

CareerSource
SOUTH FLORIDA

careersourcesfl.com

August 15, 2023

William "Bill" Diggs
Executive Director
Miami Dade Economic Advocacy Trust
111 NW 1st Street Suite 2032
Miami, FL 33128

Subject: Memorandum of Understanding

Dear Mr. Diggs:

Enclosed please find the PY'23 Memorandum of Understanding between Miami Dade Economic Advocacy Trust and the South Florida Workforce Investment Board for the period of July 1, 2023 through June 30, 2024.

The purpose of the MOU is to better serve students and families in the Southern Miami-Dade County area through the MDEAT's economic development, housing, and youth services divisions of the agency to help meet the holistic needs of the surrounding community.

Please sign and return the scanned Agreement. Once the agreement is executed, we will return one (1) scanned original to you. Should you have any questions, please contact Ms. Dania Roque, Contracts Officer at (305) 929-1626.

Sincerely,

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

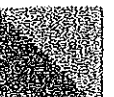
Enclosures

Pc: Renee Bennett, Assistant Director, SFWIB Finance
Jarvis Washington, Adult Programs Manager, SFWIB/CSSF
Robert Smith, Special Projects Administrator II, SFWIB/CSSF
Central File, SFWIB/CSSF

Info@careersourcesfl.com

7300 Corporate Center Drive, Suite 500
Miami, Florida 33128

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



**MEMORANDUM OF UNDERSTANDING
BETWEEN
SOUTH FLORIDA WORKFORCE INVESTMENT BOARD
AND
MIAMI DADE ECONOMIC ADVOCACY TRUST**

This Memorandum of Understanding (hereinafter "MOU" or "Agreement") is made and entered into by and between the South Florida Workforce Investment Board d/b/a CareerSource South Florida ("SFWIB" or "CareerSource"), the Miami Dade Economic Advocacy Trust hereinafter referred to as "Partner" (SFWIB and the Partner are collectively referred to as the "Parties").

WITNESSETH:

WHEREAS, the Workforce Innovation and Opportunity Act of 2014 ("WIOA" or the "Act") establishes a One-Stop Service Delivery System ("One-Stop System") assuring coordination between the activities authorized in and linked to the Act.

WHEREAS, the SFWIB provides workforce development services in Workforce Area 23 of the state of Florida ("Area"), which is comprised of Miami-Dade and Monroe Counties.

WHEREAS, the SFWIB's services and resources are available through a network of CareerSource centers and access points which comprise the Area's One-Stop System to provide a seamless and comprehensive array of education, job training, economic development efforts, and other workforce development services to persons within the Area.

WHEREAS, the SFWIB's delivery of services is enhanced by integration of available resources and collaboration through partnerships that establish guidelines to facilitate joint planning and evaluation of services, to develop more efficient management of limited financial and human resources and to reduce administrative costs.

WHEREAS, the Partner desires to create a partnership whereby Partner seeks to better serve students and families in the Southern Miami-Dade County area.

WHEREAS, the Parties desire to build a workforce development system, which will dramatically upgrade all Floridians' workplace skills and economically benefit the workforce, employers, and State.

WHEREAS, the Parties recognize that information sharing and referrals may lead to greater opportunities for successful employment and self-sufficiency for clients and enhance participation and performance of customers served through the system.

WHEREAS, the Parties desire to ensure compliance and that coordinated efforts are consistent with all federal, state and local requirements to establish and maintain an effective and successful "One-Stop Delivery System" (20 CFR Section 678.300).

WHEREAS, the Parties desire to ensure that the following principles of the Title I of the WIOA are implemented: (a) Increasing access and opportunities for employment, education, training and support services of individuals, particularly those with barriers to employment; (b) Improving the quality and labor market relevance of workforce innovation, education, and economic development; (c) Promoting improvement in the structure and delivery of services; (d) Increasing the prosperity of workers and employers; and (e) Providing workforce development activities that increase employment, retention and earnings of participants and as a result, improve the quality of the workforce, reduce welfare dependency, increase economic self-sufficiency, meet skill requirements of employers, and enhance productivity and competitiveness of the nation.

NOW THEREFORE, in consideration of the mutual terms, conditions, promises, and covenants herein set forth, the Parties agree as follows:

I. SCOPE OF WORK

The Partner agrees to provide services in accordance with **Exhibit A, Scope of Work**, attached hereto and incorporated by reference as if fully set forth herein. Methods for referring individuals to the CareerSource Center Operators, Youth Programs and/or CareerSource center Partner for the appropriate services shall be set forth in the Scope of Work. Any modifications to the Scope of Work shall only be valid when they have been reduced to writing, duly approved and signed by both parties.

II. PERIOD OF PERFORMANCE

This MOU shall commence upon **July 1, 2023**, irrespective of the date of execution, and terminate at the close of business on **June 30, 2024**, unless earlier terminated as provided below.

III. NON-DISCRIMINATION AND EQUAL OPPORTUNITY

As a condition of the award of financial assistance from the Department of Labor under Title I of the WIOA, and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the Partner assures that it shall comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- A. Section 188 of the WIOA, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex gender identity, gender expression or sex stereotyping (except as otherwise permitted under title IV of the Education Amendments of 1972), national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I - financially assisted program or activity;
- B. Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000d et seq.), as amended, which prohibits discrimination against qualified individuals on the basis of race, color and national origin;
- C. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, which prohibits discrimination against qualified individuals with disabilities;
- D. Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), as amended, which prohibits discrimination on the basis of sex in educational programs;
- E. The Age Discrimination Act of 1975 (42 U.S.C. 6101), as amended, which prohibits discrimination on the basis of age;
- F. Section 654 of the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. 9849), as amended, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs;
- G. The Americans with Disabilities Act of 1990, (42 U.S.C. 12101 et seq.), as amended, which prohibits discrimination by public and private entities on the basis of disability in employment, public accommodations, transportation, state and local government services and telecommunications;
- H. Executive Order (“EO”) No. 11246, “Equal Employment Opportunity” (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by EO No. 11375, “Amending Executive Order 11246 Relating to Equal Employment Opportunity,” and as supplemented by regulations at 41CFR Part 60, “Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of

Labor"; and in Department of Labor regulation 29 CFR Parts 33 and 37 as well as 45 CFR Part 80; and Part 92, if applicable;

- I. Equal Employment Opportunity in Apprenticeship and Training (29 CFR Part 30); and
- J. Chapter 11A of the Code of Miami-Dade County, Florida, which, among other things, prohibits discrimination in employment and places of public accommodations on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, marital status, familial status, actual or perceived status as a victim of domestic violence, dating violence and stalking, gender identity, gender expression, or sexual orientation.

The Partner also assures that it shall comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. This assurance applies to the Partners' operation of the WIOA Title I and TANF – financially assisted program or activity and to all agreements the Partner makes to carry out the WIOA Title I and TANF – financially assisted program or activity. The Partner understands the United States has the right to seek judicial enforcement of this assurance.

IV. IMMIGRATION REFORM AND CONTROL ACT

The Partner shall comply with the requirements of the Immigration Reform and Control Act of 1986, which requires employment verification and retention of verification forms for any individuals hired who will perform any services under this Agreement.

V. CONFIDENTIALITY

- A. The Partner shall maintain the confidentiality of any information regarding program participants that identifies or may be used to identify program participants and which may be obtained through proposal forms, interviews, tests, reports from public agencies or counselors, or any other source. The Partner shall not divulge such information without the written permission of the participant, or participant's custodial parent or guardian when authorized by law, if applicable, except that such information which is necessary, as determined by the SFWIB, for purposes related to the performance or evaluation of this MOU may be divulged to the SFWIB or such other persons as the SFWIB may designate, who are responsible for monitoring or evaluating the services and performances under the MOU, or to governmental authorities to the extent necessary for the proper administration of the law and the provision of services.

All releases of information shall be in accordance with applicable federal and state laws as well as the policies and procedures of the SFWIB. The Partner shall provide a completed **Confidentiality Agreement, Attachment 1**, prior to the execution of the MOU.

- B. **Confidentiality Forms.** The Partner, in the course of receiving and utilizing confidential workforce program information for the purpose of performing its duties under this MOU, shall ensure that all staff, security officers, contractors, and subcontractors, and their employees complete the following certification and acknowledgement forms prior to permitting those individuals to perform any work under or relating to this MOU:
 - a. **Individual Non-Disclosure and Confidentiality Certification Form, Attachment 2**, attached hereto and incorporated herein. The Partner shall maintain the completed confidentiality forms in each employee's personnel file.
 - b. A universal **Authorization to Obtain Confidential Information Form, Attachment 3**, attached hereto and incorporated herein, for use within the CareerSource center system, shall be filled out and maintained for every job seeker who is referred to employment and/or

training opportunities.

- c. A universal **Authorization to Obtain Confidential Employment Information Form, Attachment 4**, attached hereto and incorporated by reference herein, for use within the CareerSource center system, shall be filled out and maintained for every job seeker who is referred to employment and/or training opportunities.
- d. A universal **Authorization to Release Confidential Information Form, Attachment 5**, attached hereto and incorporated herein, for use within the CareerSource center system, shall be filled out and maintained for every job seeker who is referred to employment and/or training opportunities.

VI. INDEMNIFICATION

The Partner shall indemnify and hold harmless the SFWIB, its officers, employees, agents, servants, agencies and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the SFWIB and its officers, employees, agents, servants, agencies or instrumentalities may incur as a result of any and all claims, demands, suits, causes of action or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Partner or the Partner's officers, employees, agents, or servants. The Partner shall pay all claims and losses of any kind in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the SFWIB, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Provided, however, this indemnification shall only be to the extent and within the limitations of section 768.28 Florida Statutes, subject to the provisions of that statute whereby the Partner shall not be held liable to pay a personal injury or property damage claim or judgment by any one person which exceeds the sum of two hundred thousand dollars (\$200,000.00), or any claim or judgment or portions thereof, which, when totaled with all other claims or judgments paid by the Partner arising out of the same incident or occurrence which exceeds the sum of three hundred thousand dollars (\$300,000.00) from any and all personal injury or property damage claims, liabilities, losses or causes of action which may arise as a result of the negligence of the Partner or the Partner's officers, employees, or servants.

Term of Indemnification. The provisions of this indemnification shall survive the expiration or termination of this MOU.

VII. TERMINATION

This MOU may be terminated without cause by any party hereto upon providing thirty (30) days' prior written notice to the other Parties.

VIII. NOTICE

It is understood and agreed between the Parties that written notice shall be mailed or delivered to the addresses set forth below and shall constitute sufficient written notice. The Parties designate the following:

For South Florida Workforce Investment Board:

Rick Beasley, Executive Director
South Florida Workforce Investment Board
The Landing at MIA
7300 Corporate Center Drive, Suite 500
Miami, Florida 33126-1234

For: Miami Dade Economic Advocacy Trust
William "Bill" Diggs, Executive Director
Miami Dade Economic Advocacy Trust
111 NW 1st Street Suite 2032
Miami, FL 33128

IX. AMENDMENTS

Any alteration, amendment, variation, modification, extension or waiver of provisions of this MOU shall only be valid when it has been reduced to writing, duly approved and signed by the authorized agent of each of the Parties.

X. PRIOR AGREEMENTS

This Agreement, and the attachments and exhibits specified below incorporate and include all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein and the Parties agree that there are no commitments, agreements or understandings concerning the subject matter of this Agreement that are not contained in this Agreement or in its attachments and exhibits. Accordingly, the Parties agree that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

The following is a List of Attachments and Exhibits that are incorporated into this Agreement:

<u>Type</u>	<u>Letter/Number</u>	<u>Description</u>
Exhibit	A	Scope of Work
Attachment	1	Confidentiality Agreement
Attachment	2	Individual Non-Disclosure and Confidentiality Certification Form
Attachment	3	Authorization to Obtain Confidential Information
Attachment	4	Authorization to Obtain Confidential Employment Information
Attachment	5	Authorization to Release Confidential Information
Attachment	6	Certification Regarding Environmental Tobacco Smoke

XI. AUTONOMY

The Parties agree that this MOU does not create or recognize any partnership, joint venture, or any other kind of organizational relationship other than herein set forth. The Parties acknowledge the independence and autonomy of each of the other Parties. The Parties remain, at all times, independent contractors, and not partners, under state law. It is expressly understood, agreed and intended that the Partner is not a partner, joint venture participant, agency or instrumentality of any kind of the SFWIB. Furthermore, the Partner's officers, agents, servants, employees, contractors and sub-contractors are not officers, agents, servants or employees, agencies or instrumentalities of the SFWIB.

XII. GRIEVANCE PROCEDURES

The Partner shall comply with all of the SFWIB's applicable Grievance and Complaint Procedures and as required by state and federal law.

XIII. ASSOCIATION OF COMMUNITY ORGANIZATIONS FOR REFORM NOW (ACORN) FUNDING RESTRICTIONS ASSURANCE

As a condition of this Agreement, the Partner assures that it will comply fully with the federal funding restrictions pertaining to ACORN and its subsidiaries per the Consolidated Appropriations Act of 2010,

Division E, Section 511 (Pub. L. 111-117). The Continuing Appropriation Act, 2011, Section 101 and 103 (Pub. L. 111-242), provides that appropriations made under Pub. L. 111-117 are available under the conditions provided by Pub. L. 111-117.

XIV. COMPLIANCE WITH SECTION 6002 OF THE SOLID WASTE DISPOSAL ACT, AS AMENDED BY THE RESOURCE CONSERVATION AND RECOVERY ACT (“RCRA”) FOR THE PROCUREMENT OF RECOVERED MATERIALS

The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (“EPA”) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired during the preceding fiscal year exceeded \$10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines. The Partner shall comply with Section 6002 of the Solid Waste Disposal Act, as amended by the RCRA.

XV. EQUAL TREATMENT FOR FAITH-BASED ORGANIZATIONS

Equal Treatment For Faith Based Organizations, 45 CFR 87 prohibits any state or local government receiving funds under any United States Department of Health and Human Services program, or any intermediate organization with the same duties as a governmental entity, from discriminating for or against an organization on the basis of the organization’s religious character or affiliation.

Equal Treatment For Faith Based Organizations, 45 CFR 87 prohibits religious organizations from engaging in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded with direct financial assistance.

Equal Treatment For Faith Based Organizations, 45 CFR 87 prohibits an organization that participates in programs funded by direct financial assistance from the Department, in providing services, from discriminating against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

XVI. ENVIRONMENTAL TOBACCO SMOKE

In accordance with Part C of P.L. 103-227, the “Pro-Children Act of 1994”, smoking is prohibited in any portion of any indoor facility owned or leased or contracted by an entity and used regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs whether directly or through state or local governments. Federal programs include grants, cooperative agreements, loans, and loan guarantees, and contracts. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug and alcohol treatment. The Partner shall provide a completed **Certification Regarding Environmental Tobacco Smoke, Attachment 6.**

XVII. PUBLIC ANNOUNCEMENTS AND ADVERTISING

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal funds, the Partner shall clearly state (1) the percentage of the total costs of the program or project which will be financed with federal funds, (2) the dollar amount of federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

The Partner shall incorporate “a proud partner of the American Job Center network” on all primary electronic resources, including websites, used by the one-stop delivery system (20 CFR section 662.100), and on any newly-printed, purchased, or created materials pursuant to 20 CFR 678.900. Each one-stop delivery system must include “a proud partner of the American Job Center network” identifier on all:

- Primary electronic resources used by the one-stop delivery system, and on any newly printed, purchased, or created materials.
- Products, programs, activities, services, facilities, and related property and new materials used in the one-stop delivery system.

XVIII. UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

The Partner shall comply with 2 CFR Chapter II, Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (superseded OMB Circulars A-21, A-87, A-89, A-102, A-110, A-122, A-133 – see, 78 FR 78590-01 (Dec. 26, 2013).

XIX. CODES OF CONDUCT

The Partner shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her domestic partner, or an organization which employs or is about to employ any of the Parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to sub-agreements.

XX. GOVERNMENT-WIDE REQUIREMENTS FOR DRUG-FREE WORKPLACE

The Partner shall comply with drug-free workplace requirements in Subpart B (or Subpart C, if the recipient is an individual) of 29 CFR part 94.

XXI. VETERAN'S PRIORITY PROVISIONS

Federal grants for qualified job training programs funded, in whole or in part, by the U.S. Department of Labor are subject to the provisions of the “Jobs for Veterans Act” (“JVA”), P.L. 107-288. The JVA provides priority services to veterans and spouses of certain veterans for the receipt of employment, training, and placement services. To obtain priority service, a person must meet the program's eligibility requirements. 20 CFR Part 1010 provides general guidance on the scope of the veterans’ priority statute.

XXII. INTERGOVERNMENTAL PERSONNEL ACT

The Partner shall comply with the requirements of the Intergovernmental Personnel Act (42 U.S.C. Chapter 62 Sec. §4701).

XXIII. ADMINISTRATIVE PROVISIONS UNDER TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT ADMINISTRATIVE RULES, COSTS AND LIMITATIONS

The Partner shall comply with the requirements of the administrative provisions under Title I of the WIOA Administrative Rules, Costs and Limitations (20 CFR Part 683, Subpart B).

XXIV. CERTIFICATION

By signing this Agreement, the Parties agree that the provisions contained herein are subject to all applicable, federal, state and local laws, regulations and guidelines relating to nondiscrimination, equal opportunity, displacement, privacy rights of participants, and maintenance of records and other confidential information relating to access point customers.

XXV. GOVERNING LAW AND VENUE

This MOU shall be governed by, and construed in accordance with the laws of the state of Florida. In the event of litigation, venue for any claim shall lie exclusively in a court of competent jurisdiction in Miami-Dade County. The Parties shall be responsible for their own attorneys' fees.

XXVI. FLORIDA PUBLIC RECORDS LAW

The Parties understand the broad nature of Florida's public records laws and shall comply with same and other laws relating to records retention. The Parties shall keep and maintain public records as required by law for performance of services encompassed in this Agreement. The Parties shall keep records to show their compliance with program requirements in accordance with this Agreement. The Parties and their subcontractors must make available, upon request of a Federal grantor agency, the Comptroller General of the United States, or any of their duly authorized representatives, any books, documents, papers, and records in their possession that are directly pertinent to this Agreement for the purpose audits, examinations, excerpts, and transcriptions. Upon request from the any of the Parties' custodian of public records, the Parties must provide a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in in Chapter 119, Florida Statutes, or as otherwise provided by law. The Parties shall ensure that public records that are exempt and/or confidential from public records disclosure requirements are not disclosed except as authorized by law. The Parties shall retain all records for five (5) years after final payment is made or received and all pending matters are completed pursuant to Title 34, Sections 80.36(b)(1). Exempt or confidential information should not be disclosed unless authorized by law. Upon completion of the Agreement, the Parties shall transfer, at no cost, all public records in their possession that belong to another party or keep and maintain public records required by the Parties. If the Parties transfer public records to another party during the term of this Agreement or upon completion of the term, the Parties shall destroy any duplicate public records that are exempt and/or confidential from public records disclosure requirements. All records stored electronically must be provided to the any of the Parties, upon request from the Parties' custodian of public records, in a format that is compatible with the information technology systems of the requesting party.

IF THE PARTNER HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE PARTNERS' DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

**Via e-mail: recordsrequest@careersourcesfl.com
Telephone: 305-929-1500
South Florida Workforce Investment Board
The Landing at MIA
7300 Corporate Center Drive, Suite 500
Miami, Florida 33126-1234**

XXVII. SEVERABILITY

If any portion of this MOU is determined by a court of competent jurisdiction to be invalid, the remaining provisions shall continue to be effective.

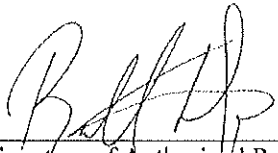
XXVIII. AUTHORITY TO EXECUTE AGREEMENT

Each person executing this Agreement represents and warrants that he or she is duly authorized and has full legal authority to execute and deliver this Agreement. Each party represents and warrants to the other that the execution and delivery of the Agreement and the performance of such party's obligations hereunder have been duly authorized and that the Agreement is a valid and legal agreement binding on the other party and enforceable in accordance with its terms.

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THE PARTIES ARE DULY AUTHORIZED TO EXECUTE THIS AGREEMENT ON BEHALF OF THE RESPECTIVE PARTIES:

AUTHORIZED SIGNATURES FOR: **Miami Dade Economic Advocacy Trust**
AGREEMENT NUMBER: **MOU-SP-PY'23-24-00**

1a. 
Signature of Authorized Representative
10/16/23
Date

2a. William "Bill" Diggs
Typed Name of Authorized Representative

3a. Executive Director
Full Title of Authorized Representative

SOUTH FLORIDA WORKFORCE INVESTMENT BOARD
BY:  11/02/23
Rick Beasley Date
Executive Director, SFWIB

**PY'23-24
SCOPE OF WORK
MIAMI DADE ECONOMIC ADVOCACY TRUST**

The collaboration between South Florida Workforce Investment Board d/b/a CareerSource South Florida (hereinafter the "SFWIB" or "CSSF"), and the Miami Dade Economic Advocacy Trust, (hereinafter the "MDEAT") seeks to better serve students and families in the Southern Miami-Dade County area. Through the SFWIB's CareerSource centers, the MDEAT is to create, maintain and promote a "CareerSource center delivery system" arrangement through community partnerships that complement the State and Federal Workforce Development System.

The SFWIB will seek to ensure that employment services are made available and the MDEAT shall provide services through the MDEAT's economic development, housing, and youth services divisions of the agency and will utilize the location as a satellite office to help meet the holistic needs of the surrounding community. MDEAT shall provide services to participants referred by the SFWIB, following the process set forth herein.

I. Roles and Responsibilities:

A. The SFWIB shall:

- Ensure that the Perrine CareerSource center operator works to register individuals before referring using the **Universal Referral Form (Attachment 1-A)** and adhering to **Referral Procedures (Attachment 1)**.
- Ensure that the Perrine CareerSource center operator staff provides eligible participants access to the following: assessment, career planning, Individual Training Accounts (ITA), On-the-Job Training (OJT), employers, and support services in order to help eligible participants overcome barriers to training or employment.
- Ensure that the Perrine CareerSource center operator staff works to complete work registration for each eligible participant, referred by completing the following **SFWIB** services:
 - Complete Initial Assessment Application (IAA).
 - Completed Employ Miami-Dade (EMD)/Employ Monroe (EM) Self-Registration.
 - Provide job search matching and staff assisted job referrals.
 - Maintain accurate Background (i.e., Education Profile + Employment History), and active (viewable to employers) Resume, valid telephone number and e-mail address.
 - Provide current Labor Market Information to all participants.
 - Completing the **Common Intake** form (**Attachment 2**) to document personnel information 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. This information shall be made available to the MDEAT by the SFWIB, where applicable.
- Ensure eligibility determination and registration include: (1) completed WIOA Application; (2) verification of the information provided in the application; (3) determination that the applicant meets the eligibility criteria established by WIOA and the SFWIB; and (4) entry into the EMO/EM Management Information System.

All adults shall meet the WIOA Adult eligibility criteria listed below:

- 18 years of age or older; and
- Is a resident of Miami-Dade County or Monroe County; and
- A citizen of the United States; or
- An eligible non-citizen who is authorized by the U.S. Citizenship and Immigration Services; and
- In compliance with the Selective Service Act (only relevant for males at least 18 years of age and born after December 31, 1959); and
- Provide the highest grade completed; and
- Provide proof of veteran status, if applicable.

B. The MDEAT shall:

- Provide the following:
 - The MDEAT's economic development division will do business outreach to small minority businesses in the area that will include resource meetings and workshops.
 - The MDEAT's youth services division will facilitate meetings with students and families about how to advance their life skills, mental health, and career development.
 - The MDEAT's housing division will meet with developers and residents who are seeking to purchase, rehab, or construct housing.
- Utilize the space as a base or planning for programming in the area and for meetings with community partners, students, business owners, and potential home buyers.
- Ensure that the Perrine CareerSource center staff participates in cross-training programs to ensure that staff is familiar with services available through the MDEAT and eligibility requirements and procedures for accessing these services and that the MDEAT's staff is trained on the SFWIB's services.
- When obtaining documentation from another agency/person in the course of delivering services as set forth herein, the MDEAT shall:
 - Advise the participant of the need to obtain information and determine the participant's willingness to authorize release of information.
 - If the participant does not object to the release of information, the MDEAT will:
 - Complete sections I and IV of the Authorization to Obtain Confidential Information or the Authorization to Obtain Employment Information forms, and ensure that the participant completes Sections II, III and IV;
 - Retain a copy of the completed Authorization to Obtain Confidential Information, or the Authorization to Obtain Employment Information forms; and
 - Mail/provide the original completed Authorization to Obtain Confidential Information, or the Authorization to Obtain Employment Information forms to the agency/person that will provide the information.

Exhibit A

- Provide the Perrine CareerSource center operator staff with flyers, pamphlets, and/or brochures regarding the **MDEAT's** program for display.

Document and follow-up on the status of eligible participants referred by the Perrine CareerSource center operator staff, as requested.

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**REFERRAL PROCEDURES
FOR PARTNERS OUTSIDE THE CAREER CENTER**

The "Universal Referral Form" as set forth in Attachment 1-A has been designed to be used by South Florida Workforce Investment Board (SFWIB) Partners for referrals. This referral form is designed to be utilized by SFWIB Partners outside the Career Centers and by SFWIB Career Center staff to partners/organizations that will assist SFWIB participants.

- This form is for referral purposes only and not for eligibility or registration purposes.
- This referral form can be submitted electronically.
- This referral form should be utilized only when a relationship has been established through an MOU between SFWIB and the Agency/Partner.
- The form is to be used electronically when contact (telephone, e-mail, etc.) has been established between the two agencies.
- This form is not a blind referral. A blind referral is when a person is given a copy of the form and no contact is established with the Agency/Career Center participant is being referred to. Contact must be established with the prospective Agency/Career Centers prior to issuing referral.
- Always use an individual's name (whether a Partner's staff name or a SFWIB Career Center's staff name) on the form when transmitting this Universal Referral Form.



UNIVERSAL REFERRAL FORM

SECTION A: GENERAL PARTICIPANT INFORMATION			
Name:		Date:	
Mailing Address:			
City:	State:	Zip Code:	Telephone #:
Race:	Sex:	Date of Birth:	Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Education Level Completed:		Currently Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
E-Mail Address:		Name of School:	
SECTION B: REFERRED FROM			
Case Mgr. Name:		Date:	
Agency:		Tel.#:	
Address:			
City:	State:	Zip Code:	
E-Mail Address:			
SECTION C: PARTICIPANT EMPLOYMENT INFORMATION			
Currently Working? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current or Last Employer:			
Address:			
City:	State:	Zip Code:	
Telephone #:	Start Date:	End Date:	
Job Title:	Hours Per Week:	Salary:	
Job Description:			
Reason for Leaving:			
SECTION D: REFERRED TO			
Name:		Date:	
Agency:			
Address:			
City:	State:	Zip Code:	
E-Mail Address:			
Purpose of Referral:			
Appointment Date:		Appointment Time:	
SECTION E: RESULTS - Complete and Return to Originator in Section B			
<input type="checkbox"/> Registered <input type="checkbox"/> Reported - Did not register <input type="checkbox"/> Did not keep appointment			

_____ Referred to Job (List name of employer & address in Comments)
Comments:

Referring Agency:

- (1) E-Mail this form to agency shown in Section D prior to the appointment.
- (2) Give the participant a copy of this form.

WORK INNOVATION AND OPORTUNITY ACT

(1) RCOU: _____ (2) SSN# (Verified): _____

(3) Date of Application: _____

(4) Last Name, First Name, Middle Initial: _____

ELIGIBILITY DATES

(5) Adult Basic Career Services: _____ (6) Adult Eligibility: _____ (7) Dislocated Worker: _____

CONTACT INFORMATION

(8) Residential Address (Verified): _____

City: _____ State: _____

County/Parish: _____ Zip Code: _____

(9) Primary Phone Number: _____

(10) Primary Phone Type (Select 1)
 Cell/Phone Relatives Phone Work Phone Not Identified Home Other

(11) Phone Mode (Select 1)
 Voice TTY Voice/TTY Videophone

(12) Alternate Phone Number: _____

(13) Alternate Phone Type (Select 1)
 Cell/Phone Relatives Phone Work Phone Not Identified Home Other

(14) Phone Mode (Select 1)
 Voice TTY Voice/TTY Videophone

(15) Email: _____

DEMOGRAPHIC DATA

(16) Date of Birth (Verified): _____ (17) Gender:
 Male Female

(18) Registered for Selective Services (Verified):
 Yes No Not Applicable Documented from Registration

(19) Authorized to Work in U.S. (Verified)
 Citizen of U.S. or U.S. Territory Alien/Refugee Lawfully Admitted to U.S.
 U.S. Permanent Resident No

(20) Considered to be of Hispanic Heritage:
 Yes No Information Not Provided

(21) Considered to be of Haitian Heritage:
 Yes No Information Not Provided

(22) Race (Multiple selections are allowed when I do not wish to answer is not selected):
 White African American/Black American Indian/Alaskan Native Hawaiian/Other Pacific Islander
 I don't wish to answer

(23) Considered to have a disability (Verified):
 Yes No Not Disclosed

DISLOCATED WORKER INFORMATION

The following are only required for Dislocated Worker Eligibility

(46) Dislocated Worker Category (Verified):

Category 1: Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to Re-employment Assistance (RA) formerly Unemployment Compensation (UC), and is unlikely to return to previous industry or occupation.

Category 2: Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UI due to insufficient earnings, or the employer is not covered under the state UI law, and is unlikely to return to previous industry or occupation.

Category 3: Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of permanent closure of or substantial layoff at a plant, facility or enterprise.

Category 4: Individual is employed at a facility at which the employer has made general announcement that the facility will close. Enter the date the facility will close (if known) in the Projected Lay off Date below.

Category 5: Individual was previously self-employed (including employment as a farmer, a rancher, or a fisherman), but is unemployed as a result of general economic conditions in the community that the individual resides or because of natural disaster. Record the last date of self-employment in the Actual Layoff Date.

Category 6: Displaced homemaker. An individual who has been providing unpaid services to family members in the home and has been dependent on the income of another family member, but is no longer supported by that income; or is the dependent spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment;

Category 7: The spouse of a member of the Armed Forces on active duty who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member;

Category 8: The spouse of a member of the Armed Forces on active duty who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

Category 12: Dislocated Worker Grant (DWG) eligibility: Individual does not meet criteria outlined for Dislocated Workers in categories 1-8 above, but is an individual that meets DWG eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.

None of the above. Individual does not meet the definition of Dislocated Worker.

(47) Projected Date of Layoff: _____

(48) Actual Layoff Date if date is in the future, please leave blank until actual layoff date (Verified): _____

(49) Attended Group Orientation Rapid Response:
 Yes No

(50) Most recent Date Attended Rapid Response Service:

(51) Dislocated Event Number:

(52) Employer (All Employment)

Employer Name:

Address:

City:

State:

Zip Code:

(53) Dislocation Hourly Wage (Verified): \$

(54) Layoff Industry NAICS Code/Title (Optional):

(55) Layoff Occupation Code O*Net/Title :

(56) Declining Industry: Yes No

(57) If working, job lacks opportunity to advance or have a wage gain: Yes No

(58) TAA Petition Number:

EDUCATION INFORMATION

(59) Current Highest School Grade Completed (from registration)(Verified):

No School Completed

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th

12th & Did not receive a diploma or equivalent High School Equivalency Diploma

High School Diploma

1 Year of College or Technical or Vocational School

2 Years of College or Technical or Vocational School

3 Years of College or Technical or Vocational School

Vocational School Certificate

Associates Degree

Bachelor's Degree

Master's Degree

Doctorate Degree

Specialized Degree (e.g. MD, DDS)

(60) School Status (Verified):

In-School, H.S. or less In-School, Alternative School In-School, Post H.S.

Not attending school, H.S. Dropout Not attending school, H.S. Graduate

(61) Attending any school (per state definition) excluding Adult Education (Verified): Yes No

PUBLIC ASSISTANCE *The following prompts are not required for Adult Basic Career Services Application*

Individual or member of family that is receiving, or in the past 6 months received the following:

(62) TANF (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	(63) Supplemental Security Income (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No
(64) State or Local Income based public assistance (General Assistance)(<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	(65) Supplemental Nutrition Assistance Program (SNAP) (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No
(66) Social Security or Disability Income (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	(67) Receiving or been notified will receive Pell Grant (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No

BARRIERS *The following prompts are not required for Adult Basic Career Services Application*

(68) English Language Learner (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	(69) High School Drop Out (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	(70) Basic Skills Deficient (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No
(71) Homeless (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	(72) Offender – Individual has been arrested/convicted of a crime (<input type="checkbox"/> Verified): <input type="checkbox"/> Yes <input type="checkbox"/> No	
(73) Displaced Homemaker (<input type="checkbox"/> Verified) : <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Displaced Homemaker Verification required for Dislocated Worker Only</small>	(74) Within 2 Years of exhausting TANF lifetime eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(75) Single Parent (Including single pregnant women): <input type="checkbox"/> Yes <input type="checkbox"/> No	(76) Individual facing substantial cultural barriers: <input type="checkbox"/> Yes <input type="checkbox"/> No	(77) Eligible Migrant Season Farmworker as defined in WIOA Sec 167 (i) <input type="checkbox"/> Yes <input type="checkbox"/> No

(78) Meets Governor's special barriers to employment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
(79) Due to individual's disability, they qualify as a Family of 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	(80) Family Size (<input type="checkbox"/> Verified):	(81) Annualized Family Income (<input type="checkbox"/> Verified):

MISCELLANEOUS

Adult Priority -
 (82) Meets the Additional Priorities established by the Governor and/or Local Board (Verified):
 Yes No

ELIGIBILITY

(83) Applicant meet the definition for low income (Verified): Yes No

WIOA FORMULA PROGRAM ELIBILITY

(84) Adult Basic Career Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	(85) Adult: <input type="checkbox"/> Yes <input type="checkbox"/> No	(86) Dislocated Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Basic Only
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WIOA GRANT ELIGIBILITY

(87) National Dislocated Worker Grant NDWG Formerly NEG: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(88) Statewide Adult Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(89) Statewide Dislocated Worker Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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(90) Statewide Incumbent Worker Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(91) Statewide Rapid Response Additional Assistance Eligibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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NON WIOA GRANTS

(92) Non-WIOA Special Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	(93) Local Funded Grants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
--	--

GRANTS

Grant Type	Grant Name	Grant Code

(94) Attestation: I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the WIOA program and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required. I understand my social security number may be given to other federal, state, and local government or non-government job training agencies for performance tracking purposes.

Signature: _____ Date: _____
 Signature of Staff Person: _____ Date: _____

Comments:

PRIVACY STATEMENT: Disclosure of your social security number is voluntary. It is requested however, pursuant to Section 119.071(5)(a), Florida Statutes for the administration of WIOA programs, and will be used in assessing and reporting program performance and accountability to the federal government.

CONFIDENTIALITY AGREEMENT

Department of Economic Opportunity (DEO) policy concerning safeguarding confidential information obtained from applicants, participants, employers and other sources is based on legislative direction and federal and state statutes and rules. These confidential records may include, but not limited to, personal identifying information of program applicants, recipients, or participants such as names, social security numbers, payroll information, employer information and resource and referral information, which are private and confidential under federal and state laws and rules, including 20 Code of Federal Regulations (CRF) 603.9, 45 CFR 205.50, 7 CFR 272.1c, sections 414.295 and 443.1715(1) Florida Statutes (F.S.), and rule 73B-1, Florida Administrative Code (FAC).

Disclosure of this information, including information received electronically, by phone calls or other communication is protected by law. The Agency shall not disclose or allow access to this information unless such action is required and necessary for the performance of official duties pursuant to any contract or agreement awarded to the Agency by South Florida Workforce Investment Board (SFWIB).

In compliance with the requirements of 20 CFR 603.9(b)(v)(A), the Agency agrees to instruct all personnel having access to any disclosed information about the confidentiality requirements of the information, the requirements of 20 CFR 603.9(b), 45 CFR 205.50, 7 CFR 272.1c, sections 414.295 and 443.1715(1), F.S., the potential criminal charges individuals could face if convicted for the willful unauthorized use or disclosure of the information specified in sections 775.082 or 775.083, F.S.; agrees to store and process this information in such a way that unauthorized persons cannot view or obtain the information by any means; and agrees to dispose any confidential information obtained, and any copies thereof made by the Agency or its employees or agents after the purpose for which the information is disclosed is served in accordance with the provisions of 20 CFR 603.9(b)(vi).

By signing this agreement, the Agency agrees to abide by DEO, state and federal statutes, policies and rules described above, and SFWIB policies and procedures, and that the Agency and any of its employees or agents will not release or disclose any confidential information while providing services for SFWIB.

Confidential Information Certificate

I have reviewed the foregoing and my signature below indicates I understand the requirements described above and accept responsibility for complying with it.

Miami-Dade Economic Advocacy Trust
Company Name (type or print)

[Signature]
Authorized Representative signature

10/31/2022
Date

Individual Non-Disclosure and Confidentiality Certification Form

I understand that I will or may be exposed to certain confidential information, including but not limited to, personal identifying information of individuals who receive public assistance, employment and unemployment insurance records maintained by the Department of Economic Opportunity (Department or DEO) made available to my employer, for the limited purpose of performing its official public duties pursuant to a Contract for Services and Non-Disclosure and Confidentiality Certification agreement.

These confidential records may include the name (or other personally identifiable information), social security numbers, wage, unemployment and employment data and public assistance information which are protected under federal and state law. Such information is confidential and may not be disclosed to others. In order to perform my public duties associated with the program requirements set forth under contract or agreement, I understand that I may be granted access to confidential data managed and controlled by entities that are not party to this agreement. Prior to receiving access to such systems, I acknowledge and agree to abide by the following standards:

1. I will comply with all security requirements imposed as a condition of use for any system(s) to which I may be granted access.
2. I will use access to the systems only for purposes authorized by law to secure information to conduct official program business consistent with my official public duties.
3. I will not disclose my user identification, password, or other information needed to access the systems to any party nor shall I give any other individual access to information secured.
4. If I become aware that any unauthorized individual has or may have obtained access to my user identification, password, or other information needed to access systems to which I have been granted access, I will immediately notify the South Florida Workforce Investment Board's (SFWIB) Security Officer.
5. I will store any disclosed confidential information in a place physically secure from access by unauthorized persons.
6. I will store and process disclosed information maintained in electronic format, such as magnetic tapes or discs, in such a way that unauthorized persons cannot obtain the information by any means.
7. I will undertake precautions to ensure that only authorized personnel are given access to disclosed information stored in computer systems.
8. I will not share with anyone any other information regarding access to the systems unless I am specifically authorized by the SFWIB.
9. I will not access or request access to any social security numbers, personal information, wage, employer, unemployment or employment data unless such access is necessary for the performance of my official duties.

10. I will not disclose any individual data to any parties who are not authorized to receive such data except in the form of reports containing only aggregate statistical information compiled in such a manner that it cannot be used to identify the individual(s) or employers involved.
11. I will retain the confidential data only for that period of time necessary to perform my public duties. Thereafter, I will either arrange for the retention of such information consistent with federal or state record retention requirements or destroy such data, and any copies made, after the purpose for which the information is disclosed is served in such a way to prevent the information from being reconstructed, copied, or used by any means.
12. I certify or affirm I have received training on the confidential nature of the data to which I am being granted access to, the safeguards required for access privileges, and the penalties involved for any violations or have received written standards and instructions in the handling of confidential data from my employer, the Department or SFWIB. I will comply with all confidentiality safeguards contained in such training, written standards, or instructions, including but not limited to, the following: a) protecting the confidentiality of my user identification and password; b) securing computer equipment, disks, and offices in which confidential data may be kept; and c) following procedures for the timely destruction or deletion of confidential data.
13. I understand that if I violate any of the confidentiality provisions set forth in the written standards, training, and/or instructions I have received, my user privileges may be immediately suspended or terminated. I also understand that applicable state and/or federal law may provide that any individual who discloses confidential information in violation of any provision of that section may be subject to criminal prosecution and if found guilty could be fined, be subject to imprisonment and dismissal from employment. I have been instructed that if I should violate the provisions of the law, I may receive one or more of these penalties.

Should I have any questions concerning the handling or disclosure of confidential information, I shall immediately ask my supervisor or SFWIB security officer for guidance and comply with their instructions.

Employee Signature: _____ Date: _____

Print Employee Name: _____

Address: _____

Work Telephone: _____

E-Mail: _____

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 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: _____

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: _____

**CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE
FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS**

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the Contractor agrees to make reasonable efforts to comply with all applicable provisions of Public Law 103-227, Part C, known as the Pro-Children Act of 1994.

Signature William Diggs Date 10/31/23

William Diggs, Executive Director
Name and Title of Authorized Representative

Miami-Dade Economic Advocacy Trust
Name of Organization