

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 WIOA@arkansas.gov no later than close of business on September 30th of each program year. 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.
 - 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 at the email address above 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>).
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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.
 - 6) Please provide a copy of the materials (agenda, roster, minutes, voting records, etc.) for the most recent board meeting.
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One-Stop Operator and Title I Service Provider:

7) * 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

8) 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.)

9) 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):

10) * 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"/>

- 11) * 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 an 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 cost 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 quotes obtained?
- ◆ Has the equipment been included on an inventory listing?
- ◆ Please provide a list of current inventory.
- ◆ Does 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 does the LWDA's One-Stop Operator 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) What is the leave policy for fiscal staff?
- ◆ Is staff required to take vacation time each year?
 - ◆ Has any fiscal staff not taken any vacation in the last year? If so, who?
- 14) 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?
- 15) Is the One-Stop Operator on an advance or cash reimbursement basis?
- ◆ Is the payment by wire transfer or check?

- 16) 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.
- 17) 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)?
- 18) Are all disbursements properly documented with evidence of receipt of goods or performance of services?
- 19) Are all bank accounts reconciled monthly?
- 20) * In the last 12 months, has LWDA implemented new or substantially changed systems related to its federal grant management? If yes, please explain.
- 21) Describe the method LWDA uses to support labor and benefit charges.

C) Annual Reporting Requests

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.)

Specifically, also provide information on the following:

- 1) Progress made in achieving the state's strategic vision and goals, as described in the state's Unified or Combined State Plan, for developing its workforce and meeting employer needs in order to support economic growth and economic self-sufficiency.

- 2) Progress made in achieving the objectives in the local plan.

- 3) Progress made in implementing sector strategies and career pathways. The discussion may include: business engagement strategies, work-based learning (including apprenticeship), work experiences for youth and adults, transitional jobs, and incumbent worker training strategies and policies in the state.

- 4) Discussion of layoff aversion strategies, including any metrics/outcomes developed and/or tracked by the state with respect to layoff aversion, such as return on investment or measures showing the economic benefits of Rapid Response and layoff aversion.
- 5) Discussion of specific types of services or workshops provided to both companies and affected workers.
- 6) Any challenges the state workforce system faces, which may include policy, implementation, or other relevant challenge.
- 7) Any challenges the local workforce system faces, which may include policy, implementation, or other relevant challenge.
- 8) Please describe any projects or activities funded by the Governor's statewide funds, including Work-Based Learning and Regional and Sector Planning Funds.

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.)