

**ADULT ELIGIBILITY VERIFICATION CHECKLIST**

<b>Name: Last, First, Middle Initial</b>	<b>Social Security Number</b>	<b>Date</b>	<b>R/C/O/U</b>
_____	_____	_____	_____

**Employment:** \_\_\_\_\_ **Employed at Time of Application** \_\_\_\_\_ **Unemployed at Time of Application**

**GENERAL ELIGIBILITY FACTORS**

**VERIFICATION SOURCE USED**

**INITIALS & DATE**

SOCIAL SECURITY NUMBER	_____	_____
RESIDENCE	_____	_____
SELECTIVE SERVICE REGISTRANT	_____	_____
CITIZEN / RIGHT TO WORK	_____	_____
AGE	_____	_____
HIGHEST GRADE COMPLETED	_____	_____
VETERAN	_____	_____

**ECONOMIC ELIGIBILITY FACTORS**

TANF	_____	_____
SNAP	_____	_____
INCOME	_____	_____
HOMELESS PERSON	_____	_____
INDIVIDUAL WITH DISABILITY	_____	_____
JOB CORP	_____	_____
FAMILY SIZE	_____	_____

**HARD-TO-SERVE (BARRIERS)**

INDIVIDUAL WITH A DISABILITY	_____	_____
SCHOOL DROP OUT	_____	_____
OFFENDER	_____	_____
HOMELESS	_____	_____
COMMUNITY DEVELOPMENT	_____	_____
TARGET AREA	_____	_____
LIMITED ENGLISH	_____	_____

**CATEGORY OF SERVICES**

Recipient of Public Assistance	_____	_____
Basic Skills Deficient, including English Language Services	_____	_____
Low-Income (employed or unemployed)	_____	_____
Employed Worker Training Program (EWTP)	_____	_____

\_\_\_\_\_  
Signature of Career Center Staff

\_\_\_\_\_  
Print Name of Career Center Staff

\_\_\_\_\_  
Date Completed / Certification Date

## WIOA Eligibility Documentation

Please provide at least one of the documentation for each criterion noted.

### I. SOCIAL SECURITY NUMBER VERIFICATION (required)

---

- Original Social Security Card
- DD-214 Report of Separation
- Employment Records
- IRS Form Letter 1722
- Letter from Social Service Agency
- Pay Check Stubs
- Social Security Benefits
- W-2 Form
- Driver's License (some States, not Florida)
- Unemployment Records
- Passport
- School Records
- School/State or Federal Identification Card
- Applicant Statement (pseudo numbers only)

### II. RESIDENT ADDRESS VERIFICATION (required)

---

- Voter Registration Card
- Computer Printout from Government Agency
- Driver's License
- Food Stamp Award Letter
- Homeless – Primary Nighttime Residence
- Housing Authority Verification
- Insurance Policy (Residence or Auto)
- Landlord Statement
- Lease
- Letter from Social Service Agency or School
- Medicaid/Medicare Card
- Phone Directory
- Property Tax Record
- Public Assistance Record (AICI – CAP, SNAP & WIOA)
- Rent Receipt
- School Identification Card
- Selective Service Registration Card
- Utility Bill

**ATTACHMENT 11  
(EXHIBIT A)**

➤ Postmarked Mail Addressed to Applicant  
**III. DATE of BIRTH and AGE VERIFICATION (required)**

---

- Baptismal Record with Date of Birth
- Birth Certificate
- Completed and Signed I-9 Form
- DD-214
- Driver's License
- Federal, State, or Local Government ID Card
- Hospital Birth Record
- Passport
- Public Assistance/Social Service Record (**IQCM or AIID – CAP, SNAP & WIOA**)
- School Records/Identification
- Work Permit (if DOB shown)
- Cross-Match with Department of Vital Statistics, Tribal Records

**IV. SELECTIVE SERVICE/DRAFT STATUS VERIFICATION (applicable to males only)**

---

- DD-214
- Selective Service Status Information Letter
- Selective Service Registration Record (Form 3A)
- Selective Service Verification Form
- Stamped Post Office Receipt of Registration
- Internet Verification [www.sss.gov](http://www.sss.gov)
- Selective Service Registration Card
- Additional Document if it validates Selective Service Registration

**V. CITIZENSHIP/ALIEN STATUS VERIFICATION (required)**

---

- Baptismal Certificate with Place of Birth (U.S.)
- Birth Certificate (U.S.)
- DD-214
- Food Stamp Records
- Foreign Passport Stamped Eligible to Work
- Hospital Birth Record (U.S.)
- Naturalization Certification
- Public Assistance Records (**AIIA – CAP, SNAP & WIOA**)
- U.S. Passport
- Native American Tribal Document
- Alien Registration Card Indicating Right to Work
- School/State or Federal ID Card
- Completed and Signed I-9 Form (last resort)
- Social Security Card (Does not State Ineligible for Work)

**ATTACHMENT 11  
(EXHIBIT A)**

**VI. DISABILITY VERIFICATION (if applicable)**

---

- Letter from Drug or Alcohol Rehabilitation Agency
- Medical Records
- Social Service Records/Referral
- Physician's Statement
- Psychiatrist's Statement
- Psychologist's Diagnosis
- Rehabilitation Evaluation
- School Records
- Sheltered Workshop Certification
- Worker's Compensation Record
- Social Security Administration Disability Records
- Veterans Administration Letter/Records
- Vocational Rehabilitation Letter
- Applicant Statement/Self-Attestation (last resort)
- Social Service Records/Referral

**VII. MILITARY SERVICE/VETERAN/ELIGIBLE SPOUSE VERIFICATION (if applicable)**

---

- DD-214 (not dishonorable discharge)
- Military Document (ID, other DD form) Indicating Eligible Spouse
- Cross-Match with Veterans Database

**VIII. EMPLOYMENT INFORMATION (if applicable)**

- UCTC and JT12 Printout (CONNECT System)
- Telephone verification with the UC office
- Telephone verification with the UC office (other state)
- Applicant Statement (last resort)

**IX. EDUCATION LEVEL VERIFICATION (required)**

---

- Copy of Diploma or GED
- TABE Test or Generally Accepted Standard or Criterion-Referenced Test
- School Record
- School Verification
- Applicant Statement/Self-Attestation (with attempt documented in a case note)

**ATTACHMENT 11  
(EXHIBIT A)**

**X. Public Assistance (if applicable)**

---

- Public Assistance Records/Printout (**IQCH – CAP, SNAP & WIOA**)
- Copy of Authorization to Receive Cash Public Assistance
- Copy of Public Assistance Check
- Medical Card Showing Cash Grant Status
- Refugee Assistance
- Cross-match with Public Assistance Database
- Current Authorization to Obtain Food Stamps
- Letter from Food Stamps Disbursing Agency (**IQFS – CAP, SNAP & WIOA**)
- Postmarked Food Stamp Mailer with Applicable Name and Address
- Statement from Social Services Agency

**XI. Individual Barriers (if applicable)**

- Test Scores
- Staff Observation
- Copy of any Generally Accepted Standardized Test
- School Record of Reading and/or Math Skills Determined within the Previous 6 Months of Application

**XII. Homeless Verification (if applicable)**

---

- Written Statement from an Individual Providing Temporary Assistance
- Written Statement from Social Security Agency
- Applicant Statement/Self-Attestation, in limited cases

**XIII. Offender (if applicable)**

---

- Police Records
- Court Documents
- Halfway House Resident
- Letter of Parole
- Letter from Probation Officer
- Telephone Verification
- Documents from Juvenile/Criminal Justice
- Juvenile Justice System Case Notes
- Applicant Statement/Self-Attestation, in limited cases

XIV. Displaced Homemaker (if applicable)

- Divorce Decree or Legal Separation
- Death Certificate
- Employer Statement/Layoff Notice
- Public Assistance Records
- Court Records
- Applicant Statement

XV. Family-Income (required)

---

- **Family Size**
  - Public Assistance/Social Service Agency Records (AIHH – CAP, SNAP & WIOA)
  - Birth Certificate
  - Decree of Court
  - Disabled
  - Divorce Decree
  - Landlord Statement
  - Lease
  - Marriage Certificate
  - Medical Card
  - Most Recent Tax Return Supported by IRS Documents (eg. form letter 1722)
  - Public Housing Authority (if resident or on waiting list)
  - Written Statement from a Publicly Supported 24-hour Care Facility or Institution (e.g. mental, prison)
  - Telephone Verification
- **Family Income or Low-Income**
  - Alimony Agreement
  - Unemployment Insurance Documents and/or Printout
  - Award Letter from Veterans Administration
  - Compensation Award Letter
  - Court Award Letter
  - Employer Statement/Contact
  - Housing Authority Verification
  - Pay Stubs
  - Pension/Annuity Statement
  - Public Assistance Records (IQCH or IQFS – CAP, SNAP & WIOA)
  - Quarterly Estimated Tax for Self-Employed Persons (Schedule C)
  - Social Security Benefits
  - Telephone Verification
  - Business Financial Records
  - Worker's Compensation Records
  - Other Applicable Documentation, (specify)

ATLAS-Main Cat\* Section I- Second Cat\* Determination of Need for Language Assistance for  
Limited English Proficiency (LEP) Customers-Third Cat\* WIOA

**Determination of need for Language Assistance  
for Limited English Proficiency (LEP) Customers**

---

Customer's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

---

1. Spoken Language Preferred by Customer (check one): English  Spanish   
Haitian Creole  Other (specify) \_\_\_\_\_

2. Does Customer Need Language Assistance ? Yes  No

3. If yes to #2 above, method to be utilized to provide assistance (check below):
- Services will be provided by staff that speaks the language of preference indicated by the customer.
  - The service provider has a certified interpreter on staff that speaks the language of preference indicated by the customer who will be available when the customer needs any service.
  - Interpreter services will be provided through telephone interpreter lines because language identified cannot be accommodated through interpreters on staff.
  - Interpretation will be provided by a family member or friend (see attached approval form).
- 

Service Partner \_\_\_\_\_

Service Location \_\_\_\_\_

Career Advisor \_\_\_\_\_

ATLAS-Main Cat\* Section I- Second Cat\* Authorization for LEP Customer to use a family member or friend as an Interpreter- Third Cat\* WIOA

**AUTHORIZATION FOR LEP CUSTOMER TO USE  
A FAMILY MEMBER OR FRIEND AS AN INTERPRETER**

Customer's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Customer Statement Declining Free Interpretation Services**

I (name of LEP customer) \_\_\_\_\_ understand that free interpreter services are available to me and I am declining these services. I am further requesting that my (check one) () friend () relative named \_\_\_\_\_ be authorized to provide interpretation for me. This authorization will remain in effect until such time that I notify the service provider whose name appears below, in writing, of any changes. I may provide this notification in my preferred language.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**One Stop Career Center manager/Project Director authorization**

The above named customer has been informed of the opportunity to free interpreter services, has declined such services , and has requested to use the family member or friend named above as an interpreter. I have reviewed the request, considered any violations of the customer's confidentiality and other factors adversely affecting the customer's meaningful access to services, and have determined that the family member or friend whose name appears below will be allowed to provide interpretation for the customer.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to customer

\_\_\_\_\_  
Signature of center manager or project director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Service Partner



**AUTHORIZATION TO OBTAIN CONFIDENTIAL INFORMATION**

**SECTION I - GENERAL CONSENT**

Participant's Name: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_

I acknowledge that by signing this form, I am authorizing the CareerSource South Florida (CSSF) center staff to obtain confidential information, which may include information related to a minor child (if applicable).

I authorize CSSF center staff to obtain confidential information from the following person or agency \_\_\_\_\_.

This authorization will remain in effect until the expiration date indicated below.

I herewith release any person, agency or institution from any and all liability to me for supplying such information.

**SECTION II - INFORMATION TO BE RELEASED**

Check one of the following boxes:

- Release all of my record
- Release only the following information:

*Participant must initial each item to be released*

- \_\_\_\_ Protected health information
- \_\_\_\_ Public assistance records
- \_\_\_\_ Vocational rehabilitation assessment or evaluation tools
- \_\_\_\_ Social security numbers
- \_\_\_\_ Date of birth
- \_\_\_\_ Telephone numbers
- \_\_\_\_ Other (please specify): \_\_\_\_\_

**SECTION III - EXPIRATION**

This authorization expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: A two (2) year expiration date is required in order to receive employment information*

**SECTION IV - SIGNATURE**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (If participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

*\*Please note that if this is a two-parent family case both participants must give authorization for the release of information when the record pertains to both.*

**SECTION V CSSF CENTER INFORMATION**

CSSF center Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

**SECTION I – GENERAL CONSENT**

Participant's Name: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_

I acknowledge that by signing this form, I am authorizing the CareerSource South Florida (CSSF) center staff to release confidential information, which may include information related to a minor child (if applicable).

I authorize CSSF center staff to release confidential information to the following person or agency \_\_\_\_\_.

This authorization will remain in effect until the expiration date indicated below.

I herewith release any person, agency or institution from any and all liability to me for supplying such information.

**SECTION II – INFORMATION TO BE RELEASED**

Check one of the following boxes:

- Release all of my record
- Release only the following information:

*Participant must initial each item to be released*

- \_\_\_\_\_ Protected health information
- \_\_\_\_\_ Public assistance records
- \_\_\_\_\_ Vocational rehabilitation assessment or evaluation tools
- \_\_\_\_\_ Social security numbers
- \_\_\_\_\_ Date of birth
- \_\_\_\_\_ Telephone numbers
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

**SECTION III – EXPIRATION**

This authorization expires on: \_\_\_/\_\_\_/\_\_\_

**SECTION IV – SIGNATURE**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

*\*Please note that if this is a two-parent family case both participants must give authorization for the release of information when the record pertains to both.*

**SECTION V CENTER INFORMATION**

CSSF center Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**AUTHORIZATION TO OBTAIN CONFIDENTIAL EMPLOYMENT INFORMATION**

**SECTION I - GENERAL CONSENT**

Participant's Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

I acknowledge that by signing this form, I am authorizing the CareerSource South Florida (CSSF) center staff and/or CSSF staff (including, but not limited to, the Independent Monitoring Office), to obtain employment and wage record information from any current or future employer while I am a participant in a CSSF funded program and up to 24 months after the end date of my participation in the program.

I authorize CSSF center staff to obtain confidential information from the following person or agency \_\_\_\_\_.

This authorization will remain in effect until the expiration date indicated below.

I herewith release any person, agency or institution from any and all liability to me for supplying such information.

**SECTION II - INFORMATION TO BE RELEASED**

- Participant's job title
- Job start date
- Hours worked per week
- Beginning wage
- Current employment status
- Current wage
- Job end date
- Benefits available to participant in current job

**SECTION III - EXPIRATION**

This authorization expires on: \_\_\_/\_\_\_/\_\_\_

Note: A two (2) year expiration date is required in order to receive employment information for follow-up purposes.

**SECTION IV - SIGNATURE**

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Center staff \_\_\_\_\_

Date \_\_\_\_\_

**SECTION V CSSF CENTER INFORMATION**

CSSF center Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

ATLAS- Main Cat\* Section I – Second Cat\* Applicant Statement- Third Cat\* General

APPLICANT STATEMENT

Applicant Name: \_\_\_\_\_

Last 4 Digits of the Social Security Number: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I \_\_\_\_\_

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

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following eligibility criteria:

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

\_\_\_\_\_  
CSSF center Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICANT STATEMENT  
(SELECTIVE SERVICE)

Applicant Name: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_

I hereby certify, under penalty of perjury, that I \_\_\_\_\_

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

If applicant cannot obtain a satisfactory witness or provide a telephone contact, explain above.

I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for immediate termination and/or penalties as specified by law.

\_\_\_\_\_  
Applicant signature and date

\_\_\_\_\_  
Corroborating witness signature and date

\_\_\_\_\_  
Applicant address

\_\_\_\_\_  
Witness' relationship to applicant

OFFICE USE ONLY

The above applicant statement is being utilized for documentation of the following eligibility criteria:

\*\*\*\*Lack of Selective Service Registration was not knowing or willful\*\*\*\*

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

\_\_\_\_\_  
One Stop representative Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ATLAS-Main Cat\* Section I-Second Cat\*CSSF South Florida Grievance Procedures and Statewide Discrimination-Third Cat\* General



## CareerSource South Florida Grievance Procedures and Statewide Discrimination-Complaint Processing Information

### Introduction to Complaints and Grievances

In accordance with 20 CFR 667.600, each local area, state and direct recipient of funds under Title I of WIA must establish and maintain a procedure for grievances and complaints. The Department of Economic Opportunity (DEO) is responsible for implementing policy in the areas of workforce development, welfare transition, unemployment compensation, labor market information, early learning and school readiness. The Florida Administrative Code, Chapter 60BB-1, mandates that grievance and hearing procedures be in place for grievances under the Welfare Transition (WT), Workforce Investment Act (WIA), the Trade Adjustment Assistance (TAA) Program, Supplemental Nutrition Assistance Program (SNAP) Program and/or Wagner-Peyser (WP), which allege a violation of participants' rights.

As a customer/applicant/participant/interested party you have the right to file a grievance or discrimination complaint if you feel you have been treated unfairly in connection with any workforce program overseen by CSSF. You are being given a copy of these Grievance Procedures and informed how to obtain a copy of the Statewide Discrimination Complaint Processing Procedures. You are also asked to sign an Acknowledgement of Receipt of the Grievance Procedures (Attachment 2)

Please note that the term "grievance" and these procedures do not apply in cases involving possible discrimination. For a description of the procedures that apply to discrimination complaints, see Section VI, below.

### PROCEDURES

The CareerSource South Florida's Grievance Procedures shall be made readily and visibly available at the front desk of each Center for all customers visiting the Center.

CSSF serves as the administrative and fiscal entity for the WIA, TAA, SNAP and WT programs. If you have a grievance arising out of a program provided by a CSSF service partner, CSSF will try to resolve the matter informally. If the matter cannot be resolved, the following procedures have been adopted to provide you with a mechanism to address your grievance. The **FIRST** step is to try to settle your grievance with your Career Advisor, Counselor or their immediate supervisor(s). If you are not satisfied with the results, you may contact the Customer Service Unit at (305) 594-7615 (voice) or (305) 470-5529 TTY/TDD.

This section provides standard procedures for the filing and processing of grievances against an employee, policy, WT, SNAP, TAA or the WIA Title I program administered by the CSSF. It is the responsibility of all WT, TAA and/or WIA Title I Program Partners and Service Partners to establish a climate in which an employee's, job seeker's, customers, applicants or interested party's problem may be promptly presented, discussed and given fair and timely consideration. These procedures provide for prompt and equitable resolution of such grievances. The confidentiality of the grievance and any actions resulting from it are to be safeguarded.

**ATTACHMENT 19  
(EXHIBIT A)**

**I. Grievances Covered by These Procedures**

**A. These procedures cover the CSSF applicants/customers/participants/interested parties listed below:**

1. Job Seekers who have been denied access to a WIA intensive or training service for reasons other than unlawful discrimination.
2. WT Program participants who have been denied an education, training or support service, or whose request for same has been delayed, or whose education, training or support service has been changed, reduced, or terminated, for reasons other than unlawful discrimination. WT Program participants whose request for an extension or deferral or hardship exemption from the time limits prescribed by law has been denied for reasons other than unlawful discrimination.
3. Refugee Employment & Training Program (RETP) participants who have been denied an education, support training or employment opportunity for reasons other than unlawful discrimination.
4. SNAP support service recipients who have been denied their reimbursement for support services for reasons other than unlawful discrimination.
5. Any interested party adversely affected by a decision or action by the CSSF System, including decisions by Service Partners, in connection with the WT, TAA or the WIA Title I program administered by CSSF, for reasons other than unlawful discrimination.

CSSF provides job seekers with access to programs and services operated and administered by other State, local agencies and organizations. If you have a grievance about the programs or services of one of the co-located partners (such as DEO, Department of Children & Families, Job Corps, Unemployment Compensation, Veterans, etc.), you may need to process your grievance in accordance with the rules and procedures in place for that organization or entity. You should approach the manager for the partner program against which you would like to lodge a grievance or ask your Career Advisor to identify the correct program partner.

**B. You may file a grievance if:**

1. You have a grievance regarding the programs operated by CSSF if you feel your rights have been violated or you believe you have been adversely affected with regard to a program operated by CSSF for reasons other than unlawful discrimination.
2. You are registered or enrolled in a program under the WIA or WT and have asked for a program service or benefit and have been denied the service or benefit in whole or in part, whether by written denial notice or not, for reasons other than unlawful discrimination.
3. You are an On the Job Training, Paid Work Experience (PWE), Customized Training, or other Training Partner (pursuant to WIA Title I or the TAA) customer whose eligibility has been wrongfully denied or terminated by a Center Operator for reasons other than unlawful discrimination.
4. You are a participant (pursuant to WIA Title I or the TAA) and have been sanctioned for use of a controlled substance for reasons other than unlawful discrimination.
5. You are a regular employee or a WIA, TAA, WT or SNAP program participant who has been displaced by a WIA, TAA, WT or SNAP program participant for reasons other than unlawful discrimination.

**ATTACHMENT 19  
(EXHIBIT A)**

6. You are a Center partner or service partner under WIA, TAA, WT and you have been adversely affected by the CSSF Center system for reasons other than unlawful discrimination.
7. You are a WT participant who has been wrongfully sanctioned for non-compliance with work activities for reasons other than unlawful discrimination.
8. Whenever CSSF, or a service partner CSSF oversees, makes a decision that affects your support services, education, training, or work activity assignment, you may grieve the decision through the informal and/or formal processes outlined below.

**II. Grievances Not Covered by These Procedures**

**A.** The WIA, TAA, SNAP and WT programs are not entitlement programs. This means that even if you fit the description of individuals who may be eligible to receive services under those programs you still may be denied access to the program or denied a specific service allowable under the program rules. This is not considered a violation of the law. This may happen because:

1. The Region may not have sufficient funds to enroll you or any other participant into a program or provide you or any other participant with a service at the time that you apply or need the service. If a freeze in funding for the program or service at issue is imposed by the Regional Board, the State of Florida or the Federal government, there would be no grounds upon which to file a formal grievance. You may obtain a copy of the applicable local, state or federal action freezing such funds upon request.
2. Local areas have the flexibility to decide the types and mix of services to offer in their localities. These decisions are made locally by the governing boards for CSSF. The governing boards for the CSSF may have decided not to offer a particular benefit or service. In such instances there would be no grounds upon which to file a formal grievance. You may obtain a copy of the applicable policy upon request.
3. Under the WIA there are eligibility requirements and prioritization criteria. Individuals who are seeking services, but who do not meet the eligibility or prioritization criteria, cannot be served with these funds. The priority criteria can be provided to you upon request. If you do not dispute the fact that you do not meet the eligibility or prioritization criteria, you do not have grounds for a formal grievance. If you wish to show that you do meet the applicable criteria, you may file a formal grievance.
4. Local Workforce Boards have the flexibility to impose requirements or to develop policies and procedures applicable to the programs and services. A policy that has been adopted may restrict access to a program or service or may limit the availability of the program or service. In such instances, there would be no grounds upon which to file a formal grievance. You may obtain a copy of the applicable policy upon request.

*Note: If you are denied services for one of these enumerated reasons, you may still follow the informal grievance procedures prescribed, but may not be entitled to a hearing before a Hearing Officer.*

**B.** 20 CFR 667.630 describes the process for reporting complaints and/or reports of criminal fraud and abuse. Complaints/reports must be reported immediately to the USDOL (U.S. Department of Labor) Office of Inspector General, Office of Investigations, Room S5514, 200 Constitution Avenue NW, Washington, D. C. 20210.



## ATTACHMENT 19 (EXHIBIT A)

The complaints or report may also be mailed to:

USDOL South East Regional Inspector General for Investigations, Office of Investigations, Sam Nunn Atlanta Federal Center, 61 Forsyth Street, SW, Suite 6T1, Atlanta, Georgia 30303 with a copy simultaneously provided to the Employment and Training Administration.

Reports or complaints alleging criminal fraud and abuse may also be reported through USDOL's Hotline at 1-800-347-3756 (voice) or 800-877-8339 (Federal Relay Service -- for TTY/TDD).

- C. If you are a Welfare Transition participant and your TANF cash assistance eligibility or cash benefit of food stamps or Medicaid has been reduced or terminated, and you disagree with the action taken against you, but do not believe the action was taken for reasons of unlawful discrimination, you must file a grievance with the local Department of Children and Families Office. Your Case Manager can help to direct you to the right agency and can supply you with the address and phone number.
- D. If you are a SNAP participant and your food stamp eligibility or benefit entitlement has been reduced or terminated, and you disagree with the action taken against you, but do not believe the action was taken for reasons of unlawful discrimination, you may file a grievance with the local Department of Children and Family Services. Your Case Manager can help to direct you to the right agency and can supply you with the address and phone number.
- E. If you have been adversely affected by a decision or action made by the DEO or a State administrative entity as a result of your participation in WT Program, or the WIA Title I program administered by the CSSF, but do not believe the decision or action was taken for reasons of unlawful discrimination, you must file your grievance at the State level. If you file your grievance with CSSF, the agency will forward your grievance to the appropriate entity for action. The entity shall have sixty (60) days to handle the grievance. The sixty (60) day time period will begin to run upon receipt of the grievance.
- F. If you are a WT Program participant and you have a grievance related to service delivery of TANF-funded work activities, Alternate Plan Requirements, support services, diversion programs and other workforce functions provided under WIA, but do not believe the action was taken for reasons of unlawful discrimination, you must file your grievance with DEO.
- G. CSSF does not hear complaints related to discrimination, and health and safety. For information on what to do if you believe you have a complaint in relation to discrimination, and/or health and safety, please refer Article VII below.

### III. Informal Resolution Procedures

- A. This is generally the most expedient way to obtain a remedy. It is recommended that you attempt to resolve your grievance informally, first. The informal process is composed of four (4) steps. However, if at any time during this process, you believe that you have not attained a satisfactory remedy, then you may request a formal hearing.
- B. If you are a participant and want to pursue the informal grievance process, then proceed as follows:
  - 1. Address the issue with your Case/Career Manager.
  - 2. If the problem is not resolved, you may request a meeting with the Lead Case Manager. The Lead Case Manager must meet with you within twenty-four (24) hours or the next business day, if there is an intervening weekend or holiday.

**ATTACHMENT 19  
(EXHIBIT A)**

3. If the meeting with the Lead Case Manager does not result in a satisfactory remedy, you may request a meeting with the Center Manager. This meeting will be set or held within three (3) working days of the receipt of your request to meet with the Center Manager. The Lead Case Manager will schedule this meeting.
  4. If the issue is still not resolved, or if you wish to skip Steps 1, 2 and 3, then you may proceed to file a request to meet with a representative from the CSSF's Customer Service Unit by completing the Written Grievance Form.
- C. In order to file a written request for an Informal Resolution Meeting Form, please complete the **Written Grievance Form, Attachment 1**. Be sure to complete as much of the information requested, including the contact information so that you can be reached to set up the meeting. The form can also be obtained from the CareerSource South Florida's Executive Offices at 7300 Corporate Center Drive, Suite 500, Miami, Florida 33126-1234 or at any of the Centers in Miami-Dade and Monroe counties listed at the CareerSource South Florida website at [www.careersourcesfl.com](http://www.careersourcesfl.com) or you may use a plain sheet of 8 ½ x 11 letter size paper and include as much of the information listed below as you possibly can:
1. All grievances must be put in writing.
  2. All grievances should be signed and dated.
  3. All grievances should include your name, a contact address, and a contact telephone number.
  4. The request submitted should be signed by the person filing the grievance or his/her representative and should be an original if possible. If you are faxing your grievance, make sure to mail the original within five (5) days of the fax.
  5. All grievances should include a statement regarding the law you think was violated and/or the reason you think you are entitled to the service or benefit which has been denied, delayed, reduced, changed, or terminated.
  6. Your grievance should state the remedy you are seeking.
  7. Grievances should be no longer than five (5) pages, not including any exhibits or attachments you want the Hearing Officer to review.
  8. If you have a disability which requires an accommodation, or if you are a non-English speaker and require an interpreter, include a statement in writing of the accommodation needed, along with the grievance. CSSF will attempt to make the reasonable accommodations.

You may hand deliver the Written Grievance Form, fax or mail it to:

**CareerSource South Florida**  
**Attn: Customer Service Unit**  
**7300 Corporate Center Drive, Suite 500**  
**Miami, FL 33126-1234**  
**Fax: (305) 470-5519**

*Note: Please do not phone-in your request. All Formal Grievances must be submitted in writing. A decision must be made within sixty (60) days of the filing of your Written Grievance.*

**ATTACHMENT 19**  
**(EXHIBIT A)**

An informal meeting with the Customer Service Unit will be set or held three (3) business days from the time of receipt of the Written Grievance Form, or if the agency is unable to contact you, three (3) business days from the date you are located.

*If the issue(s) are resolved during any stage of the informal meeting with the Customer Service Unit, a written agreement will be generated and everyone will be asked to sign it. This will formally bring closure to your grievance.*

**IV. Formal Grievance Procedures**

If the problem is not resolved through the informal meetings with the Customer Service Unit and you still want to pursue your grievance, you will be asked to sign a request for a formal hearing by the Customer Service Unit.

**A. When you sign a request for formal hearing:**

1. The Customer Service Unit will immediately date stamp the signed formal hearing request form, and forward it to CSSF's Equal Opportunity Officer (EOO). The EOO proceeds to select a Hearing Officer, schedule the date and time of the formal hearing proceedings, and notify all pertinent parties via a written notice.
2. You and your representative, if you have one, will be sent a written notification informing you of your hearing date, as well as the time and location of the hearing. The hearing will be held at the CSSF Executive Offices unless you request, in writing, that the hearing be held at your Center.
3. A written decision will be issued within thirty-five (35) days of the date the request for hearing is received by the Hearings Officer.
4. The notice of hearing will be sent by certified mail, return receipt, at least fifteen (15) calendar days prior to the date of the hearing.
5. If you are participating in a program at the time of the filing of your grievance, your receipt of services will not be affected by the filing of a grievance.

**B. Your notice will advise you of the following:**

1. The date, time and place of the hearing and instructions as to how you may request needed accommodations, including an interpreter, at no cost to you;
2. The pertinent sections of the WIA, TAA, WT or SNAP or any other federal regulations, program law, rule, or policies involved;
3. Your right to present witnesses and to ask that the staff, your counselor, case manager and/ or the supervisor or other CSSF's contractor or staff whom you would like to question or whose testimony you would like the hearing officer to listen to appear at the hearing. CSSF will do its best to assure that the contractor or staff whom you request be present at the hearing appear on the appointed date. However, witnesses, staff, your counselor, case manager and/or supervisor need not be present for the Hearing Officer to render a decision.
4. Your right to have someone else, an attorney or another representative which you designate, to represent you at the hearing or to speak for you at the hearing including the questioning of the staff involved in the adverse decision affecting you;

**ATTACHMENT 19  
(EXHIBIT A)**

5. Your right to obtain, free of charge, a copy of your file or other related documents that you think might help your case. CSSF will not provide copies of the law but will provide you with a copy of the CSSF or contractor policy which is the subject of the dispute if you so request and have not already received a copy;
6. Your right to present documentary evidence, testimony, and arguments to support your position at the hearing as well as to cross examine witnesses;
7. The Hearing Officer's right to dismiss the grievance if you or your representative fail to appear for the hearing without good cause;
8. That the Hearing Officer will conduct the hearing informally, and will make a decision based on the facts and evidence as presented.
9. The Hearing Officer will decide on the admissibility of testimony or evidence ;
10. That a written decision will be rendered within sixty (60) calendar days of receipt of your written grievance;
11. Where and how you can appeal the decision if you do not agree with the outcome;
12. That the parties (you and CSSF) can agree to an extension of the sixty (60) day time period if either party needs more time and the other party agrees;
13. That CSSF will make arrangements in advance to record, transcribe, or otherwise preserve the hearing proceedings and that you will be provided with a copy of the recording (tape) at no charge upon a showing of indigence for a transcript of the hearing. Each party desiring a copy of the transcript must pay for the transcript. Indigent persons may follow the procedures set forth in F.A.C Section 60BB-1007 (4) and (5) to obtain a transcript at no cost; and
14. That if you allege a labor standard violation, you may submit your grievance for binding arbitration if the relevant collective bargaining agreement allows for the use of that procedure.

**V. Hearing Appeals**

- A. You may file an appeal with DEO if:
  1. A hearing has been conducted and either party is dissatisfied or has been adversely affected by the Hearing Officer's decision;
  2. If a hearing was not conducted within sixty (60) calendar days from receipt of the grievance; or
  3. If a hearing was conducted, but a decision was not issued within the mandated sixty (60) calendar days' time period.
- B. The appeal should be concise (if possible, not to exceed five (5) pages which does not include exhibits and attachments) and shall be sent by certified mail, return receipt to the DEO Office of General Counsel, Caldwell Building, MSC 110, 107 East Madison Street, Tallahassee, FL 32399-4128.

**ATTACHMENT 19  
(EXHIBIT A)**

- C. To the extent possible, the appeal request shall state the facts, laws, procedures, etc. that the grievant believes to be relevant for review. The appeal must be filed with DEO within thirty (30) calendar days of receipt of the Hearing Officer decision or within thirty (30) calendar days after the required 60-calendar day timeframe for CSSF to act has elapsed. The request shall include the grievants' address where official notices will be mailed.
- D. The state can remand the grievance back to CSSF to hold a hearing or impose other remedies to resolve the grievance.
- E. Under WIA regulations, 20 CFR Section 667.610, if the RWB or the State has not issued a decision on a case that does not deal with allegations of unlawful discrimination within the required 60 calendar-day timeframe, the grievant can file an appeal to the USDOL. The appeal must be filed with the USDOL no later than 120 calendar days of the filing of the grievance with the State, or the filing of the appeal of a local grievance with the State. A copy of the appeal must be simultaneously provided to the appropriate Regional Administrator and the opposing party. The Request for Review/Appeal must be submitted by certified mail, return receipt to: Secretary, U.S. Department of Labor, Washington, D.C. 20210, Attention ASET.

**VI. Complaints Related to Discrimination or Health and Safety -**

**A. Discrimination**

The complaint procedures for charges of discrimination are separate and distinct from the grievance procedures outlined elsewhere in this document. A complaint of alleged discrimination may be filed by any person, including (but not limited to) any employee, applicant for employment, or customer of a Center, Center operator, training provider, or other program or activity that is offered through the Center system, who feels he or she, or any specific "class of individuals" (group of people), has been subjected to unlawful discrimination by a program or activity offered through the Center system, or by the DEO or CSSF. Discrimination on the basis of race, color, disability, religion, sex, national origin, age, marital status, political affiliation or belief, participation in any WIA Title I financially assisted program or activity, or on the basis of citizenship or status as a lawfully admitted immigrant authorized to work in the United States is prohibited under federal and/or state laws.

CSSF does not hear complaints of discrimination at the local level. If you believe that you have, or someone you know has, been subjected to unlawful discrimination, please refer to the Statewide Discrimination Complaint Processing Procedures. Said procedures may be obtained at the DEO website at:

[http://www.floridajobs.org/civilrights/ocr\\_complaint.html](http://www.floridajobs.org/civilrights/ocr_complaint.html)

Further information regarding your rights and responsibilities related to nondiscrimination and equal opportunity can also be accessed through the DEO website listed above.

Remember, your CSSF Career Advisor can assist you in identifying the correct agency or department to direct your inquiries and complaints regarding discrimination matters.

**B. Health and Safety Issues**

Health and safety standards which have been established under both Federal and/or State law which apply to the working conditions of employees are also applicable to participants of programs and activities under WIA Title I and participants in employment activities. **CSSF does not hear complaints related to health and safety.** If you have a complaint related to a health or safety matter, you may file the complaint with:

**ATTACHMENT 19  
(EXHIBIT A)**

Department of Economic Opportunity  
Office of General Counsel  
Caldwell Building, MSC 110  
107 East Madison Street  
Tallahassee, Florida 32399-4128  
(850) 245-7150  
Florida Relay Service: 711

You may also file a health and safety complaint with:

U.S. Department of Labor  
Occupational Safety and Health Administration  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
<http://www.osha.gov/as/opa/worker/index.html>  
1-800-321-OSHA (6742) (voice) or  
TTY 1-877-889-5627

**IMPORTANT:** If you file your health and safety complaint with the U.S. Department of Labor, you must also send a copy of the complaint to DEO at the above address.

For more information regarding health and safety issues you may go to the Occupational Safety and Health Administration's Website at <http://www.osha.gov> or the Florida Department of Health Website at <http://www.doh.state.fl.us>.

Forms attached



**ATTACHMENT 19  
(EXHIBIT A)**

**Written Grievance Form**

Check only one:  Workforce Investment Act (WIA)  
 Welfare Transition Program  
 Refugee Employment and Training Program  
 Other (describe): \_\_\_\_\_

<b>Participant Information</b>		
Last Name		First Name
Social Security Number <i>See the note at the bottom of this form.</i>	Address	City/Zip
Telephone	Other Telephone	
Center/Agency/Organization:	Center/Agency Address:	
Telephone:	Case/Career Advisor:	
Please explain why you would like an Informal Resolution Meeting		
<b>Mail Form To:</b>		
CareerSource South Florida (CSSF) 7300 Corporate Center Drive, Suite 500 <u>Attention: Customer Service Unit</u> Miami, FL 33126-1234		
If you have any questions or would like to speak with a Customer Service Representative, please call (305) 594-7615 (voice) or (305) 470-5529 (TTY/TDD).		
<b>FOR OFFICE USE ONLY</b>		
Customer Service Representative (Print Name):	Date Informal Resolution Meeting Request Received:	
Signature	Informal Resolution Meeting Held? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>PARTICIPANT</b>		
This Informal Resolution Meeting <b>HAS</b> resolved my issues: <input type="checkbox"/> Y <input type="checkbox"/> N		
This Informal Resolution Meeting <b>HAS NOT</b> resolved my issue(s), and I request a FORMAL Hearing <input type="checkbox"/> Y <input type="checkbox"/> N		
Participant Signature/Date:	Customer Service Rep Signature/Date:	
Date Forwarded to E.O. Officer:		

**Note:**

**Privacy Act Statement:** Disclosure of your social security number is voluntary. It is requested pursuant to section 119.071(5)(a)2, *Florida Statutes*. Your social security number will be used for customer identification only.

*CareerSource South Florida is an equal opportunity employer / program. Auxiliary aids & services are available upon request to individuals with disabilities. All voice telephone numbers in this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.*



**ATTACHMENT 19  
(EXHIBIT A)**

**Acknowledgement of Receipt of the Grievance Procedures**

Note to: CareerSource South Florida (CSSF) Service Partner Case Manager

Please complete this form together with your participant. Place the original in the participant's file. You may give a copy to the participant.

I certify that I have received a copy of the CareerSource South Florida's Grievance Procedures.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date





# Equal Opportunity is the Law

ATTACHMENT 20  
(EXHIBIT A)

**It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:**

- against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA Title I-financially assisted program or activity.

**The recipient must not discriminate in any of the following areas:**

- deciding who will be admitted, or have access to, any WIA Title I-financially assisted program or activity;
- providing opportunities in, or treating any person with regard to, such a program or activity; or
- making employment decisions in the administration of, or in connection with, such a program or activity.

### What to Do If You Believe You Have Experienced Discrimination

**If you think that you have been subjected to discrimination under a WIA Title I-financially assisted program or activity**, you may file a complaint within 180 days from the date of the alleged violation with either:

<p><b>Veronica Owens, Equal Opportunity Officer</b>     or     <b>The Director</b>  <b>Office for Civil Rights (OCR)</b>  <b>Department of Economic Opportunity</b>  Caldwell Building - MSC 150  107 East Madison Street  Tallahassee, Florida 32399-4129</p>	<p><b>Civil Rights Center (CRC)</b>  <b>U.S. Department of Labor</b>  200 Constitution Avenue NW  Room N-4123  Washington, DC 20210</p>
--	---

If you file your complaint with the Office for Civil Rights (OCR), you must wait either until the OCR issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (CRC). (See the address above.)

If the OCR does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the OCR to issue that Notice before filing a complaint with the CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the OCR).

If the OCR gives you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with the CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

For more information or to file a complaint, contact

Office for Civil Rights  
Department of Economic Opportunity  
Caldwell Building – MSC 150  
107 East Madison Street  
Tallahassee, Florida 32399-4129  
Phone: 850-921-3205

Fax: 850-921-3122     E-mail: [Civil.Rights@deo.myflorida.com](mailto:Civil.Rights@deo.myflorida.com)

TTY via the Florida Relay Service (FRS): 711

**An equal opportunity employer/program**  
**Auxiliary aids and services are available upon request to individuals with disabilities**

# Individual Employment Plan

## General Information:

Plan ID:

User ID:

Name:

Plan was started on:

Plan was started in office location:

Plan closed on:

**ATTACHMENT 21  
(EXHIBIT A)**

Goals and Objectives Established:

Goal #	Program Affiliation (s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status

Goal Description:

Objectives to Goal #1

Objective	Date Established	Review Date	Program	Staff	Status

Comments:

Goal #	Program Affiliation (s)	Type of Goal	Term of Goal	Date Established	Estimated Date of Completion	Actual Completion Date	Status

Goal Description:

Objectives to Goal #2

Objective	Date Established	Review Date	Program	Staff	Status

Comments:

Comments:

Comments:

---

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

ATLAS-Main Cat\* Section III- Second Cat\* Support Services-Third Cat\* Select one of following Bus Pass or  
Token/Car Insurance/Child Care/Drivers License/Gas Card/Transportation Log or Other

**SUPPORTIVE SERVICES FOR WIOA ADULT/DISLOCATED WORKERS FORM**

PARTICIPANT'S NAME: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

WIA INTENSIVE/TRAINING SERVICES ACTIVITY: \_\_\_\_\_

**TYPE OF SUPPORTIVE SERVICES NEEDED:**

A. CHILD CARE REFERRAL TO (AGENCY NAME): \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ DOB \_\_\_\_\_  
CHILD NAME: \_\_\_\_\_ DOB \_\_\_\_\_  
CHILD NAME: \_\_\_\_\_ DOB \_\_\_\_\_

B. TRANSPORTATION ALLOWANCE TYPE: (check one)

BUS PASS  BUS TOKENS  GAS CARD

JUSTIFICATION: \_\_\_\_\_  
\_\_\_\_\_

C. OTHER SUPPORTIVE SERVICES: (i.e. uniforms, tools, etc.)

TYPE: \_\_\_\_\_

JUSTIFICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAREER ADVISOR PROVIDING SUPPORTIVE SERVICES TO WIA PARTICIPANT:**

I certify that the service(s) specified above was/were provided to the participant named above through a supportive services voucher issued through the CareerSource South Florida support system and/or through referral to the child care agency (attach documentation) and that this service(s) is/are needed to enable the participant to participate in WIA intensive/training services.

\_\_\_\_\_  
(Print Name) (Signature) (Date)

ONE STOP CENTER OPERATOR: \_\_\_\_\_

**PARTICIPANT CERTIFICATION OF SERVICES RECEIVED:**

I certify that I received the supportive services named above and that I am unable to obtain these supportive services through other programs.

\_\_\_\_\_  
(Print Name) (Signature) (Date)



**ADMINISTRATIVE CHECKLIST FOR CONTRACT COMPLIANCE  
SELF-ASSESSMENT QUESTIONNAIRE**

**Program Year:** \_\_\_\_\_

**Agency's Fiscal Year Ending:** \_\_\_\_\_

**Agency name, address, e-mail, telephone and fax numbers:**

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

This certification is to assure CareerSource South Florida (CSSF) that the contracted Agency has adequate administrative procedures in place to ensure that funds disbursed by CSSF will be safeguarded as outlined in the Office of Management and Budget (OMB) Circulars and the Code of Federal Regulations (CFR). This certification is not a waiver concerning Administrative, Programmatic, or Quality Assurance Monitoring. CSSF reserves the right to conduct on site monitoring of contracted Agencies, as it deems necessary.

Please answer all questions by checking off the applicable box. If you need to provide additional information or cannot respond to a question, please attach an explanation on a separate page or contact Dulce M. Quiñones, CFE, CFSA, FCWP-1, Contracts Compliance Supervisor, CSSF Office of Continuous Improvement (OCI) at (305) 929-1530.

A letter precedes each of the items in this tool as follows:

- M =** Mandatory or required item denotes items that are the minimum standards and for which full compliance is required.
- R =** Recommended item or denotes best practice items that, while not required, are considered best practice in the administration of grants.

**Please provide a brief explanation on any negative response indicated.**

**Prior Assessments & Corrective Actions**

*Objective:*

*To determine the Agency's prior performance and its ability to implement new procedures as needed to improve management and meet contractual requirements.*

**M** – Review last year's assessments of the Agency's Administration and answer the following questions:

**M** - Were the prior assessment results shared with management?  Yes  No  N/A

**M** - Was A Corrective Action Plan submitted by the Agency?  Yes  No  N/A

**M** - Was the Corrective Action Plan submitted on time?  Yes  No  N/A

**M** - Were the proposed corrective actions acceptable to the funding agency?  Yes  No  N/A

**M** - Were the corrective actions implemented?  Yes  No  N/A

If Yes, when? \_\_\_\_\_

If No, please elaborate (attach additional pages as needed)

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

**M** - Did the corrective actions implemented correct the problem(s)?  Yes  No  N/A

If No, please elaborate (attach additional pages as needed)

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

**M** - Are there any findings, areas of concerns, or other issues that need to be revisited or reviewed during the current year?  Yes  No  N/A

If Yes, please elaborate (attach additional pages as needed)

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

Additional Comments:

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



**Administration and Governance**

**Board of Directors (BOD)**

*Objective:*

*To determine the capabilities, cultural competency and involvement of the Agency's Board of Directors (BOD) to serve the target populations and that their procedures follow those recognized as best practice.*

**M** - Is there a complete and updated BOD list available? To be considered complete, the BOD list should include each member's position, field of expertise, direct contact information (address, phone, e-mail, and fax), gender, race, ethnicity, and expiration term of the position.  Yes  No  N/A

**R** - Does the membership of the BOD include expertise that would promote the proper operation of the Agency and further the goals of the program?  Yes  No  N/A  
 The BOD should include individuals with experience in administration, contracts, and fiscal management. In addition, the BOD should include individuals with experience in pursuing the program goals (i.e. physician for health programs, a teacher for training programs, or child development expert for Head Start Programs)

**R** - Is the BOD ethnically representative of the populations served by the Agency?  Yes  No  N/A

**R** - Does the Agency provide pre-service and in-service training to Board members?  Yes  No  N/A

**R** - Does the BOD have a well-developed structure (committees)?  Yes  No  N/A  
 List the active committees and names of the members

_____	_____
_____	_____
_____	_____
_____	_____

**R** - Does the Agency have a clearly defined Strategic Plan?  Yes  No  N/A

**R** - Does the BOD receive and review an Annual Report from the Agency's Staff?  Yes  No  N/A

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

**BOD Meetings, Minutes and Resolutions**

*Objective:*

*To determine the level of involvement of the Board of Directors; and that their procedures follow those recognized as best practice.*

**R** - How often does the BOD meet? (Check one)  Yes  No  N/A

Full Board	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually
	<input type="checkbox"/> Other (specify) _____	
Executive Board	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually
	<input type="checkbox"/> Other (specify) _____	
Committees	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually
	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annually
	<input type="checkbox"/> Other (specify) _____	

Please indicate the dates of the last three (3) BOD meetings:

\_\_\_\_\_

**M** - Are meeting minutes detailed and complete?  Yes  No  N/A

**Exhibit C**

	Yes	No	N/A
<b>R</b> - Do minutes indicate that budgetary, financial, and programmatic information is presented to the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does an authorized representative of the BOD sign the minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are BOD resolutions properly executed and documented in the meeting minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are BOD resolutions signed by an authorized BOD representative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments:

<b>Agency Policies</b>	
------------------------	--

*Objective:*

*To ensure that the Agency has a set of policies that establish proper operating procedures and adherence to the law governing its operations. A well developed set of policies and procedures safeguard the Agency and its funders by clarifying expected behavior. These policies may be included in the employee manual.*

<b>M</b> - Does the Agency have a written Personnel Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have an Accounting Policy and Procedures Manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written Drug-Free Workplace Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written Equal Employment Opportunity Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written Florida Clean Indoor Air Act Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written Family and Medical Leave Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have written procedures to protect client confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written policy regarding Nepotism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have clear policies addressing access to public records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have an Affirmative Action policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have written Client Grievance procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have written guidelines or a methodology to distribute incentive payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written Code of Ethics?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written policy regarding Conflict of Interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency have a written Sexual & Unlawful Harassment Policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Does the Agency have written emergency plans/procedures? (This may be a requirement for some funders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

**Exhibit C**

<b>M</b> – Does the Agency have a written Health Insurance Portability and Accountability Act (HIPAA) Policy, to include information related to appropriate sanctions against workforce members who violate its privacy policies and procedures or the Privacy Rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> – Does the Agency have a written Policy related to Florida Statute 112.3187 – the Whistleblower’s Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> – Does the Agency have a written Policy to include information related to the reporting knowledge or reasonable suspicion of abuse, neglect, or exploitation of a child, aged person, or disabled adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Comments:

---



---



---

**Organizational Structure**

*Objective:  
Availability and familiarity with the Agency’s By-Laws and Articles of Incorporation are considered best practices in the administration of a non-profit organization. In addition, a clear organizational chart provides an overview of the chain of command helpful both for the internal staff and outside reviewers.*

<b>M</b> - Is the Agency registered with the State of Florida Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are the Agency’s Articles of Incorporation available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are the Agency’s By-Laws available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Is there an organizational chart available that reflects the current organization of the Agency and provides clearly delineated chain-of-command?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Is there an organizational chart for the program(s) funded and does it provide a clearly delineated chain-of-command?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Comments:

---



---



---

**Client Participation**

*Objective:  
To identify the Agency’s efforts to involve the populations served in the operations of the agency and in the manner services are provided.*

<b>R</b> - Does the Agency perform any Needs Assessment activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Does the Agency have a mechanism in place to monitor and respond to client comments and complaints in a systematic matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Does the Agency have procedures to involve the consumer in the decision making process? Check all that apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___ Consumer representatives in BOD?			
___ Community Advisory Board or Committee?			
___ Consumer Evaluation Survey?			
___ Other? Please explain:			

Additional Comments:

---

**Personnel**

**General**

*Objectives:*

*These questions provide an overview of the capabilities of the Agency in managing human resources issues and establishing and following its own procedures as required by best practises.*

**M** - Are the policies and procedures included in the Personnel Policy followed?  Yes  No  N/A

**M** - Does the Agency have established Job Qualifications that adhere to CSSF contractual requirements?  Yes  No  N/A

**M** - Are employee records securely stored (under lock & key)?  Yes  No  N/A

**M** - Are Equal Employment Opportunity, Worker's Compensation, Family and Medical Leave Act, Child Labor Act, Fair Labor Standard Act, Minimum Wage, Migrant Seasonal Workers Protection, E-Verify and other mandated or relevant posters conspicuously displayed by the agency?  Yes  No  N/A

**M** - Review staffing levels and current vacancies. Does the agency have problems with staff turnover?  Yes  No  N/A

If Yes, has the agency taken steps to resolve the issue?  Yes  No  N/A

Explain and provide documentation, if available, to document the Agency's efforts. (attach additional pages as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personnel/Employee File**

*Objective:*

*To ensure that the Agency properly documents how employees are screened for a particular position, how employees are informed of the policies governing their work and how they would be evaluated. In addition, these questions seek to determine the Agency's capability to maintain required documentation and abide by requirements regarding their staff such as testing, qualifications, licenses, and training.*

Select a random sample of employee files and review them to determine whether the following documentation is present and current. Note that Agencies that subcontract with individuals must keep similar files for the subcontracted individuals and those are to be reviewed following the same guidelines as personnel files.

**M** - Signed job application (resume is not sufficient) or subcontract detailing the scope of services to be provided.  Yes  No  N/A

**M** - Proof of education (copies of diplomas, degrees, and/or transcripts).  Yes  No  N/A

**Exhibit C**

**Personnel/Employee File**

<b>M</b> - Required licenses and/or certifications (if applicable, they must be current).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Background screening (must be renewed according to program requirements). This may be required for some staff working with children or youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Signed job description with performance standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Annual Performance/Employee Evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - U.S. Citizenship and Immigration Services Form I-9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Current W-4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Proof of achievement of required hours of training (i.e. Tier 1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Proof of receipt of the Agency's Policy & Procedures by the employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Drug-free workplace statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Evidence of Health Insurance Portability and Accountability Act (HIPAA) training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Evidence of Information Security Obligations training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Evidence of Privacy Policies and Procedures training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Comments:

**Payroll Records**

*Objective:*

*To determine if the Agency has appropriate procedures to track the payroll costs and that these coincide with those approved by the funding agency.*

<b>M</b> - Does staff, including management, document their work hours through a time sheet or punch clock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are time records signed by both the employee and/or the supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Payroll Registers:			
- Do they include staff name, salary, hours worked, payroll period, and deductions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
- Do they reflect employee's time allocation among programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

- M** – Personnel Activity Reports (PARs) or equivalent forms:
- Reflect an after-the-fact determination of the actual activity of each employee?  Yes  No  N/A
  - Account for the total activity for which employees are compensated?  Yes  No  N/A
  - Completed at least monthly?  Yes  No  N/A

If No, please explain. (attach additional pages as needed)

---



---



---

**M** – Do employees' positions and salaries match the budget approved by the funding agency?  Yes  No  N/A

**M** - For employees charged to the program, does the recorded time worked matches time paid as reflected in the payroll register?  Yes  No  N/A

Additional Comments:

---



---

**Payroll Taxes**

*Objective:*

*To ensure that the Agency is calculating and remitting all payroll taxes, including unemployment compensation, to the appropriate agencies in a timely manner.*

**M** - Are withholding and FICA taxes deposited on a timely basis and in accordance with payroll register data?  Yes  No  N/A

**M** - Was the Quarterly IRS Form #941 properly completed, submitted, and payroll taxes timely remitted to the regulatory agency? (Trace payment to bank statement)  Yes  No  N/A

**M** - Was the Quarterly Florida Form #UCT-6 properly completed, submitted and Unemployment Compensation taxes timely remitted to the regulatory agency? (Trace payment to bank statement)  Yes  No  N/A

**M** - Is the Yearly IRS Form #990 properly completed, submitted, and paid on time? (Trace payment to bank statement)  Yes  No  N/A

**M** – Were all Tax or Insurance payments made on time (by due date)?  Yes  No  N/A

If No above, were interest and penalties assessed against the agency?  Yes  No  N/A

If interest and penalties were assessed, were these costs allocated to any public funding source?  Yes  No  N/A

**M** - Are IRS W-2 Forms distributed in a timely manner to current and prior employees?  Yes  No  N/A

**M** – Were the IRS 1090 Forms distributed in a timely manner to all contract employees?  Yes  No  N/A

**M** – Was the Social Security filing done in a timely manner?  Yes  No  N/A

Additional Comments:

**Payroll Taxes**

**Other Personnel Related Payments**

*Objective: To ensure that fringe benefit payments are made in a timely manner that avoids penalties and ensures continued coverage and compliance with current regulations*

**M** – Are payments to the following made in a timely manner?

- Health Insurance Provider  Yes  No  N/A
- Life Insurance Provider  Yes  No  N/A
- Dental Insurance Provider  Yes  No  N/A
- Vision Insurance Provider  Yes  No  N/A
- Other Insurance Provider(s). Please list: \_\_\_\_\_  Yes  No  N/A

**M** - If the Agency offers a retirement plan, are employee contributions and/or employer contribution deposited/submitted in a timely fashion?  Yes  No  N/A

**M** – If the Agency offers a defined contribution retirement plan, and has at least 100 eligible (need not be participating) staff, was an audit of the plan completed?  Yes  No  N/A

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

**Fiscal**

**General**

*Objective:*

*To obtain a picture of the Agency's overall fiscal capabilities.*

**M** - Are internal policies and procedures as listed in the Agency's Accounting Policy and Procedures Manual followed? This can be established by interviewing staff to gauge familiarity with the manual or by choosing a sample of policies and testing adherence to it.  Yes  No  N/A

**M** - Review the distribution of fiscal duties (i.e. who approves the expense, who cuts the check, who mails the payment). Is the distribution of duties adequate to safeguard assets?  Yes  No  N/A

**M** - Chart of Accounts:

– Does it include general ledger account codes, account descriptions and account status?  Yes  No  N/A

– Does it support proper allocation by having revenue and expense categories properly identified by program?  Yes  No  N/A

– Does it have an unallowable cost account code to properly identify unallowable costs?  Yes  No  N/A

**M** - Indirect Cost.

– Is there a cost allocation plan in writing and is it representative of the allocation used?  Yes  No  N/A

**Exhibit C**

**M** - Review the Agency's cost allocation plan for reasonableness (i.e. are the indirect costs charged to the program representative of the program's size as compared to others operated by the agency?). Is it in compliance with the Title 2 Code of Federal Regulations, Subpart F, and Appendix IV to Part 200? Yes No N/A

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

**Bank**

*Objective:*

*To ensure that the Agency has the appropriate cash flow to meet the needs of the program, that its management keeps abreast of the Agency's cash flow, and that it has taken steps to protect itself from fraudulent activities.*

**M** - Review bank statements to determine the cash flow position of the Agency.

Yes No N/A

– Do bank statements reflect returned checks due to insufficient funds?

– Do bank statements reflect a positive balance at the end of the month?     
Yes No N/A

**M** - Are bank statements reconciled monthly?     
Yes No N/A

**M** - Are adjustments properly documented and explained?     
Yes No N/A

**M** - Do the preparer and the immediate supervisor sign the reconciliation?     
Yes No N/A

**M** - Are checks pre-numbered?     
Yes No N/A

**R** - Do checks have an expiration date? To limit liability, it is recommended that check be marked with an expiration date, for example "Void after 90 days." (Some funders have guidelines and requirements as to what the valid period of a check may be.)     
Yes No N/A

**M** - Does Agency have a policy for signing checks (i.e. checks in excess of x amount require two signatures)?     
Yes No N/A  
Note Agency's policy: \_\_\_\_\_

**R** - Are blank checks and the specimen signature stamp stored securely (under lock and key)?     
Yes No N/A

**R** - Are voided checks mutilated in some manner (i.e. signature section removed, perforated)?     
Yes No N/A

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

**Journals & Ledgers**

*Objective:*

*To ensure that the Agency has an accounting system that properly tracks all financial activities for the program.*

**M** - Does the Accounting System include these major components:

– Cash Receipts Journal? (i.e. deposit log, receipts book)     
Yes No N/A

– Cash Disbursements Journal? (i.e. check register)     
Yes No N/A

– Accounts Payable?     
Yes No N/A



**Exhibit C**

- Accounts Receivable?	Yes	No	N/A
- General Ledger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>M</b> - Are entries to journals performed in a timely manner (approximately 30 days)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are Receipts and Disbursements reconciled monthly with the General Ledger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are adjustments properly documented and explained (journal entries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Comments:

---



---

**Budget**

*Objective:*  
*To ensure that the Agency's expenditures match those approved by the funder and that the budget matches the needs of the program.*

<b>M</b> - Does the Agency maintain an agency-wide budget by funding source and expenditure category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>R</b> - Does the Agency prepare a cash-flow analysis (expenditures vs. revenues) at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Does the Agency prepare a Budget Variance Report or otherwise track expenditures versus budgeted amounts on a regular (not more than quarterly) basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Do expenditure rates follow those expected from the budget approved by the funder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If No, can the Agency explain variances or is there a plan of action to reallocate resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Comments:

---



---

**Accounts Payable**

*Objective:*  
*To ensure that payments are properly documented and that the Agency have procedures to protect its assets from unnecessary expenditures such as penalties and duplicate payments.*

Select a random number of charges from the general ledger provided and test to determine the following:

<b>R</b> - Are payments generated by an original invoice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Do invoices detail the number of units, description, unit cost, and total?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Is payment approved by authorized staff/management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are invoices effectively cancelled to avoid duplicate payments? (i.e. marked "Paid")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Do check and invoice amounts agree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> - Are invoices paid in a timely manner? (i.e. within 30 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

<b>M</b> – Are cancelled or imaged checks (front and back) available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
<b>M</b> – For Tax-exempt Agencies ONLY, Is the Agency paying Sales Taxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
If YES, is the Agency filing for Sales Tax refunds from the State Department of Revenue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Comments:

---



---



---

**Petty Cash**

*Objective:*

*To ensure that cash expenditures are only used to meet small emergency needs and that the policies governing the petty cash are designed to safeguard the assets of the program and the Agency.*

**M** – Does the Agency use a petty cash fund for any program expenses?  Yes  No  N/A

If No or N/A, skip this section.

If Yes, review petty cash policies and procedures for the following:

– Is the petty cash fund balanced periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is petty cash used ONLY for small purchases (less than \$15)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Does Agency have a policy to perform "surprise" checks on the fund?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is there documentation that such policy is implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is the petty cash funding replenished ONLY by check?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Are the petty cash funds securely stored (under lock & key)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Are the expenses authorized and signed by a person other than the custodian or person receiving money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A
– Is documentation available to back up the expenditures of the petty cash funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A

Additional Comments:

---



---



---

**Documentation Protocols**

*Objective:*

*To ensure that the Agency has policies in place to protect itself and its clients by safeguarding its documentation and storing it as required by law.*

**M** – Does the Agency have a policy to maintain and store documentation as required by law and the individual funders?  Yes  No  N/A

Note that each program, funder, and the IRS have different storage requirements. In addition, fiscal documentation and client files may have different storage requirements under the same contract. When documents fall in more than one category, they must be stored for the longest period required.

**M** – Does the Agency have policies to safeguard client confidentiality?  Yes  No  N/A

**Exhibit C**

**M** – Are hard copy files kept under lock and key?  Yes  No  N/A

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

**Electronic Recordkeeping**

**M** – Does the Agency have Electronic Recordkeeping Policies & Procedures?  Yes  No  N/A

**M** – Do Electronic Recordkeeping Policies & Procedures include a narrative of the system, location and media in which electronic records are maintained and retention requirements? (F.A.C. Rule 1B-26.003 – Electronic Recordkeeping)  Yes  No  N/A

**M** – Do the Agency’s electronic recordkeeping systems meet state requirements for public access to records in accordance with F.S. 119 – Public Records and 501.171 – Security of Confidential Information?  Yes  No  N/A

**M** – Does the Agency back-up electronic records on a regular and consistent basis in accordance with F.A.C. Rule 1B-26.003 – Electronic Recordkeeping? Is it documented?  Yes  No  N/A

**M** – Are electronic records stored in accordance with F.A.C. Rule 1B-26.003 – Electronic Recordkeeping? (i.e. away from magnetic fields, including generators, elevators, transformers, loudspeakers, microphones, headphones, magnetic cabinet latches and magnetized tools)  Yes  No  N/A

**M** – Are electronic records labelled in accordance with F.A.C. Rule 1B-26.003 – Electronic Recordkeeping? (Should include at minimum: name of organizational unit responsible for the data, system title, special security requirements/restrictions on access and software used at time of creation.)  Yes  No  N/A

**M** – Are the users of electronic recordkeeping systems sufficiently trained in the operation, care, and handling of the equipment, software, and media used in the system?  Yes  No  N/A

**M** – Are the electronic records scheduled for destruction disposed of in a manner that ensures any information that is confidential or exempt from disclosure, including proprietary or security information cannot practicably be read or re-constructed?  Yes  No  N/A

**M** – Are computerized records password protected?  Yes  No  N/A

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

**Procurement**

*Objective:*  
*To ensure that materials and services purchased with grant funds are properly reviewed and approved and are utilized by the program incurring the expense. In addition, practices such as using products with recycled materials support socially desirable causes.*

**M** – Does the Agency have written procurement policies (may be part of the Fiscal or Administrative Policy & Procedures manual), including emergency purchasing procedures?  Yes  No  N/A

**Procurement**

**M** – Do the policies require written quotes for purchases?  
 Please specify the qualifying characteristic that, according to agency policies, triggers the need for written quotes (i.e. amount, type of equipment, sub-contract, etc.):

Yes  No  N/A

**M** – Do purchase orders clearly identify the program/center for which the purchase is being made?

Yes  No  N/A

**R** – Do purchases require the approval of management?

Yes  No  N/A

**M** – For State Contracts ONLY:

- Per Chapter 946, Florida Statutes, the Prison Rehabilitative Industries and Diversified Enterprises (PRIDE) is considered as a source of goods.  Yes  No  N/A
- Where possible, products or materials with recycled content is used.  Yes  No  N/A
- Small and Minority Businesses are utilized, when possible, as sources of materials, equipment construction, and services per section 287.0945, Florida Statutes.  Yes  No  N/A

Additional Comments:

---



---

**In-Kind Contributions**

*Objective:*  
 To identify the Agency's efforts in collaboration and ensuring that in-kind requirements for each funding source are met and do not conflict with each other.  
 To ensure that in-kind contributions are utilized in accordance with the intention of the contributor.

**M** – Does the Agency receive in-kind contributions?  
 If No or N/A, skip this section.  
 If Yes, review for the following:

Yes  No  N/A

**M** – Does the Agency have procedures in place to record receipt of in-kind contributions (materials, services or cash)?

Yes  No  N/A

**M** – Are in-kind contributions properly allocated to the program for which they are made?

Yes  No  N/A

**M** – Are in-kind contributions utilized in accordance with the intent of the contributor?

Yes  No  N/A

**M** – Are contributions reasonably valued?

Yes  No  N/A

**M** – Are in-kind contributions reported to funders appropriately and accurately?

Yes  No  N/A

**M** – Are the procedures utilized by the Agency sufficient to ensure that contributions are only reported once?

Yes  No  N/A

Additional Comments:

---



---

**Travel Expenses**

*Objective:*  
 To ensure that travel expenses are properly reviewed and approved and that reimbursement procedures comply with best practices and single audit requirements.

**M** – Does the Agency have policies and procedures in reference to staff travel?

Yes  No  N/A

Travel Expenses			
<b>M</b> – Does out-of-town travel require prior approval by appropriate management staff and funding source?	Yes	No	N/A
<b>M</b> – Are travel expense reimbursement requests properly documented with original invoices, boarding passes, receipts, maps, and other documentation as applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> – Is the Agency using appropriate rates for items that have a fixed reimbursement rate such as per diem or mileage rates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> – Do forms used to claim local travel reimbursement provide at least the following:			
– Odometer reading for trip starts and finish.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Destination (including name and address)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Purpose/Reason	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Statement signed by employee that report is true and accurate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Supervisor approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> – Is the agency following the Department of Economic Opportunities (DEO) State Travel Manual dated 9/26/11?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Additional Comments:

---



---

Program Revenues			
<i>Objective:</i>			
<i>To ensure that revenues generated through the program are properly managed and re-invested in a manner consistent with the intent of the funder.</i>			
<b>M</b> – Does this program generate revenues? If No or N/A, skip this section.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If Yes, review procedures to determine the following:			
– Does the Agency have procedures for collection of such revenue (i.e. fees, interests)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Are revenues promptly deposited in the bank account of the program (within 48 hours)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Does the Agency prepare a periodic (monthly or quarterly) revenue flow report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
– Are these revenues re-invested in program activities or otherwise expended as allowed by the program funder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>R</b> – Does the agency reconcile reimbursements received from funders against the amounts billed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Additional Comments:

---



---

Property			
<i>Objective:</i>			
<i>To ensure that the Agency properly documents, tracks, and safeguards the fixed assets purchased with public funds.</i>			

**Property**

Perform only if the Agency has been funded, in current or prior funding cycles, for fixed assets such as equipment, building, or building improvements. This test includes fixed price contracts where rates were based on calculations that included capital expenditures.

- M** – Does the fixed asset register include the following information and is signed and dated by the preparer:
  - Description of the equipment  Yes  No  N/A
  - Manufacturer’s serial number, model number, or other identification number  Yes  No  N/A
  - Acquisition date and unit acquisition cost  Yes  No  N/A
  - Funding source that holds the title  Yes  No  N/A
  - Location and condition of the equipment  Yes  No  N/A
  - Custodian of the equipment  Yes  No  N/A
  - Disposition data, including date and method of disposal  Yes  No  N/A

---

- M** – Is a physical inventory taken and recorded on an annual basis?  Yes  No  N/A

---

- M** – Are property records reconciled to the General Ledger at least once annually?  Yes  No  N/A

---

- M** – Perform a physical inventory of a sample drawn from the fixed assets register. Do they agree? Note any discrepancies.  Yes  No  N/A

---

- M** – Are fixed assets being used in accordance with funding intent?  Yes  No  N/A

---

- M** – Are fixed assets paid for by the funders paid in full and free from liens?  Yes  No  N/A

---

- M** – Do disposal procedures include prior approval from funder?  Yes  No  N/A

---

- M** – Were fixed assets purchased within the contract period in which they were approved / funded?  Yes  No  N/A

---

- M** – Does the agency have a written fixed assets policies and procedures?  Yes  No  N/A

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

**Sub-Contractors**

*Objective:*  
 To ensure that payments made to subcontractors and consultants are properly documented and supported by properly executed contracts and/or agreements. To ensure that work performed by agents outside the Agency meet the needs of the program and the intent of the funders.

Perform only if there are sub-contracts in place being paid with funding from the current contract year.  
 Note: Reviewer should differentiate between subcontracts for indirect and direct services (i.e. equipment maintenance versus medical treatment) in reviewing the following:

- M** – Are sub-contracts allowed under this funding? Some funding sources do not allow the use of sub-contracts to deliver direct services.  Yes  No  N/A

---

- M** – Was the sub-contract submitted to the funding source for approval prior to entering into the contract if required?  Yes  No  N/A

---

<b>Sub-Contractors</b>			
<b>M</b> - Do authorized individuals from both the Agency and the sub-contractor sign the sub-contract?	Yes	No	N/A
<b>M</b> - Does the sub-contract include specific details regarding the scope of work and the payment method?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>R</b> - Is the sub-contract subject to annual renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Are sub-contractors required to carry liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Does the sub-contract include language to allow the termination of the same before its expiration? It should include, at a minimum, language that allows termination due to lack of performance by the sub-contractor or due to funding cuts or termination.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Does the sub-contract contain all clauses and provisions required by the program regarding record retention, privacy, access to records, and others? This test applies mostly to sub-contracts for direct services to clients/customers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Additional Comments:			

<b>Licenses &amp; Accreditation</b>			
<i>Objective:</i>			
<i>To ensure that the Agency has received the appropriate licenses and such to meet the needs of the program and comply with local, state, and federal statutes.</i>			
<b>M</b> - Are occupational licenses current and appropriate for the use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Do inspection reports show any areas of concern or non-compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If Yes, has the Agency taken steps to correct these areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If No, please elaborate: _____			
<b>M</b> - If the services offered require special operational licenses, are they current and appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Required Licenses:			
_____ Expiration _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
_____ Expiration _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
_____ Expiration _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
_____ Expiration _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Additional Comments:			

<b>Insurance</b>			
<i>Objective:</i>			
<i>To ensure that the Agency has adequate insurance to cover its risk exposure in a manner that ensures continued operations regardless of lawsuits or catastrophes.</i>			
<b>M</b> - Review the Agency's Accord Form to determine which policies are in place. The Agency should have the following:			

Insurance					
- Commercial General Liability - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Property (only if capital equipment exists) - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Worker's Compensation - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Automobile Liability - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Professional Liability Insurance - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Director's & Officers - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Fidelity Bond - Company Rating: _____	Expiration Date: _____	Amount: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Additional Comments: _____					

Credit Card Transactions					
<i>Objective:</i>					
<i>To ensure that the policies governing the use of corporate credit cards are designed to safeguard the assets of the program and the Agency and not used to circumvent normal purchasing policies.</i>					
Complete this section if corporate credit cards have been issued in the Agency's name:					
<b>M</b> - Does the Agency perform monthly account reconciliation for all credit card accounts?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Are original receipts attached to the statement?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Review the number, size, and type of transactions. Are they reasonable and do not circumvent normal purchasing policies and controls?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Does the Agency have a written agreement with employees who are issued a corporate credit card? If Yes, answer the following:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Does the agreement require the employee to submit original receipts for expenses charged to the card?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Does the agreement require that the employee return the card at the end of employment or at any time prior to separation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
- Does the agreement include provisions to ensure that employees pay for personal items or other non-allowable expenses charged to the credit card?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Does the Agency maintain a list of who has been issued credit cards and their corresponding credit card number?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Are corporate credit cards that are loaned to employees controlled through a log or some other mechanism, indicating date loaned, person's name, purchase amount, and description, and date returned.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>M</b> - Does the agency have written credit card policies and procedures governing the credit cards? If applicable.			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Additional Comments: _____					



**DECLARATIONS - TO BE COMPLETED BY ALL CONTRACTORS**

1. Please provide a complete accounting of all transactions of business completed during the past twelve (12) months between your Agency and other entities or businesses owned or controlled by members of the Board of Directors and / or senior management. Please provide copies of representative invoices for these transactions and describe what steps were taken to ensure that the amounts paid were reasonable and competitive.

---

---

---

---

2. Are there any Board Members employed by any business or entity that has conducted any financial transactions with your Agency during the past twelve (12) months? If so, please provide an accounting and copies of representative invoices for these transactions; also explain what steps were taken to assure that the amounts paid were reasonable.

---

---

---

---

---

3. Please list all civil litigation pending against your Agency. If applicable, include a statement as to the amount of each claim, and whether the potential loss would be covered by the insurance policy.

---

---

---

---

4. Are any amounts or reports due to the Internal Revenue Service (IRS) and/or the State of Florida that have not been paid or filed? Specify amounts, reports, and due dates.

---

---

---

---

5. Please list all persons and their titles currently authorized to sign contract(s) with CSSF on behalf of your Agency.

---

---

---

---

6. Please list your independent auditor, contact person, office address, telephone, fax number, and e-mail address.

---

---

---

---

---

7. Has there been any change in structure / operations of your Agency over the past year? If yes, please describe in detail.

---

---

---

---

---

8. Has there been staff turnover in key positions? If yes, what are the affected positions and reasons for the turnover?

---

---

---

---

---

9. Has there been any client grievances / complaints filed against your Agency? If yes, what was the nature of the grievances, dates, and other pertinent information? Explain in detail.

---

---

---

---

---

10. Do you operate satellite sites? If so, how many locations? Is the management of the satellite offices decentralized or centralized?

---

---

---

---

---

**CERTIFICATION:**

**I hereby certify that the answers provided in this self-assessment document are true and accurate to the best of my knowledge. I understand that falsification or misrepresentation of any form on any question is considered a breach of contract, which may lead to the immediate termination of all contracts with CSSF.**

\_\_\_\_\_  
Signature – President/Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name – President/Executive Director

\_\_\_\_\_  
Signature - Chairperson of the Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name - Chairperson of the Board

\_\_\_\_\_  
Signature - Controller/Fiscal Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name - Controller/Fiscal Director

## ATTACHMENT A

**LIST OF DOCUMENTS TO BE PROVIDED FOR ADMINISTRATIVE DESK REVIEW**

1. Most recent independent audit and Management Letter, if applicable. If already submitted to CSSF, please provide date submitted \_\_\_\_\_.
2. Most recent financial reports to management to include:
  - a. Current chart of accounts
  - b. Trial balance
  - c. Balance sheet
  - d. Income statement
  - e. Expenditure report
  - f. Budget variance report
  - g. Aging schedule of accounts receivable and payable
  - h. Agency-wide operating budget for Program year 17-18
  - i. Fixed assets trial balance.
  - j. The most recent agency-wide general ledger and the two preceding months.
3. Minutes of the three (3) most recent board of directors, finance committee, or any other committee meetings.
4. The two (2) most recent Employer's Quarterly Federal Tax Return submitted to the IRS (Form 941) and the Florida Department of Revenue Employer's Quarterly Report submitted to the State of Florida (Form RT-6), as well as copies of supporting documentation evidencing the deposit of payroll taxes and payment of Unemployment Compensation taxes.
5. A copy of check registers for each bank account for the most recent three (3) month period.
6. Complete copies of the bank statements and corresponding reconciliations for each account for the most recent three (3) month period.
7. Complete copies of the corporate credit card statements for each account for the most recent three (3) month period, if applicable.
8. Payroll registers for the last two (2) pay periods.
9. Cost Allocation Plan and Indirect Cost Rate Agreement, if applicable.
10. An employee roster that includes positions, titles, professional licenses/certifications, assigned departments, and percentage allocated to program funds, if applicable.
11. A current roster listing the members of the Board of Directors, to include position, addresses, telephone numbers, e-mail addresses, fax number, gender, race, ethnicity and term expiration.
12. Copies of any Subcontractor or Professional Agreements, whose costs have been charged in completely or in part, directly or indirectly, to CSSF funds.
13. Copies of current leases.
14. If program income was earned, please provide the allocation of the revenue to program funds or its disposition.

Note: If any item above is not applicable, please mark "N/A" next to the item and briefly explain why it is not applicable to the Agency.

**THE BEACON COUNCIL ECONOMIC DEVELOPMENT FOUNDATION, INC.  
 MIAMI COMMUNITY VENTURES (MCV) PROGRAM  
 REPORTING REQUIREMENTS  
 (DECEMBER 1, 2018 THROUGH JUNE 30, 2019)**

<b>Description</b>	<b>Due Date</b>	<b>Number of Copies (Electronic)</b>	<b>Submit to:</b>
Self-Assessment Questionnaire	Not later than 30 calendar days after Contract Execution	<b>1 (Electronic)</b>	Office of Continuous Improvement (OCI)
Indirect Cost Rate	The lesser of thirty (30) days of Contract execution or along with the program budget	<b>1 (Electronic)</b>	Finance
Cost Allocation Plan	The lesser of thirty (30) days of Contract execution or along with the program budget	<b>1 (Electronic)</b>	Finance
Background Screening Affirmation/Acknowledgement Form	Not later than thirty (30) days of Contract Execution	<b>1 (Original)</b>	Quality Assurance
Procurement Requests	Not later than 60 days prior to Contract Termination	<b>1 (Original)</b>	Contract Manager
Inventory Report	As set forth in written instructions from the SFWIB	<b>1 (Electronic)</b>	Administration
Annual ETA Salary Cap Analysis Certification Form	March 1, 2019	<b>1 (Original)</b>	Finance
<b>INTRANET REQUIRED REPORTS</b>			
Supervisory Quality Assurance Case Reviews	10 <sup>th</sup> of each month	<b>1 (Electronic)</b>	Quality Assurance

## DEFINITIONS

**Able-Bodied Adults Without Dependents (ABAWD):** An ABAWD is a person between the ages of 18 and 49 who has no dependents and is not disabled.

**Active Caseload:** The total number of eligible clients for whom a case record was open at any time during a reporting or contract period.

**Administrative Costs:** Costs that are associated with the overall management and administration of the program and are not related to the provisions of services to participants.

**Administrative Entity:** The South Florida Workforce Investment Board (SFWIB).

**Adult Programs:** Workforce Innovation and Opportunity Act (WIOA) Adult, WIOA Dislocated Worker, Wagner Peyser (WP), Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T), Career Advancement Program (CAP), Re-employment Assistance (RA) formerly Unemployment Compensation, Reemployment Services and Eligibility Assessment Program (RESEA), (UC) claimants, Veterans and Refugee Employment and Training are the Adult Programs for the SFWIB.

**Allowable Costs:** Costs, which are necessary, reasonable and allowable under applicable Federal, state and local law for the proper administration and performance of the services to be provided under this Contract. The Contractor payments or reimbursements under this Contract are for allowable costs only.

**Amendment:** See Modification.

**Appropriate/Authorized Signatory:** The appropriate/authorized signatory for the business shall be either the owner where the business is incorporated; a partner where the business is a partnership; or an officer if the business is a corporation.

**Assessment:** The process whereby individuals are interviewed and/or tested to determine their employability, motivation, aptitude, abilities and interests in order to develop a career plan for the attainment of the individual's career goals. Testing and counseling are a part of the assessment process. Additional assessments as needed for proper service and referral of customers as described herein may also be provided.

**ATLAS (Automated Tracking, Linking and Archiving Solution) Kiosk:** An electronic data management system which supports programs and manages all in Center traffic and participant records.

**At-Risk Youth:** A child who is less likely to transition successfully into adulthood and achieve economic self-sufficiency.

**Audit:** A systematic review by a CPA or other duly certified and licensed individual or organization to determine and report whether Contractor's financial operations are being properly conducted, financial reports are being presented fairly and applicable laws and regulations are being complied with.

**Background Screening:** Search of an individual's criminal records. A background check may include the search of driving records, former employer references, and character references. Background screenings shall comply with all applicable federal, state and/or local laws, regulations and ordinances regarding background screening of employees, volunteers and subcontracted personnel.

**Basic Career Services:** Services that are made available to all jobseekers.

**Basic Skills Deficient:** An individual who scores at or below the 9<sup>th</sup> grade level on an appropriate standardized test in either English reading or computation skills.

**Business Day:** A regular workday, Monday through Friday, from 8:00 a.m. to 5:00 p.m. local time in Miami, Florida other than Saturday, Sunday, or a holiday recognized by the SFWIB.

**Business Services:** The purpose of the Region's Business Services is to provide various services to businesses as its primary focus. This approach helps ensure that market demand is connected with labor supply and provides specific services to the region's business community beyond the traditional placement services.

**Career Advancement Program (CAP):** Former Welfare Transition Program.

**Career Advisement:** A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual career goal(s). This activity carefully and fully documents all activities related to participant's contact and progress.

**CareerSource centers:** Former One-Stop CareerSource centers. The cornerstone of the workforce system, a center that delivers unified training, education, and employment programs and services into a single, customer-friendly system within each community.

**CareerSource Employment Verification Form:** A form signed by an employer and program participants that verifies the date of employment, average work hours and rate of pay.

**Case Management:** "The term 'case management' means the provision of a client centered approach in the delivery of services designed:

- To prepare and coordinate comprehensive employment plans, such as service strategies, for participants to ensure access to necessary workforce investment activities and supportive services, using, where feasible, computer-based technologies; and
- Provide job and career counseling during program participation and after job placement.

**Childcare:** Supportive service that provides assistance with child/dependent care costs that is necessary to enable a youth to participate in activities authorized by WIOA.

**Citizenship:** A status conveying the full rights and protection of the United States government, and requiring loyalty, allegiance to its Constitution and laws, and service when required by law.

**Code of Federal Regulations (CFR):** A codification of general and permanent rules/regulations that have been compiled by the Office of the Federal Register and is divided into fifty (50) titles, which cover broad areas subject to Federal regulation.

**Co-Enrollment:** The state of being a participant in two or more programs at the same time.

**Commercial Organization:** A private for profit entity.

**Common Intake Form:** A single application on behalf of a clients for multiple programs/services to: 1) establish identity, 2) unemployment status, 3) proof of valid social security number, 4) maintain contact information, 5) ensure Equal Employment Opportunity (EEO), and 6) determine eligibility priority for Workforce Innovation and Opportunity Act (WIOA) services.

**Computer:** An internally programmed, automatic device that performs data processing. "Computer" refers to the desktop and laptop computers that most people use. When referring to a desktop model, the term "computer" as used herein refers to the motherboard, CPU, memory (or RAM), hard drive, video card, monitor, keyboard, mouse, and all other components attached and/or contained within the case.

## Exhibit F

**Computing Devices:** Machines used to acquire, store, analyze, process, and publish data and other information electronically, including accessories (or “peripherals”) for printing, transmitting and receiving, or storing electronic information (2 CFR Part 200.20).

**Contractor:** The organization that enters into a contract with SFWIB.

**Corporate Hiring Partners:** Businesses that offer employment opportunities to program participants.

**Cost Allocation Plan:** A plan that identifies and distributes the cost of services provided by support staff and/or departments or functions. It is the means to substantiate and support how the costs of a program are charged to a particular cost category.

**Data:** A representation of information, knowledge, facts, concepts, computer software, computer programs, or instructions. Data may be in any form, in storage media or stored in the memory of the computer or in transit or presented on a display device.

**Data in Transit:** Data being transferred via the following, but not limited to, networks (e.g. the Internet), mobile telephones, wireless microphones, wireless intercom systems, Bluetooth devices, etc.

**Data Storage:** The act of saving electronic, audio/visual, oral, and written information to an electronic or conventional location for archival purposes.

**Data Transmission:** The act of sending electronic, audio/visual, oral, and written information to a specified location(s).

**Department of Children and Families (DCF):** The Florida state agency that provides various social services to assist groups including the following: Children, Adults, Refugees, the Homeless, Disabled individuals, the Elderly and Domestic Violence/Human Trafficking Victims.

**Department of Economic Opportunity (DEO):** The Florida State agency that administers funds and programs from the U. S. Department of Labor and Health and Human Services.

**Direct Job Placement (DJP):** The Contractor recruits the employer and facilitates the hiring of the customers as a result of a referral through a job order listing the opening as a full-time unsubsidized employment. For payment a DJP is referred to as Direct Employment.

**Disability Coordinator/Disability Navigator:** The assigned staff is responsible for ensuring that the Career Center provides seamless and comprehensive services to persons with disabilities; increasing employment and self-sufficiency for Social Security beneficiaries and others with disabilities; facilitating access to programs and services to individuals with disabilities; and facilitating linkage to the employer community.

**DUNS:** “Data Universal Numbering System (DUNS) number”, means the 9-digit number assigned by Dun and Bradstreet, Inc. (D&B) to identify unique business entities, which is used as the identification number for Federal Contractors.

**Early Learning Coalition (ELC):** Former School Readiness Coalition. Florida’s early learning coalitions are tasked by the legislature to administer state and federal early education programs, and to comply with high standards for child safety and program content.

**Electronic Data Systems:** See Information Technology Systems.

**Eligible or Eligibility:** These terms refer to an individual’s or business’ status in relation to their ability to meet established criteria in order to receive services under the WIOA, TANF or any SFWIB funded program.



## Exhibit F

**Employ Miami-Dade (EMD)/Employ Monroe (EM):** Formerly Employ Florida (EF). EMD/EM is a powerful on-line labor exchange tool which connects employers to jobseekers while providing access to workforce tools, resources and local workforce experts. The site offers job listings posted by CareerSource centers or employment providers and also uses “spidering” technology to capture openings from recruiting pages of company websites throughout the state.

**Employability Skills Training:** Employment services delivered to an unemployed or underemployed eligible customer with the objective of removing barriers to employment and obtaining employment to promote economic sufficiency. These services may include resume writing, interviewing skills, telephone techniques, and job acquisition skills.

**Employer Services:** The provision of Career Center services to employers as a primary customer.

**Employment Verification:** A form signed by an employer and program participants that verifies the date of employment, average work hours and rate of pay.

**Exit:** Determined to be as follows: a participant who has a date of case closure, completion or known exit from WIOA funded or non-WIOA funded partner services within the quarter (hard exit) or a participant who does not receive any WIOA funded or non-WIOA funded partners service for ninety days and is not scheduled for future services except follow-up services (soft exit). The separation of a participant exiting the WIOA programs, which can either, be a positive or negative exit. This individual is no longer receiving employment, training or services funded under WIOA.

**Federal Bonding Program:** The Federal Bonding program is an incentive program that allows employers to hire at-risk job applicants with limited liability to their business.

**Federal Poverty Level (FPL):** The level of gross income representing poverty, as most recently defined in the Federal Register.

**Female Head-of-Household:** Household in which an adult female is the sole or main income producer and decision-maker.

**Follow-Up Services:** Services provided for a minimum of twelve (12) months following the first day of employment or termination from a specific program to ensure job retention, wage gains, career progress, assess service needs, and/or re-engage into a specific program.

**Fringe Benefits:** An employment benefit given in addition to one’s salary or wages, such as health insurance, pension, etc.

**Full-Time Employment:** Year-round, unsubsidized employment or self-employment of thirty (30) or more hours per week.

**High Demand Driven Occupations:** An occupational area, which has been designated and published by the State as being in high demand in the Miami-Dade or Monroe County labor market area. Educational Scholarships may be awarded for high demand occupations only.

**Homeless Person (HP):** A Homeless Person refers to an eligible WIOA Adult that is identified in EMD/EM as meeting the United States Department of Housing and Urban Development’s definition of a Chronically Homeless Person at the time of registration and secures a DJP with the WP referral create date being on or after the WIOA eligibility/enrollment date and with the hire date not on the same date of the referral create date and/or the WIOA eligibility/enrollment date. The WP DJP result date must be recorded in EMD/EM WIOA and occur within six months of the WIOA application date.

## Exhibit F

**Income:** Total family earnings for the last six (6) months, exclusive of re-employment assistance (formerly unemployment compensation), child support payments, and old-age and survivors' benefits received under Section 202 of the Social Security Act (42 U.S. C. 402).

**Indirect Cost Proposal:** Documentation prepared by an organization to substantiate its claim for the reimbursement of indirect costs. This proposal provides the basis for the review and negotiation leading to the establishment of an organization's indirect cost rate.

**Indirect Cost Rate:** An indirect cost rate is a percentage (indirect cost pool/direct cost base) used to distribute indirect costs to all cost centers benefiting from those costs.

**Individualized Responsibility Plan (IRP)/Individual Employment Plan (IEP)/Career Plan (CP):** A contract between the career advisor and the participants detailing a step-by-step process of setting an employment goal and accomplishing the goals which will lead the participants to economic self-sufficiency. It also includes the appropriate combination of services determined during the individual's assessment.

**Individualized Career Services:** Services provided to a jobseeker upon the determination that they are necessary for the jobseeker to obtain or retain employment.

**Individualized Training Accounts (ITA):** The funding that provides monies used to pay for the training services of eligible participants. These vouchers are used to pay for a participant's enrollment in an approved training program.

**Information Systems:** See Information Technology Systems.

**Information Technology Systems:** Computing devices, ancillary equipment, software, firmware, and similar procedures, services (including support services), and related resources (2 CFR Part 200.58).

**Initial Assessment Application (IAA):** An on-line application to track participant services provided by the SFWIB Contractors at all locations.

**Intake:** Eligibility determination, initial data collection, and pre-employment or work adjustment counseling services, including orientation, work activities, employment preparation for WIOA Adult and Dislocated Adults and CAP or TANF program customers.

**Job Order:** A job order is a structured record of an employer's requirement for filling vacant positions with qualified workers. Before a job order can be constructed, there must be a job opening available. All job orders must comply with federal and state laws, as well as the terms of use policy of EMD/EM.

**Job Participation Rate (JPR):** The rate at which a participant is required to participate in a job related activity to meet the requirements of a given program. Said activities may include job searching, employment training or work experience. Job Participation Rate hours are documented in the participant's case file and recorded in the One-Stop Service Tracking (OSST) System.

**Job Placement:** When an unemployed or underemployed eligible customer begins to work in unsubsidized employment as a **DJP** or **OE**.

**Job Retention:** The number of consecutive days a program participant has retained employment following placement. The period of required retention is determined in accordance with the specific program and may depend upon the activity into which a customer is enrolled or some other predetermined length of time as established by SFWIB.

## Exhibit F

**Job Search Training:** Training including job club, which provides the customers with the instruction and skills necessary to actively seek employment.

**Jobseeker:** Individual who is unemployed or underemployed and in need of services to achieve employment that will assist him/her to become self-sufficient.

**Mandated Partners:** Required state and federal entities that carry out activities or programs as defined under WIOA, Section 121 (b)(1)(B).

**Management Information System (MIS):** "MIS" refers to a computer-based system designed to store, transmit, and process client data to support the activities of the program and to provide managers with the tools for organizing, evaluating and efficiently run the program (i.e. EMD/EM, OSST, WFMS, etc.).

**Miami Community Ventures (MCV):** An economic development initiative pilot that promotes employment, social enterprise and wrap-around services to participants by assisting with job retention and removal of barriers to employment and connecting employees to career pathways via employer-tailored career support.

**Military Family Employment Advocate:** The Military Family Employment Advocacy Program delivers priority workforce services for eligible military family members in the State of Florida. Military Family Employment Advocates are located in CareerSource centers near military bases and communities with a large population of military families. Military spouses may also be eligible to receive training and other supportive services under the Workforce Innovation and Opportunity Act. Persons eligible for assistance through this program include spouses and dependents of active duty military personnel, Florida National Guard members and Military reservists whose units are activated.

**Modification:** A letter or formal modification/amendment executed by both Parties, which provides for a change to the terms and conditions of this Contract or to the services to be provided under this Contract.

**Occupational Skills Training (OST):** Program of study provided to an individual to enhance employability in an occupation or to improve his/her ability to carry out a present or future occupation.

**One Community One Goal (OCOG):** One Community One Goal is the long-term economic development strategic plan for Miami-Dade County. It integrates a broad spectrum of Miami-Dade organizations, programs and businesses that work together to advance the goal of a thriving, inclusive and diverse community.

**On-the-Job Training (OJT):** The term "on the job training" means training by an employer that is provided to a paid participant while engaged in productive work in a job designed to assist the participant gaining the skills needed to be effective and productive in the assigned position and that meets the following criteria: (OJT Agreements are subject to approval by the SFWIB's Adult Program Unit).

**One-Stop Service Tracking (OSST):** The One-Stop Service Tracking system (OSST) is the case tracking system for the CAP and SNAP programs to track case management activities and to provide data for state and federal level reporting.

**Outreach:** An effort by individuals in an organization or group to engage, connect ideas, or practices to the efforts of other organizations, groups, specific audiences, the general public, or programs.

**Part-Time Employment:** Year-round unsubsidized employment of less than thirty (30) hours per week.

**Participant:** An individual that has been determined eligible to participate in and who is receiving services from a program covered by this Contract.

## Exhibit F

**Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA):** Public Law 104-193: Federal Law that went into effect in October of 1996 which eliminated the open-ended federal entitlement program, Aid to Families with Dependent Children (AFDC), and replaced it with the Temporary Assistance for Needy Families (TANF) block grant. The TANF legislation changed the nation's welfare system from the receipt of cash assistance as an entitlement to one that requires work in exchange for time-limited financial assistance.

**Priority of Service to Veterans:** Provisions taken to ensure veterans and covered persons are provided employment and training services within the integrated employment service and one-stop delivery system.

**Profit:** An amount in excess of the cost necessary to operate a program. Profit is allowable to the extent it is reasonable as determined during contract negotiations, and if it is allowable under the funding stream. It includes that amount which is associated with proprietary materials included in the cost of the program. Profit may only be earned by private for-profit organizations.

**Program:** Activities and services to be provided by the Contractor under and pursuant to this Contract.

**Program Cost:** The Contractor's cost to deliver the contracted services excluding administrative costs. Costs associated with the management of the program funded by this Contract that directly and immediately benefit program customers and are necessary for effective delivery of services.

**Program Income:** Interest earned on any advances under this Contract, income generated as a result of use or fees charged for the rental of real or personal property, fees for services performed, conferences, the sale of commodities or items developed with contract funds, or from the participants activities under the contract except for OJT, or revenue in excess of costs earned by organizations other than commercial organizations (20 CFR 667.200(a)(6)).

**Program Year:** The period between July 1 of a calendar year and June 30 of the following calendar year.

**PRWORA:** See Personal Responsibility and Work Opportunity Reconciliation Act for definition.

**Rapid Response Supplement:** Rapid Response Supplement is to address rising unemployment rates and increased demands for assistance and training following the WIOA Dislocated Workers policies and procedures.

**Re-employment and Eligibility Assessment (REA):** A U. S. Department of Labor funded pilot project that will provide assessment and labor market information and job search assistance to selected UC Claimants.

**Re-employment Assistance (RA) Program:** Formerly the Unemployment Insurance benefit that provides temporary wage replacement for individuals who have lost their jobs through no fault of their own. The new name of the program emphasizes the job search activities and reemployment services offered by Florida's workforce partners to jobless claimants receiving benefits.

**Referral:** To direct an individual or program participant to another contractor, community based organization or agency or other community resources to receive services, information or assistance.

**Registered Apprenticeship Program:** Proven model of job preparation that combines paid on-the-job training (OJT) with related instruction to progressively increase workers' skill levels and wages. Registered Apprenticeship is also a business-driven model that provides an effective way for employers to recruit, train, and retain highly skilled workers. It allows employers to develop and apply industry standards to training programs, thereby increasing productivity and the quality of the workforce.

**Returning Citizens:** Any adult or juvenile who is or has been subject to any stage of the criminal justice process for whom services may be beneficial, or who requires assistance in overcoming artificial barriers to employment resulting from a record of arrest or conviction.

## Exhibit F

**Seasonal Employment:** Employment 150 days or less which is temporary due to the nature of the work, like harvesting, or due to annual cycles in the labor market, like Christmas season retail sales.

**Self-sufficiency:** The minimum amount of cash resources needed in order for a family to meet its basic needs and become self-sufficient.

**Service Partners (SP):** Contractors.

**SNAP:** See Supplemental Nutrition Assistance Program.

**South Florida Workforce Investment Board (SFWIB):** In March of 2006, the Miami-Dade County Board of County Commissioners adopted Resolution R-315-06, which approved an Inter-local Agreement between the two chief elected officials of Miami-Dade and Monroe counties. The approval of this Inter-local Agreement, created the SFWIB and its current administrative structure.

**Statement of Work (SOW):** Describes the work to be performed by the Contractor under the terms and conditions of this Contract.

**Storage Device:** A computer storage device is any type of device or hardware that is capable of storing data and includes, but is not limited to laptops, hard drives, external hard drives that connect via Firewire and USB, disks, Flash memory devices, such as USB keychain drives or iPod nanos, MP3 players, digital cameras, compact flash and SD cards, tape drives, personal digital assistants (PDA's), smart phones, etc.

**Subsidized Employment:** Private sector, for profit or not-for-profit enterprise, or public sector employment that is directly supplemented by federal or state funds. A subsidy may be provided in the form of work supplementation, on-the-job training, incentive payments, tax credits and training bonuses.

**Supplemental Nutrition Assistance Program (SNAP):** Formerly known as the Food Stamp Employment and Training Program, (FSET). This program emphasizes work, self-sufficiency, and personal responsibility. The program strives to meet the needs of participants in gaining skills, training, work, and experience that will increase the program participants' ability to obtain total self-sufficiency. The state of Florida provides SNAP services to able-bodied adults (ages 18 - 49) without dependents (children) (ABAWDS).

**Support Service:** Services, such as transportation, childcare, housing assistance that are necessary to enable an individual to participate in program activities.

**TABE (Test of Adult Basic Education):** An adult basic skills assessment test that is designed to assess reading, mathematics, language, and spelling skills.

**Target Population:** An individuals who are public assistance recipients, returning citizens or the disabled; with emphasis on the female heads-of-households, veterans and at-risk youth (age 19-29), sub-groups.

**Temporary Assistance for Needy Families (TANF):** The October 1996 PRWORA eliminated the open-ended federal entitlement program, Aid to Families with Dependent Children (AFDC), and replaced it with the Temporary Assistance for Needy Families (TANF) block grant. The TANF legislation changed the nation's welfare system from the receipt of cash assistance as an entitlement to one that requires work in exchange for time-limited financial assistance.

**The Beacon Council Economic Development Foundation, Inc.:** A public-private partnership and the steward for the countywide economic development plan, One Community One Goal, to strengthen and diversify the economy with high paying jobs. This organization facilitates business growth and expansion locally, nationally and internationally.

## Exhibit F

**Temporary Employment:** Employment 150 days or less which is temporary due to the nature of the work, like harvesting, or due to annual cycles in the labor market, like Christmas season retail sales.

**Trade Adjustment Assistance (TAA):** Federally funded program that assists workers who are totally or partially separated or may become separated from employment as a result of imports.

**Training Services:** Occupational skills training, provided through a Scholarship, on-the-job-training, or customized training programs that combine workplace training and related instruction, skill upgrading and retraining entrepreneurial training, job readiness training, and adult education and literacy activities provided in combination with other training services.

**Transitional Jobs (TJ):** A new type of work-based training that is allowed under WIOA. Transitional jobs are time-limited work experiences that are subsidized, combined with comprehensive career and supportive services and in the public, private or nonprofit sectors for individuals with barriers to employment, who are chronically unemployed or have an inconsistent work history.

**Transportation Services:** Services that are provided in the form of bus passes or gas cards to assist with the expenses of commuting to and from WIOA activities.

**Unemployment Compensation (UC):** The UC program was renamed the Re-employment Assistance Program by House Bill 7027 passed during the 2012 Legislative Session which was signed into law by Governor Rick Scott on March 28, 2012.

**Universal Access:** An entitlement to a basic level of service that can be provided with minimal staff assistance by a Career Center located in Miami-Dade or Monroe County.

**Unsubsidized Employment:** Full-time employment of thirty (30) or more hours or part-time employment of less than thirty (30) hours per week not directly supplemented by federal or state funds. Paid apprenticeship and cooperative education are included in this activity (In SNAP, full-time is 30 hours a week or more and part-time is 29 hours a week or less).

**Veteran:** For the purposes of implementing priority of service, the Final Rule published on December 19, 2008 at 73 Fed. Reg. 78132 of the "Jobs for Veterans Act" Public Law 107-288 (38 USC 4215) requires that program operators use the broad definition of veteran found in 38 U.S.C. 101(2). Under this definition, the term "veteran" means a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable, as specified in 38 U.S.C. 101(2).

**Veterans Program:** Veterans' Program services are fully integrated into the Career Center with services to veterans considered a total Career Center responsibility and not only the domain of the Disabled Veterans' Outreach Program (DVOP) and Local Veterans' Employment Representative (LVER) staff.

**Wagner Peyser (WP):** The Wagner-Peyser Act of June 6, 1933, as amended under WIOA. A federally funded labor exchange program developed to match employers with qualified out of work individuals. It is linked to the Re-employment Assistance program, helping applicants filing for Re-employment Assistance benefits to find new employment opportunities.

**Welfare Transition (WT):** See the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (Locally referred to as Career Advancement Program or CAP).

**WIOA Adult:** An individual who is eighteen (18) years or older and is economically disadvantaged as defined by the SFWIB.

## Exhibit F

**WIOA Registration:** Certifying and documenting the WIOA eligibility and priority of service of the individual served. It is also the point of service delivery where performance measurement begins and the individual begins receiving WIOA funded services.

**Work Experience:** Planned, structured learning experiences that take place in a workplace for a limited period of time; Work experience workplaces may be in private, for-profit, non-profit or the public sectors.

**Workforce Development Area 23 (“Area”):** State of Florida’s local workforce development boards, which is comprised of Miami-Dade and Monroe Counties.

**Work Maturity Skills:** Skills required to meet employer expectations for dependability and productivity that are essential to enable a young adult to keep a job once he or she gets hired, including, but not limited to the following: attendance, punctuality, positive attitude/behavior, appearance, interpersonal relations and task completion.

**Workforce Innovation and Opportunity Act (WIOA):** Legislation that laid the framework for delivery of workforce services at the state and local level to jobseekers who need the services. WIOA is designed to help jobseekers access employment, education, training, and support services to succeed in the labor market and to match employers with the skilled workers they need to compete in the global economy.

**Workforce Management System (WFMS):** The system for tracking participant’s training related information, i.e., expenditures and performance data, and that enables career advisors to create, modify and track budget accounts and expenditures for participants receiving support services.

**Wrap-Around Support Services:** Services necessary to enable an individual to participate in activities authorized by WIOA and can be accessed through referrals to resources available through the SFWIB and/or the community to help reduce and/or eliminate barriers to employment. Supportive services include, but are not limited to, the following:

- Assistance with transportation;
- Assistance with childcare and dependent care;
- Assistance with housing;
- Needs-related payments;
- Assistance with educational testing; and
- Reasonable accommodations for participants with disabilities.

## FINANCIAL CLOSEOUT PROCEDURES

### I. Purpose

The purpose of this procedure is to document and provide guidance to Contractors and the South Florida Workforce Investment Board's (SFWIB) staff on the required process to close out contracts at the expiration or termination date.

### II. Policy

- A. Contractors shall complete and submit a Financial Closeout for each contract on or before thirty (30) calendar days after the contract expires, or upon termination of the contract. For example, if the contract expires June 30, the Financial Closeout will be due to the SFWIB on or before July 30.
- B. If the Contractor's Final Expenditure Report indicates that payments were made to the Contractor in excess of the actual costs of providing contracted services or if the actual expenditures surpass the budgeted amount, the Contractor shall refund the difference to the SFWIB forthwith. If the Contractor does not repay the difference within thirty (30) calendar days following the SFWIB's notification of overpayment, the SFWIB will charge the Contractor the lawful rate of interest on the outstanding amount.
- C. The following required Financial Closeout documents shall be submitted by the Contractor:
  - 1. Final Expenditure Report (**Enclosure 1**).
  - 2. Year to Date Reconciliation between specified line items in Enclosure 2 by fund and actual expenditures by line item.
  - 3. Year to Date General Ledger for the SFWIB's expenditures only.
  - 4. Indirect Cost Reconciliation.
- D. Upon the request of the Contractor, the SFWIB's Accountant will provide technical assistance on completing the Financial Closeout.
- E. Contractors shall complete and submit to the SFWIB an annual fiscal audit report within six months after the end of the fiscal year and in compliance with 2 CFR Chapter II, Subpart F, §200.512(a).

### III. Procedure

#### A. **Salaries/Wages**

Staff persons may be paid for absences (vacations, sick leave, etc.), if such a provision for payment is included in the Contractor's personnel policies and procedures manual that was submitted as part of the operational documents. All Contractors are encouraged to allow staff to take time off rather than issue payment for leave time.

Staff persons may be paid for unused vacation time once they are terminated from the program. This payment shall be charged to staff salaries unless such payment, when added to the total salary, exceeds the maximum salary established in the operating budget.

#### B. **Insurance**

The Contractor shall keep in force all insurance policies, which are applicable to their program(s).



**C. Professional Service, Sub-Contract & Rental Agreements**

The Contractor shall cancel all of the following services, which will not be applicable to any future contract with the SFWIB:

1. All professional service agreements and sub-contract agreements paid by funds generated from this Contract;
2. All rental contracts associated with office space, equipment, and/or vehicles and maintenance contracts which are paid with funds generated from this Contract; and
3. All utility services associated with the operation of Contractor's program (i.e. telephone, electricity, water) paid by funds generated from this Contract.

**D. Completion of Financial Closeout**

1. **Final Expenditure Report (Enclosure 1):**

The Contractor shall submit an actual expenditure report within thirty (30) days following the end of the contract. This report shall reflect:

- A summation of the cumulative expenditures incurred by the Contractor for providing the contracted services.
- A summation of the cash reimbursements and credits received by the Contractor for providing the contracted services.
- The difference between the approved expenditures and the reimbursements received by the Contractor. This difference will reflect either an amount that is due and payable to the Contractor or an overpayment that the Contractor received that is due and payable to the SFWIB.

2. **Year to Date Reconciliation between specified categories by fund and actual expenditures (Enclosure 2):**

Actual expenditures billed to the SFWIB should be equal to or less than line item budget. The SFWIB Year to Date General Ledger must be presented as supporting documentation.

3. **Indirect Cost Reconciliation:** Noting indirect costs charged in comparison to actual indirect cost. Refunds may be requested for overages.

**E. The SFWIB's Accountant Responsibility**

The SFWIB's Accountant assigned to the contract will provide technical assistance to complete the Financial Closeout upon request.

The SFWIB's Accountant will perform the following functions:

1. Verify that all required enclosures are completed accurately, signed and dated.
2. Verify Contractor's total expenditure against the financial records and the budget amounts to confirm there are no overages.
- 3.
4. Verify indirect cost/profit calculations with approved rate.

**FINAL EXPENDITURE REPORT**

Contractor Name: _____	Prepared By: _____
Program Name: _____	Index Code: _____

**CUMMULATIVE PROGRAM EXPENDITURES**

Year to Date Expenditures Approved by SFWIB (from Payment Requests)	\$ -
Purchases made by the SFWIB on behalf of the Contractor	\$ -
Less: Year to Date Late Invoicing Amount	\$ -
<b>Total Expenditures</b>	\$ -

**CUMMULATIVE PAYMENTS**

Year to Date Cash Payments Received from SFWIB	\$ -
Purchases made by the SFWIB on behalf of the Contractor	\$ -
<b>Total Payments</b>	\$ -

**BALANCE DUE TO CONTRACTOR** (if not applicable enter zero)

\$ -
------

or

**BALANCE DUE FROM CONTRACTOR** (if not applicable enter zero)

\$
----

Please detail any balance(s) due from Contractor by invoice packages: \_\_\_\_\_

Pursuant to the terms of this Contract between the Contractor listed above and the SFWIB, and in consideration of the total amounts earned and paid to the Contractor for performance, which equals \$ \_\_\_\_\_ the Contractor does remise, release, and discharge the SFWIB, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from this Contract. **The Contractor's submission of the Financial Closeout Package is a complete release and waiver of any and all liability, claims or causes of action that allegedly resulted from engagement of and/or performance under this Contract and acknowledges the SFWIB has fully performed and satisfied any and all of its obligations due under this Contract.**

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

\_\_\_\_\_  
Name of Official Authorized to Sign the Contract

\_\_\_\_\_  
Signature of Official Authorized to Sign the Contract /Date

**CLOSEOUT RECONCILIATION SPECIAL SERVICE CONTRACT**

	1	2	3	4	5	6
	Budget	Budget	Budget	Actual	Difference	General
	Original	Adjustment	Revised*	Expenditures	(3-4)	Ledger
<b>RTS</b>						
<b>Programmatic</b>						
Salary		\$ -			\$ -	
Fringe Benefits		\$ -			\$ -	
Participant Cost		\$ -			\$ -	
Other Programmatic Costs		\$ -			\$ -	
Indirect Cost		\$ -			\$ -	
Profit		\$ -		\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Administrative</b>						
Salary		\$ -			\$ -	
Fringe Benefits		\$ -			\$ -	
Participant Cost		\$ -			\$ -	
Other Administrative Costs		\$ -			\$ -	
Indirect Cost		\$ -			\$ -	
Profit		\$ -		\$ -	\$ -	\$ -
<b>Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Grand Total</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Grand Total - ALL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**BUDGET: PROJECTED PROGRAM COST**

Contractor Name: The Beacon Council Economic Development Foundation, Inc.  
 Program: Miami Community Ventures Pilot Program (MCV)  
 Effective Dates: 12/1/18 - 6/30/19

Operating Expenses: Budget Cost

Other: \$ 210,000.00

5529 OJT for 77 clients at an average allocation rate of \$2727.27 per client (77 x \$2727.27 = \$210,000) \$

5245 OJT Training \$ 35,000.00

Participant Costs (WFMS) \$ 50,600.00

5560 Participant Transportation \$

5001 Staff Salaries \$

Title	Annual Salary	Hourly Wage	# of Hours for MCV	% of Hours to MCV	Budgeted Salary
Program Director	\$48,746	\$23.44	374	18%	\$10,968.00
Success Coach	\$44,349	\$21.32	832	40%	\$22,174.00
Research Intake	\$36,980	\$17.78	978	47%	\$21,858.00
Total					\$55,000.00
Fringe Benefits: 8% of Salaries:					\$4,400.00
<b>Budgeted Salaries:</b>					<b>\$50,600.00</b>

8% Fringes:	
\$	877.44
\$	1,773.92
\$	1,748.64
\$	4,400.00
\$	<b>4,400.00</b>

5054 Fringe Benefits, including FICA & MICA \$ 4,400.00

**TOTAL PROJECTED PROGRAM COST** **\$ 300,000.00**

Contractor Name: The Beacon Council Economic Development Foundation, Inc.  
 Program: Miami Community Ventures Pilot Program  
 Effective Dates: 12/1/18 - 6/30/19

**Staff Salaries:**

Wrap-Around Services are key to the program. A case management model and consists of on-going success coaching, counseling, and research related activity such as tracking and reporting; for each of the 77 clients:

Total Budgeted

Title	Annual Salary	Hourly Wage	# of Hours for MCV	% of Hours to MCV	Budgeted Salary
Program Director	\$48,746	\$23.44	374	18%	\$10,968.00
Success Coach	\$44,349	\$21.32	832	40%	\$22,174.00
Research Intake	\$36,980	\$17.78	978	47%	\$21,858.00
<b>Total</b>					<b>\$ 55,000.00</b>

Fringe Benefits: 8% of Salaries (see below):

\$ 4,400.00

\$ 50,600.00

\$ 50,600.00

**Fringe Benefits, including FICA & MICA:**

Estimated at 8% of Salaries:

Program Director	\$ 877.44
Success Coach	\$ 1,773.92
Research Intake	\$ 1,748.64
<b>Total Fringes:</b>	<b>\$ 4,400.00</b>

**Fringe Benefits, including FICA & MICA:**

\$ 4,400.00

**On the Job Training**

On the job training budget allocation for participant on-the-job-training under the MCV program. The amount per client will vary based on need. The average amount estimated per client (Participant) is at \$2,727.27 x 77 clients = \$210,000.

\$ 210,000.00

**Participant Transportation**

These services are designed to support the clients by best equipping them for long-term success. Services include transportation (bus/train passes, and gas cards.). Transportation for clients - 1) Transit Passes (77x\$56.25) x 4 = \$17,325  
 - 2) Last Mile Solutions - \$17,675 (to be submitted for pre-approval per solution)

\$ 35,000.00

**TOTAL COSTS BUDGETED:**

\$ 300,000.00

**BUDGET: PROJECTED PROGRAM COST**

Contractor Name: The Beacon Council Economic Development Foundation, Inc.  
 Program: Miami Community Ventures Pilot Program (MCV)  
 Effective Dates: 12/1/18 - 6/30/19

			<u>Budget Cost</u>
Operating Expenses:			
	Other:		
5529	OJT for 77 clients at an average allocation rate of \$2727.27 per client (77 x \$2727.27 = \$210,000)	\$	210,000.00
5245	OJT Training		
	<u>Participant Costs (WFMS)</u>		
5560	Participant Transportation Transportation for clients - 1) Transit Passes (77x\$56.25) x 4 = \$17,325 - 2) Last Mile Solutions - \$17,675 (to be submitted for pre-approval per solution)	\$	35,000.00
5001	Staff Salaries	\$	50,600.00

8% Fringes:	
\$	877.44
\$	1,773.92
\$	1,748.64
\$	4,400.00
\$	4,400.00

Title	Annual Salary	Hourly Wage	# of Hours for MCV	% of Hours to MCV	MCV	Budgeted Salary
Program Director	\$48,746	\$23.44	374	18%	\$10,968.00	
Success Coach	\$44,349	\$21.32	832	40%	\$22,174.00	
Research Intake	\$36,980	\$17.78	978	47%	\$21,858.00	
Total					\$55,000.00	
Fringe Benefits: 8% of Salaries:						\$4,400.00
<b>Budgeted Salaries:</b>						<b>\$50,600.00</b>

5054	Fringe Benefits, including FICA & MICA	8% of Salaries:	\$	4,400.00
<b>TOTAL PROJECTED PROGRAM COST</b>				<b>\$ 300,000.00</b>

Contractor Name: The Beacon Council Economic Development Foundation, Inc.  
 Program: Miami Community Ventures Pilot Program  
 Effective Dates: 12/1/18 - 6/30/19

**Staff Salaries:**

Wrap-Around Services are key to the program. A case management model and consists of on-going success coaching, counseling, and research related activity such as tracking and reporting; for each of the 77 clients:

Total Budgeted

Title	Annual Salary	Hourly Wage	# of Hours for MCV	% of Hours to MCV	Budgeted Salary
Program Director	\$48,746	\$23.44	374	18%	\$10,968.00
Success Coach	\$44,349	\$21.32	832	40%	\$22,174.00
Research Intake	\$36,980	\$17.78	978	47%	\$21,858.00
Total					\$ 55,000.00
Fringe Benefits: 8% of Salaries (see below):					\$ 4,400.00

**Budgeted Salaries:** \$ 50,600.00

**Fringe Benefits, including FICA & MICA: Estimated at 8% of Salaries:**

Program Director	\$ 877.44
Success Coach	\$ 1,773.92
Research Intake	\$ 1,748.64
Total Fringes:	\$ 4,400.00

**Fringe Benefits, including FICA & MICA:**

\$ 4,400.00

**On the Job Training**

On the job training budget allocation for participant on-the-job-training under the MCV program. The amount per client will vary based on need. The average amount estimated per client (Participant) is at \$2,727.27 x 77 clients = \$210,000.

\$ 210,000.00

Participant Transportation

These services are designed to support the clients by best equipping them for long-term success. Services include transportation (bus/train passes, and gas cards.). Transportation for clients - 1) Transit Passes (77x\$56.25) x 4 = \$17,325  
 - 2) Last Mile Solutions - \$17,675 (to be submitted for pre-approval per solution)

\$ 35,000.00

**TOTAL COSTS BUDGETED:**

\$ 300,000.00





# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>The Beacon Council Economic Development Foundation.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>80 S.W. 8th Street, Suite 2400</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Miami, FL 33130</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	9	-	2	7	3	8	6	7	6 *

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date ▶ <b>2/6/2018</b>
------------------	--------------------------	------------------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

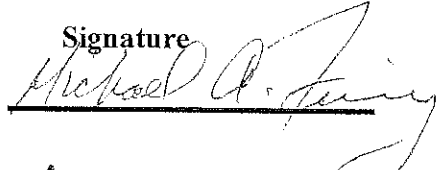
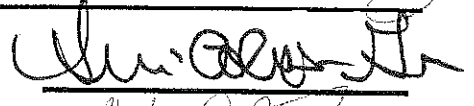
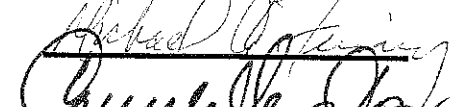
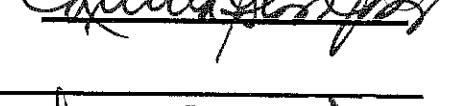

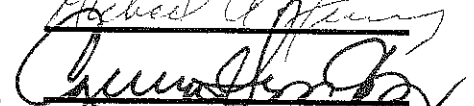
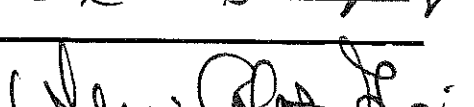
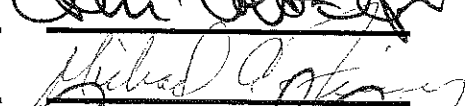
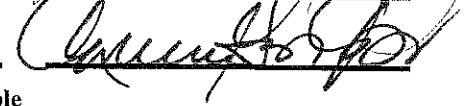
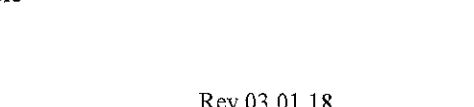
\* = Agrees to [sunbiz.org](http://sunbiz.org)

AGENCY: The Beacon Council Economic Development Foundation, Inc. DATE: 2/12/19

**ORGANIZATIONAL RESPONSIBILITIES**

Provide the names(s) and telephone number of the person(s) who has been designated the responsibility within the following areas:

POSITION	NAME	TELEPHONE NUMBER & E-MAIL
Chairman of the Board	Penny Shaffer	Penny.Shaffer@bcbsfl.com/305-579-1300
Chief Executive*	Michael A. Finney	mike@beaconcouncil.com/305-579-1300
Project Director	Sheri-Colas Gervais	scolas@beaconcouncil.com/305-579-1349
Affirmative Action Officer	N/A	
Personnel Office	Camela Glean - Jones	cglean@beaconcouncil.com/305-579-1329
Fiscal Management Officer	Camela Glean - Jones	cglean@beaconcouncil.com/305-579-1329

	Name	Signature
• Person Authorized to Sign Contract(s) according to Corporate/ Board Resolution	<u>Michael A. Finney</u>	
• Persons Authorized to Sign Invoicing Packages and Procurement Requests (Finance Manager or above)	<u>Sheri Colas- Gervais /MCV</u>	
	<u>Michael A. Finney</u>	
	<u>Camela Glean-Jones</u>	
• Persons Authorized to Pick Up Emergency Payments/Check	<u>Sheri Colas-Gervais/MCV</u>	
	<u>Michael A. Finney</u>	
	<u>Camela Glean-Jones</u>	
• Person(s) Authorized to Sign and/or Pick Up Other Relevant Documents	<u>Sheri Colas-Gervais/MCV</u>	
	<u>Michael A. Finney</u>	
	<u>Camela Glean-Jones</u>	

\*Specify Title: President, CEO, Mayor, City Manager, Superintendent, etc. as applicable

• FASCIMILE SIGNATURES REQUIRED: **MUST BE BONDED**

November 29, 2018

Mr. Michael Finney, President & CEO  
The Beacon Council Economic Development Foundation, Inc.  
80 S.W. 8<sup>th</sup> Street, Suite 2400  
Miami, Florida 33130

Dear Mr. Finney:

This is to notify you that the South Florida Workforce Investment Board, at the August 16, 2018 meeting, approved to allocate funding for the **Miami Community Ventures Program**. The effective period for the funding allocation is **December 1, 2018 through June 30, 2019**.

The estimated **Workforce Innovation and Opportunity Act (WIOA) Adult** funding awarded to **The Beacon Council Economic Development Foundation, Inc.** is an amount not to exceed **\$300,000.00** to serve **seventy seven (77)** eligible individuals from the targeted population.

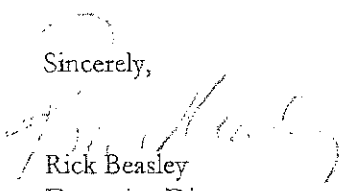
The targeted population to be served will be public assistance recipients, returning citizens, and the disabled; with emphasis on sub-groups consisting of female head-of-household, veterans and at-risk youth (ages 19-29).

Three (3) sets of the contract are attached for your signature. Once executed, we will return one (1) original to you. Please submit the following by **Wednesday, December 12, 2018**, to the attention of Peter Davidson, Contracts Manager:

- An original set of Operational Documents; and
- An e-mail budget for the amount awarded.

Should you have any questions or concerns, please contact Mr. Davidson at (305) 929-1621 or Mr. David Gilbert at (305) 929-1640.

Sincerely,

  
Rick Beasley  
Executive Director  
South Florida Workforce Investment Board  
d/b/a CareerSource South Florida

Pc: Christine Azor, Assistant Director of Finance, SFWIB/CSSF  
David Gilbert, Adult Program Manager, SFWIB/CSSF  
Dulce Quiñones, Contracts Compliance Supervisor, SFWIB/CSSF  
Roxanne Soto, Contracts Administrator, SFWIB/CSSF  
Central File, SFWIB/CSSF

info@careersourcesfl.com

7300 Corporate Center Drive, Suite 500  
Miami, Florida 33126

p: 305-594-7615 | f: 305-470-5629