

Printed Name: _____

Signature: _____ Date: _____

Please provide a point of contact for the following functions (name, title, phone, and email):

Individual Completing Form _____

Business Outreach _____

Monitoring _____

Performance Contact _____

Fiscal _____

A) Governance

Local Workforce Development Board (LWDB):

- 1) Please provide the name, title, category, position, and basis for policy making authority in the organization. Highlight all members appointed during the previous program year.
 - 2) * Please provide any current vacancies on your LWDB, the impact created by that vacancy, and your plan to fill the vacancy.
 - 3) * Please provide all scheduled meeting dates and locations for this Program Year.
 - 4) As supporting documentation, please provide a complete LWDB roster from your last meeting including committee structure/assignments.
 - 5) Please provide any materials developed within the last Program Year that articulates the LWDB's vision, priorities/goals and planned activities for this Program Year.
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One-Stop Operator and Title I Service Provider:

6) * Have you made any changes to your One-Stop Operator designation? Yes No

If yes, please provide the name of the new organization serving as your one-stop operator and the supporting documentation of the procurement action including the following:

- Solicitation information
- Proposals received
- Rating/selection factors
- Proposal scores
- Rationale for method of procurement
- Selection of agreement or contract type
- Contractor selection or rejection
- Appeals and disputes
- Basis for contract price
- Resulting contracts/agreements
- Minutes of all related meetings

7) How does your LWDA ensure that 75% of Youth funds are spent on out-of-school youth? (Please submit any relevant local policy or guidance.)

8) How does your LWDA ensure that Youth Activities include a minimum of 20% Work Experience?

Memoranda of Understanding (MOU) (Which includes as an attachment bylaws and Local Board Policies):

9) * Does your LWDA have a fully executed and up-to-date MOU with all of the required One-Stop partners listed:

a. WIOA Adult, Dislocated Worker, and Youth (Title I)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Unemployment Insurance (UI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Wagner-Peyser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Employment and Training Program Under the Supplemental Nutrition Assistance Program (SNAP)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Adult Education and Literacy Program (Title II)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. Vocational Rehabilitation Program (VR)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. Carl Perkins Career and Technical Education Programs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. Community Services Block Grant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i. Housing and Urban Development (HUD) Employment and Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j. Senior Community Service Employment Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k. Jobs for Veterans Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l. Trade Adjustment Assistance (TAA) Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m. Temporary Assistance for Needy Families (TANF)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n. Reintegration of Ex-Offenders Program under Second Chance Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>
o. Work Program Authorized Under the Food and Nutrition Act	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10) * Please provide a copy of the executed MOU required under WIOA Statute Sec. 121 (b), Bylaws, and Program Policies.

B) Administrative & Fiscal

- 1) * Please provide an organizational chart (should include all staff job titles) and job descriptions for each position.
- 2) Please provide policies and procedures [e.g., cash management, purchasing, use of credit cards, contracting, accounts payable, equipment, issuance of Individual Training Accounts (ITA), types and limits on supportive service/needs-related payments, financial reporting, property management; etc.]
- 3) Please Describe the LWDA's/one-stop operators' payroll cycle (how often; when)?
 - ◆ Does the LWDA/one-stop operator post an accrual for any payroll earned but not disbursed at month end?
 - ◆ Is the accrual reversed at the beginning of the next month?
- 4) Describe the accounts payable cycle (every day; one specific day of the week; twice a week, etc.)?
- 5) Please provide a full general ledger chart of accounts. If numeric or alpha-numeric accounting codes are being used on the general ledger rather than account descriptions, there should be sufficient information to cross-reference reported expenditures to the appropriate accounts.
- 6) * Provide staff names of individuals responsible for the following processes, and conclude if adequate separation of duties exists: (list title next to each duty below)

- a. Approves purchase orders:
- b. Verifies receipt of order:
- c. Authorizes disbursements:
- d. Prepares checks:
- e. Signs checks:
- f. Compares checks with vouchers:
- g. Distributes checks:
- h. Posts disbursements:
- i. Prepares request for funds from LWC:
- j. Receives cash:
- k. Posts receipts:
- l. Deposits receipts:
- m. Controls petty cash:
- n. Audits petty cash:
- o. Prepares bank reconciliation:
- p. Maintains general ledger:
- q. Prepares financial report:
- r. Approves financial report:

7) Please provide a copy of the approved cost allocation plan for distributing shared direct costs as well as any approved indirect cost rate (if elected or required).

- ◆ Please include any updates or amendments to the cost allocation plan completed in the last year.
- ◆ Please include the methodology and documentation used to distribute joint direct/indirect costs between “administrative” and “program” cost categories and between WIOA program components.

8) * Has the LWDA or its service providers purchased equipment (i.e., > \$5,000) with sub-grant funds?

- ◆ Was prior approval obtained?
- ◆ Were competitive bids or quote obtained?
- ◆ Has the equipment been included on an inventory listing?
- ◆ Please provide a list of current inventory.
- ◆ Does the LWDA have an effective system of authorizing and approving capital equipment expenditures?

9) * How many service provider/One-stop contracts does the LWDA have?

- ◆ Are any of these agreements for a fiscal agent?
- ◆ When was the last time service provider/One-stop operator monitoring was performed?

◇ Any outstanding findings from those reviews?

- 10) How does the LWDA allocate its administrative costs to its funding streams for financial reporting?
- 11) When do LWDA's One-stop operators obligate and expend Individual Training Accounts funds?
- 12) Has there been staff turnover in the fiscal staff in the last year? What position? Was the staff replaced?
- 13) Describe how cash needs are determined. (For example, how often are funds drawn?)
- ◆ Does LWDA have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds?
- 14) Are One-stop operators on an advance or cash reimbursement basis?
- ◆ Is the payment by wire transfer or check?
- 15) Does the LWDA have a financial management system that provides records that can identify the source and application of funds for award-supported activities? Please describe.

- 16)** Does LWDA's financial system provide for the effective control over and accountability for all funds, property, and other assets (including, but not limited to comparison of expenditures with budget amounts for each award)?
- 17)** Are all disbursements properly documented with evidence of receipt of goods or performance of services?
- 18)** Are all bank accounts reconciled monthly?
- 19)** * In the last 12 months, has LWDA implemented new or substantially changed systems related to its federal grant management? If yes, please explain.
- 20)** Describe the method LWDA uses to support labor and benefit charges.

C) Annual Reporting Requests

General Information: Each state is required to submit an annual report to the U.S. Department of Labor by October 1 of each year for the previous program year's activities (July – June). The attached annual report narrative template is provided for use in collecting local activities that will be incorporated into the State's annual report. Please use the area below to describe successes achieved over the last year towards improved outcomes for employers and job seekers in your region. (Please note: ADWS is interested in learning about positive practices for replication around all areas of program implementation from small process improvements to major initiatives. Please feel free to submit any supporting material regarding your positive practice.)

Arkansas Workforce Centers

List of the locations workforce centers operated throughout the program year. Indicate if any new workforce centers were opened during the year and if any centers were closed. Indicate for each center the type of center it is, i.e., comprehensive, satellite, affiliate.

WIOA Implementation Activities

A description of the activities in which the local board has engaged to implement the Workforce Innovation and Opportunity Act (WIOA). The description should include partner engagement, partner and board meetings, and efforts to integrate services to employers and jobseekers.

Employer Services

A description of the programs and strategies for serving employers at the local level.

Innovative Service Delivery

A description of the local area's unique programs and recent accomplishments. The local area should highlight any innovative service delivery strategies, including program activities that support dislocated workers, low-skilled/low-income adults and disadvantaged youth.

Services to Targeted Populations

A description of the programs, initiatives, and strategies for serving Veterans at the local level, including a description of how veterans' priority of service is being implemented for all training programs. A description of efforts and strategies employed by the local board to increase enrollments of individuals on public assistance, disabled individuals, out-of-school youth, at-risk youth, ex-offenders, high-school dropouts and other groups that may be identified by the local board as priority populations.

- a) Not a high school graduate
- b) Veterans
- c) Low-Income Persons
- d) TANF Recipients
- e) Receives Public Assistance (not TANF)
- f) Ex-offenders
- g) Single Parent
- h) Displaced Homemaker
- i) UI Exhaustee
- j) Out-of-School Youth/High School Dropouts
- k) Basic Skills Deficient Youth
- l) Pregnant/Parenting Youth

Leveraging Resources

Efforts to Leverage Additional Resources – identify the local board's efforts to identify additional funding sources, including state and federal agencies, corporate and philanthropic foundations.

Continuous Improvement

A description of the local area's efforts for continuous improvement of the services offered in the Arkansas Workforce Centers through customer feedback.

Success Stories

The local area should highlight significant successes experienced by their customers and provide media releases for those individuals. Pictures of the individuals are highly encouraged and should be submitted as .jpeg file attachments.

Submission Instructions: Submit electronically to wioa@arkansas.gov. The annual report should be in an MS Word file. Pictures may be imbedded in the MS Word file; however, any pictures used shall also be submitted electronically as the original .jpeg file. Please submit no later than August 31, 2018.

The following Photo and Story Release Form is included for your convenience.

Photo and Story Release Form

I hereby grant the Arkansas Department of Workforce Services and/or Arkansas Workforce Development Board permission to use my likeness, voice, and information in a photograph, video, audio recording, and print in any and all of its publications, including Website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Arkansas Department of Workforce Services and/or Arkansas Workforce Development Board and will not be returned.

I hereby irrevocably authorize the above named agency(s) to edit, alter, copy, exhibit, publish or distribute this photo or story for purposes of publicizing the Arkansas Department of Workforce Services and/or Arkansas Workforce Development Board programs

or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising from or related to the use of the photograph or story.

I hereby hold harmless and release and forever discharge the Arkansas Department of Workforce Services and/or Arkansas Workforce Development Board from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)

D) Technical Assistance Needs

* Please use the area below to describe any training and/or technical assistance needs in your LWDA. Please include the topical area, specifics regarding the content to be provided and a suggested format for providing support (i.e. consultation, in-person training, virtual meeting or training, peer support, etc.)