*The ESD Monitoring Unit reviews multiple federally funded programs under the Workforce Innovation and Opportunity Act (WIOA) and Washington State Economic Security for All (EcSA). The on-site monitoring review of LWDBs fulfills ESD’s compliance monitoring requirements under 2 CFR 200, as required by sec. 184(a)(4) of WIOA and Washington State Policies including WIOA Title I-B 5625 and State Program Policies 7000, 7005 and 7010.*

## Anticipated timeline:

|  |  |  |
| --- | --- | --- |
| Entrance letter provided on  | August 25, 2025 (example) |  |
| Completed questionnaire and items requested in advance uploaded to the MFT site by: | September 12, 2025 (example) | Please send email to:workforcemonitoring@esd.wa.govBrooke.Beauchamp@esd.wa.gov Kristine.Damalas@esd.wa.govwhen items have been uploaded.Refer to your monitoring entrance letter for documentation requests concerning unresolved and carryover items  |
| Detailed transaction report for months/draws identified uploaded to MFT site for transaction sample selection: | September 12, 2025 (example)  | Please send email to:workforcemonitoring@esd.wa.gov and Kristine.Damalas@esd.wa.gov when reports have been uploaded |
| List of participant files sampled to be provided on:  | September 12, 2025 (example) | Note: Program staff will be requesting direct participant cost supporting documentation, including general ledgers by participant, as part of the programmatic review. Instructions will be provided by email.  |
| List of sampled items for administrative and fiscal review emailed to LWDB: | September 17, 2025 (example) | Instructions will be provided with samples by email.  |
| Sample review meeting: | September 18 or 19, 2025 (example) | Monitoring Unit will contact LWDB to schedule |
| On-site visit week: | October 6-10, 2025 (example) |  |

General Instructions and Information:

Requested documents may be uploaded to the MFT site at <https://mft.wa.gov/webclient/Login.xhtml> or website links may be provided directly in this document.

Please email workforcemonitoring@esd.wa.gov when any items have been uploaded; the MFT site retains them for a limited number of days. Additional documents may be requested if your area had corrective action(s) in place from prior monitoring cycle(s). Please refer to your entrance letter for information on carryover items, including initial documentation requests and deadlines.

Please read each of the questions carefully, respond appropriately to each item in the space provided, and upload this fully completed questionnaire with the documents requested to the MFT site by the date indicated on the first page.

### Contact information

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| Contact Information |
| **Local point of contact coordinating the PY25 monitoring visit:**Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Work Schedule: Click here to enter text.**Name of the person who will be the point of contact for the financial and administrative review during the onsite monitoring visit (if different than person coordinating overall visit):** Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Work Schedule: Click here to enter text.**Staff lead for the following program areas:*** Adult – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* Dislocated Worker – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* Youth – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* Federal Economic Security for All – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* State Economic Security for All – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* Boeing DR-DWG – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* Rapid Response Additional Assistance (RRAA) – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* QUEST DR-DWG – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* OPIOID DR-DWG – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.
* Community Reinvestment Fund – Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.

**One-Stop Operator (OSO):**OSO Company Name or OSO Subrecipient: Click here to enter text. [ ]  New provider this PYOperator Name: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text.**Name of Organization(s) providing the following services (if applicable).** *Please note “new” next to providers who are either new to the portfolio or are new to providing the program indicated in PY25* Adult Service Provider Name(s): Click here to enter text. Dislocated Worker Service Provider Name(s): Click here to enter text. Youth Service Provider Name(s): Click here to enter text. Federal Economic Security for All Service Provider Name(s): Click here to enter text. State Economic Security for All Service Provider Name(s): Click here to enter text. Boeing DR-DWG Service Provider Name(s): Click here to enter text.RRAA Service Provider Name(s): Click here to enter text.OPIOID DR-DWG Service Provider Name(s): Click here to enter text.QUEST DR-DWG Service Provider Name(s): Click here to enter text.Community Reinvestment Fund Service Provider Name(s): Click here to enter text. |

### Section 1.1 Design and Governance of LWDB

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| Section 1.1 Design and Governance of LWDB |
| Sunshine Provisions *Title 20 Section 679.390 provides guidance on an LWDB’s requirement to conduct business in an open manner under the “sunshine provision” of WIOA. For items provided to the public electronically, the expectation is those items can be easily located on the LWDB’s website.* Please provide website links for the following items:* Information about the Local Plan, or modification to the Local Plan, before submission of the plan

Website Link: Click here to enter text. Has the information changed since the last monitoring visit? [ ]  Yes [ ]  No* List and affiliation of LWDB members

*See policy WIOA I-B 5610 Rev1 for more information on affiliations and how they relate to required board composition.* *Affiliations include: Business Representative, Small Business Representative, Workforce Representative-Labor Organization, Workforce Representative-Union Affiliated Registered Apprenticeship, Workforce Representative-Joint Labor Management Registered Apprenticeship, Workforce Representative- Non Union Registered Apprenticeship, Workforce Representative-Community Based Organization, Workforce Representative-Youth Focused Organization, WIOA Title II Adult Education and Literacy, Higher Education/Community College, Economic Development-Public Entity, Economic Development-Private or Non-Profit Entity, Community Development-Public Entity, Community Development-Private or Non-Profit Entity, Wagner-Peyser Representative, Title I Rehabilitation Act Representative, and Other* Website Link: Click here to enter text. Has the information changed since the last monitoring visit? [ ]  Yes [ ]  No* Selection of One-Stop Operators (Minutes reflecting vote of LWDB selecting One-Stop operator)

Website Link: Click here to enter text. * Award of grants or contracts to eligible training providers of workforce investment activities including providers of youth workforce investment activities (Minutes reflecting vote of LWDB approving contracts with eligible training providers of workforce investment activities including providers of youth workforce investment activities)

Website Link: Click here to enter text.* Minutes of formal meetings of the Local WDB

Website Link: Click here to enter text.* By-laws, consistent with § 679.310(g)

Website Link: Click here to enter text.Has the information changed since the last monitoring visit? [ ]  Yes [ ]  NoHave any coalitions/consortiums/designation agreements been updated since the last monitoring visit?[ ]  Yes [ ]  No / No changes (nothing to provide) If yes, list which agreement(s) has/have changed Click here to enter text. and please provide a copy of any updated governing coalitions/consortiums/designation agreements. New agreement(s) uploaded to MFT site [ ]  or new agreements are posted here (website link): Click here to enter text.Information regarding LWDB Please complete the chart below detailing all current board vacancies, adding lines as needed. See above or policy WIOA I-B 5610 Rev1 for specific information on affiliations

|  |  |  |  |
| --- | --- | --- | --- |
| Vacant Seat | Date Vacated | Length of Vacancy | Affiliation |
| Vacant Seat 1 |  |  |  |
| Vacant Seat 2 |  |  |  |
| Vacant Seat 3 |  |  |  |
| Vacant Seat 4 |  |  |  |
| Vacant Seat 5 |  |  |  |
| Vacant Seat 6 |  |  |  |

Copy of LWDB adopted budget & supplemental budget uploaded [ ]  **or** is posted here (website link): Click here to enter text. Copy of chief local elected official approval/concurrence of budget uploaded [ ]  **or** is posted here (website): Click here to enter text.  Examples of acceptable documentation include: emails from Chief Elected Official or designee approving budget, minutes from meeting held by/with Chief Elected Official where budget is approved, or minutes from LWDB meeting where the Chief Elected Official is present and budget is approved.Copy of LWDB minutes where budget is adopted by LWDBuploaded [ ]  **or** is posted here (website): Click here to enter text.Are budget to actual updates provided to management periodically? [ ]  Yes [ ]  No **If yes**, how often? Click here to enter text.Local organizations often function simultaneously in a variety of roles, including local fiscal agent, Local WDB staff, one-stop operator, and direct provider of services. Any organization that has been selected or otherwise designated to perform more than one of these functions must develop a written agreement with the Local WDB and CEO to clarify how the organization will carry out its responsibilities while demonstrating compliance with WIOA and corresponding regulations, relevant Office of Management and Budget circulars, and the State's conflict of interest policy per 20 CFR 679.430. Do any entities at the local level perform more than one role? [ ]  Yes [ ]  No **If yes**, provide a copy of the signed agreement ensuring no conflicts exist when an entity performs multiple functions.Conflict statement uploaded [ ]  **or** is posted here (website): Click here to enter text. |

### Section 1.2 Memorandum of Understanding (MOU) and Infrastructure Funding Agreement (IFA)

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| **Section 1.2 Memorandum of Understanding (MOU) and Infrastructure Funding Agreement (IFA)** |
| * Please provide a copy of **your current** MOU. [ ]  Uploaded to MFT site or **current** MOU is posted here (website): Click here to enter text.Was the MOU modified (including signed/re-signed) since the last monitoring visit? [ ]  Yes [ ]  No

 [ ]  * Signed Infrastructure Funding Agreement or other funding agreements which address the funding structure (required annually)

 [ ] Uploaded to MFT site **or** current IFA is posted here (website):Click here to enter text.* Documentation of IFA reconciliation uploaded to MFT site: [ ]

Information uploaded must include evidence that *programs* occurring in WDA are being charged based on agreed cost allocation methodology and reflect reconciliation at least once every 6 months. See WorkSource System Policy 1024, Rev2.Examples of acceptable documentation include spreadsheets showing actual charges reconciled back to contribution by required partner’s programs with invoices to partners for amounts due or receipts for amounts paid. Documentation must reflect reconciliation of actual cost to program using the methodology described in the MOU/IFA.  * Dates of IFA reconciliation for PY24 Click here to enter text.
* Dates or anticipated dates of IFA reconciliation for PY25 Click here to enter text.
 |

### Section 1.3 Policies and Procedures

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| **Section 1.3 Policies and Procedures** |
| Program PoliciesThe monitoring team will be downloading programmatic policies from the LWDB website two (2) weeks prior to the review entrance date. Please ensure all Program Policies on the website are current. Administrative & Fiscal PoliciesThe following items may be provided with a website link or by uploading an electronic copy to the MFT site.*If any policies in the left column under “Board Developed Policies” have been updated since the PY24 monitoring visit, please also provide proof of board involvement along with the link or policy. See WorkSource System Policy 1028 Rev2 for details.*  |
| Board Developed Policies* Debt Collection

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Procurement and Selection of One-Stop Operator and Service Providers

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]   * Conflict of Interest

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Property Management and Inventory

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Dispute Resolution and Appeals

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]   * Monitoring Policy

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Personnel Responsibilities and Limitations Under WIOA

Title I-B - (LWDBs and subrecipients must define in writing their personnel, travel, and leave policies including restrictions defined herein)Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Incumbent Worker Training Criteria

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Customer Concern and Complaint Resolution

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Safeguarding Personally Identifiable Information (PII)

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  WorkSource System Policy 1026, published on November 30, 2023, requires staff to complete annual privacy and security training. Please upload to MFT a list of all staff and when their annual privacy and security training was completed for PY24. Uploaded to MFT site: [ ]   | Procedures and/or Policies* Records Retention and Public Access (or follow State

policy)Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  OR We do not have a stand-alone policy [ ]  * LWDB Cash Management

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Bank Reconciliation

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]   * Internal Controls

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Allowable Cost

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]  * Staff and Board Travel Reimbursement

Website Link: Click here to enter text.OR Uploaded to MFT site: [ ]   Note: Records Retention and Public Access. A stand-alone policy is not required per WorkSource System Policy 1028 Rev2, however, if LWDB has a local policy it needs to conform to dates in ESD Policy 5403 Rev2. |

### Section 1.4 Administrative Controls, Monitoring, and One-Stop Certification

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| **Section 1.4 Administrative Controls, Monitoring, and One-Stop Certification** |
| One Stop CertificationPlease list your One Stop centers, level of certification, and most recent date of certification in the table below; adding lines as needed. Also provide the date the last annual report was provided to the LWDB. Details on the required annual progress report(s) can be found in WorkSource System policy 1016 Rev 1 section 3.a.ii.5.

|  |  |  |  |
| --- | --- | --- | --- |
| Center name and location | Certification level(Comprehensive, Affiliate, Specialized or Connection) | Last certification date | Date when the last annual report was provided to the LWDB  |
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Have any sites been decertified since the last monitoring visit? [ ]  Yes [ ]  No**If yes**, which site(s) and what was the effective date of decertification? Click here to enter text.Have any new sites been opened since the last monitoring visit but have yet to be certified? [ ]  Yes [ ]  No**If yes**, which site(s) and the opening date? Click here to enter text.Have any sites been provisionally certified since the last monitoring visit and have yet to be fully certified? [ ]  Yes [ ]  No**If yes**, which site(s) and briefly describe the corrective action steps yet to be completed and their timeline. Click here to enter text.For any One Stops certified since the last monitoring visit, provide board minutes or other documentation demonstrating the certification team was established by the LWDB and provide the board minutes documenting the certification determination(s) as required by WorkSource System Policy 1016 Rev1. Information uploaded to MFT [ ]  No new sites were certified since the last monitoring [ ] Does the WDA follow the One-Stop Certification process and forms in State policy 1016 Rev 1 or does the WDA have their own policy and process that differs from what’s outlined in 1016? [ ]  We follow 1016 process and forms [ ]  We have a different local process and formsIf you have a different process and forms, please upload those items to MFT or provide the website link: Click here to enter text.**Required Annual One Stop Progress Reports** Please provide the board minutes for the meeting(s) where the required progress reports for each certified One Stop were presented to the LWDB. If not detailed in the minutes, provide additional documentation as needed to demonstrate the required elements in WorkSource System Policy 1016 Rev1 section 3.a.ii.5 were addressed. Required elements: Each certified site’s current status and progress toward reaching higher quality standards of: • Functional and programmatic integration • Performance and accountability • Service provision, including services provided, methods of access, hours of access, equitable service delivery, and affirmative outreach to populations with barriers • Customer satisfaction • Staff competence and staff training participation • Partnership • Employer engagement • Physical and programmatic accessibilityMinutes and support documents uploaded to MFT site [ ]  or information is posted here (website): Click here to enter text. When is the next presentation of the required annual progress report(s) anticipated: Click here to enter text.Subrecipient and Service Provider MonitoringUnless otherwise noted, the following items may be provided with a website link or uploaded to the MFT site.Please review carryover items identified in your entrance letter for supplemental documentation requests in this areaPlease upload to MFT a completed review tool for one participant per program from the most recent round of monitoring: (LWDB’s choice of participant(s))[ ]  Youth[ ]  Adult[ ]  Dislocated Worker[ ]  Federal Economic Security for All [ ]  State Economic Security for All [ ]  Rapid Response Additional Assistance or [ ]  N/A[ ]  OPIOID or [ ]  N/A[ ]  QUEST or [ ]  N/APlease complete the chart below detailing information about your recent monitoring activity. Add rows as necessary to reflect one provider per line.For each organization monitored, including the One Stop Operator, please upload to MFT* One completed administrative and fiscal monitoring tool for the most recent round of subrecipient monitoring.
* The completed risk assessment tool for each of the subrecipients monitored and documentation demonstrating how the risk assessment informed the monitoring
* The most recent final monitoring report(s) (programmatic and administrative/fiscal) issued for all WIOA, EcSA, and discretionary grants requiring local monitoring

If the most recent final monitoring report for any provider is more 12 months old, the monitors may request additional documentation reflecting evidence of more current monitoring in process such as completed file checklists, working papers and monitoring letters, or draft reports.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Provider Name | Program(s) provided(Ex: WIOA Youth, WIOA DW, WIOA Adult, Federal EcSA, State EcSA, CRF, One Stop Operator, QUEST, Rapid Response Additional Assistance) | Date of last monitoring report | Risk assessment information uploaded | Completed administrative and fiscal monitoring tool uploaded | Most recent monitoring report uploaded | Is the most current report more than 12 months old? |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |
|  |  |  | [ ]  Yes | [ ]  Yes | [ ]  Yes | [ ]  Yes [ ]  No |

[ ]  Monitoring schedule uploaded for the current year covering the following programs: * Youth
* Adult
* Dislocated Worker
* One Stop Operator
* Federal Economic Security for All
* State Economic Security for All
* Rapid Response Additional Assistance or [ ]  N/A
* OPIOID DR-DWG or [ ]  N/A
* QUEST DR-DWG or [ ]  N/A
* CRF

Please provide the following information about your subrecipients’ audit schedule(s).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subrecipient Name | Organization is for profit or nonprofit | End of Fiscal Year **(date)** | **Date** audit was uploaded to the FAC(Not applicable to for profit entities) | Were there issues pertaining to the contracted program(s), funds, or administration? (Not applicable to for profit entities) | If yes, **date** when a management decision was issued by LWDB. If no, leave blank.(Not applicable to for profit entities) |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |
| Click here to enter text. | [ ]  For Profit [ ]  Nonprofit | Click here to enter text. | Click here to enter text. | [ ]  Yes [ ]  No | Click here to enter text. |

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### Section 1.5 Internal Controls

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| **Section 1.5 Internal Controls**  |
| Have there been any changes within the LWDB personnel or fiscal agent that impact internal controls? [ ]  Yes [ ]  NoIf yes, please provide an explanation. Click here to enter text.Do the LWDB and fiscal agent appropriately secure sensitive and confidential information collected and retained for the purpose of the grant award, including restricting access to a limited number of necessary personnel? [ ]  Yes [ ]  NoIf no, please provide an explanation. Click here to enter text.Have there been any complaints or incident reports since the last monitoring review (excluding EO complaints)? [ ]  Yes [ ]  NoCheck the box of the following statement that best describes the LWDB’s recent history of incidents and complaints (excluding EO)No active complaints or incident reports [ ] Complaint or incident report in last three years that resulted in investigation [ ] Current complaint or active OIG investigation [ ] Please provide additional information or explanation as needed: Click here to enter text.Have there been other legal issues at the LWDB or fiscal agent? Please check the box that best describes the LWDB and fiscal agent’s situation.Not aware of any legal issues involving staff that would impact fiscal results [ ] One or more staff has been jailed or convicted of a felony but was more than 3 years ago [ ] One or more staff has been jailed, convicted of a felony or is under criminal investigation [ ] Please provide additional information or explanation as needed: Click here to enter text.Have there been lawsuits filed against the LWDB or fiscal agent? Please check the box that best describes the LWDB and fiscal agent’s situation.No lawsuits filed against either entity [ ] Lawsuits have been filed but are minor in nature [ ] Lawsuits have been filed and are considered a substantial audit risk [ ] Please provide additional information or explanation as needed: Click here to enter text.Please upload the following items to MFT or provide a website link for where they can be located☐ Separation of Duties Chart uploaded to MFT or website link Click here to enter text.☐ System Access Rights chart or narrative uploaded to MFT or website link Click here to enter text. |

### Section 1.6 Cash and Financial Management

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| **Section 1.6 Cash and Financial Management** |
| **Information about the LWDB/Fiscal Agent**Does the LWDB earn any program income from WIOA funds? [ ]  Yes [ ]  NoIf yes, please provide the steps the LWDB took to ensure compliance with 20 CFR 683.200(b) Click here to enter text.What is the LWDB/Fiscal Agent’s basis of accounting? [ ]  Accrual [ ]  Cash [ ]  ModifiedIf cash or modified is selected, please explain the methodology used to convert financials to an accrual basis for reporting purposes.Click here to enter text.**Information about required WIOA Youth Program funds**WIOA Sec. 129(a)(4)(b) and 20 CFR 681.410 – Require LWDBs, at a minimum, to expend 75 percent of youth funds on OSY.Was the LWDB in compliance with the OSY expenditure requirement on the most recently closed WIOA Youth Formula Grant?[ ]  Yes [ ]  NoIf no, what did the LWDB do to try to meet the requirement? Click here to enter text.Is the LWDB in compliance with the OSY expenditure requirement on the WIOA Youth Formula Grant currently being spent?[ ]  Yes [ ]  NoIf no, what is the LWDB doing to try to meet the requirement? Click here to enter text.20 CFR 681.590 – Requires that at least 20 percent of the WIOA funds allocated are used to provide ISY and OSY with paid and unpaid work experiences that fall under the categories listed in § 681.460(a)(3) and further defined in § 681.600.Was the LWDB in compliance with the 20% WEX requirement for the most recently closed WIOA Youth Formula Grant?[ ]  Yes [ ]  NoIf no, what did the LWDB do to try to meet the requirement? Click here to enter text.Is the LWDB in compliance with the 20% WEX requirement for the WIOA Youth Formula Grant currently being spent?[ ]  Yes [ ]  NoIf no, what is the LWDB doing to try to meet the requirement? Click here to enter text.**Optional Allowances of Adult/Dislocated Worker Funds – Pay-for-Performance**Is the LWDB allocating funds for Pay-for-Performance?[ ]  Yes [ ]  NoIf yes, please explain what safeguards are in place to ensure that the 10% maximum allowance is not exceeded, as outlined in WIOA Sec. 134 (d)(1)(A)(iii). Click here to enter text.Has the Fiscal Agent changed accounting systems since the last monitoring? [ ]  Yes [ ]  No What percentage of your organization’s budget is funded by ETA? [ ]  Less than 50% of overall funding [ ]  Between 50%-70% [ ]  Over 70% of overall fundingWhich of the three options best describe your organization’s current situation:[ ]  Entity does not use a line of credit to pay its bills, and no bankruptcy has been filed[ ]  Entity uses its line of credit and has not filed for bankruptcy in the last three years[ ]  Entity has exhausted its line of credit and/or has filed for bankruptcy in the last three years**Transaction Sampling**Understanding that accounting systems vary, each board will be given the option of providing the list of transactions from specific months or from specific draws identified by the Monitoring Unit. For each transaction sampled, the Monitoring Unit will review source documentation and allocation method, if applicable. Both processes will test allowability, allocation, and reasonableness of transactions sampled.**Please indicate your preference by selecting one of the two options below and providing the appropriate transaction lists as described.***Option 1:*[ ]  Sample transactions by **draws** Provide detailed general ledger report of transactions by grant for all draws submitted to ESD in the months of: IDENTIFY MONTHS HERE FOR EACH BOARD*Option 2:*[ ]  Sample transactions by **months** for each grant Provide detailed general ledger report of transactions by grant for all transactions posted in the months of**:** IDENTIFY MONTHS HERE FOR EACH BOARD[ ]  Chart of Accounts for organization uploaded to MFT. Note: If transactions are being sampled from two fiscal years and the chart of accounts has been updated, please provide the chart for each year. The Monitoring Unit will be requesting the following financial documents, for specific months, prior to the review.* Bank statements and reconciliation
* Petty Cash (if applicable) [ ]  We HAVE petty cash [ ]  We DO NOT have petty cash

Note: Once initial documents are received, transactions will be randomly selected, for which detailed supporting documentation such as invoices, receipts, proof of payment, etc. will need to be provided. Directions will be sent with the sample requests via email. |

### Section 1.7 Procurements, Contracts, and One Stop Operator

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| **Section 1.7 Procurements, Contracts, and One Stop Operator** |
| **Procurement Information**Please provide a list of all formal solicitations (RFPs, RFQ, RFI, etc.) released on or after 7/1/2024 with the following information:* Procurement title or name
* Service(s) or program(s) procured
* Contract start date(s) stated in procurement (example: contracts beginning 7/1/2025 or after)
* Expiration date of procurement (example: annual renewals through 6/30/2026)
* Fund source(s) included in procurement
* Type of procurement (example: RFP, RFI, RFQ, etc.)

[ ]  Procurement list uploaded to MFT or [ ]  No formal procurements released on or after 7/1/2024Contracts/Grants/Professional Services Contracts InformationPlease provide a list of Service Provider and Professional Service Contracts awarded or amended since 7/1/24 and funded with WIOA formula funds, QUEST, Rapid Response Additional Assistance, State or Federal EcSA, Community Reinvestment Funding, or any other funding identified in your entrance letter with the following information:* Subrecipient or Contractor name
* Subrecipient or Contractor designation
* Funding source(s)
* Contract/Grant begin & end dates (if modified, list modified begin and end dates)
* Total amount of contract (including all amendments)
* How it was procured: sole source, RFP/formal bid, sealed bid, informal bidding (specify), or other (with explanation)

[ ]  Contract/Grant/Professional Services Contract list uploaded to MFT Please provide a list of contracted trainings other than OJTs, ITAs, and IWTs awarded or utilized in PY24 and funded with WIOA formula funds, QUEST, Rapid Response Additional Assistance, State or Federal EcSA or any other federal fund source identified in your entrance letter with the following information:* Subrecipient or Contractor name
* Subrecipient or Contractor designation
* Funding source(s)
* Contract/Grant begin & end dates (if modified, list current begin and end dates)
* Total amount of contract (including all amendments)
* How it was procured: sole source, RFP/formal bid, sealed bid, informal bidding (specify), or other (with explanation)

[ ]  Contracted training list uploaded to MFT [ ]  No contracted trainings other than OJTs, ITAs, and IWTs awarded or utilized in PY24.Note: Once initial documents are received, solicitations and contracts will be selected for sampling. Instructions and a list of documents to be provided will be sent via email with the sample selection.**One Stop Operator Specific Information**Does the One-Stop Operator perform multiple functions? [ ]  Yes [ ]  NoIf yes, is there a conflict of interest signed by the entity employing the OSO, the board, and the CLEO? [ ]  Yes [ ]  No[ ]  Conflict of interest statement uploaded to MFT or website link Click here to enter text.Date of the last One-Stop Operator procurement: Click here to enter text.Was a One Stop Operator procurement released since the last monitoring review? [ ]  Yes [ ]  No**If yes**, please provide the following items (upload to MFT where possible): [ ]  OSO RFP[ ]  List of respondents and each proposal’s submission date/time[ ]  Successful bidder’s proposal [ ]  Proof of Evaluation Criteria used (score sheets and documented meetings of review panelists)[ ]  List of where and when the OSO RFP was published, include websites, newspapers, etc. [ ]  Documentation showing how the amount of funding was determined to cover the cost of services provided in the RFP[ ]  Copy of Conflict of Interest/Firewall agreement (when applicable)[ ]  Documentation showing evaluators were free from conflicts (conflict of interest statements-attestations)[ ]  Copy of LWDB meeting minutes that document the Board’s involvement in the procurement process.[ ]  Any documentation of a legally binding written agreement such as a contract or MOU the LWDB executed with the selected OSO[ ]  Copy of LWDB meeting minutes that document the Board’s approval of the OSO.If an OSO procurement was done since the last monitoring, who developed or drafted the specification, requirements, statements of work, or invitations for bids or requests for proposals, and conducted the competition for the OSO? Click here to enter text. |

### Section 1.8 Cost Allocation Plan or Rate

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| **Section 1.8 Cost Allocation Plan or Rate** |
| Did the organization’s cognizant agency change from previous year? If yes, who is the new cognizant agency?Click here to enter text.Did the organization’s method or base for allocation of costs significantly change from the previous year? If yes, please provide a brief explanation.Click here to enter text.**Please upload the following items to MFT:**[ ]  Cost Allocation Plan(s) for current and prior fiscal year [ ]  Cognizant agency approval certification or letter approving/recognizing the cost plan and/or allowable rate[ ]  Copy of cost policy statement Note:For those LWDBs where ESD is **not** the cognizant agency, an approved cost allocation plan, NICRA, or confirmation of de minimis indirect usage is still required. Please provide the approval letter and description of allocation base received from your cognizant agency. |

### Section 1.9 Property and Inventory

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| **Section 1.9 Property and Inventory**  |
| Please upload the following:[ ]  Property log & inventory of equipment with minimally the following items OR [ ]  N/A:* Description
* Serial #
* Funding source
* Title holder
* % of federal participation
* Acquisition date
* Acquisition cost
* Location of equipment
* Use and condition of equipment
* Ultimate disposal date

[ ]  List of equipment and capital improvements more than $5,000 OR [ ]  N/A[ ]  Inventory list of small and attractive items uploaded separately OR [ ]  Small and attractive items included in main inventory provided OR [ ]  N/ABriefly describe the process by which new items are received and added to inventory Click here to enter text.OR [ ]  upload written processBriefly describe the steps the organization takes to safeguard against risk of loss by theft Click here to enter text.OR [ ]  upload written process |

### Section 1.10 Single Audit

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| **Section 1.10 Single Audit** |
| What is the organization’s name the audit is issued under and the EIN? Click here to enter text.Please upload the following items:[ ]  Copy of the organization’s most recent Single Audit Report |

### Section 1.11 Personnel

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| **Section 1.11 Personnel** |
| **Please upload the following items:**[ ]  Organizational Chart. If fiscal agent and LWDB staff are separate entities, please provide charts for both. For boards directly providing services, please provide the chart for the entire organization including staff that provide services directly to participants.[ ]  List individuals, including name and title, who charge their time to WIOA formula funds, QUEST, Rapid Response Additional Assistance, State or Federal EcSA, Community Reinvestment Funding, or any other funding identified in your entrance letter* Include all current and past employees, since last monitoring review
* If an employee was hired or left during the year, provide start date and/or separation date as applicable

[ ]  Copy of job descriptions for new hires or job descriptions updated since the last monitoring visit OR [ ]  N/A (no changes/no new hires)Note: Once initial documents are received, payroll transactions will be selected for sampling. Directions, documents required to be submitted, and time frames will be provided with the sampled list of employees. |

### Section 1.12 Grievance and Complaint

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| **Section 1.12 Grievance and Complaint** |
| **Please upload the following items:**[ ]  Grievance/Complaint log (Program Complaint Log)[ ]  All supporting documentation leading up to the resolution of any grievance/complaint that was filed or resolved since the last monitoring visitHow are Local Board members kept apprised of and current with incident reporting of fraud and abuse and grievance/complaint procedures of participants? Click here to enter text. |

### Section 1.13 Incumbent Worker Training

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| **Section 1.13 Incumbent Worker Training** |
| Does the LWDB have an incumbent worker program? [ ]  Yes [ ]  No [ ]  Not yet but looking to launch one soon**If Yes**Do LWDB staff review and award applications or do you contract with an intermediary to run the intake, review, and awarding process?Click here to enter text.Do LWDB staff manage the training contracts, or do you contract with one or more intermediaries to manage the reimbursement process?Click here to enter text.Briefly explain how the LWDB, either directly or through a review process of documents submitted by your contracted intermediary, ensures that the required employer match is met.Click here to enter text.Briefly explain the LWDB's application and awarding process including criteria, and how the business community is made aware of IWT opportunities. If this detailed information is available on your website, you may provide a link in lieu of a written explanation. Click here to enter text.Did the LWDB contract for any incumbent worker training in PY24 or PY25 (including contracts that are currently active)? [ ]  Yes [ ]  NoIf yes, please upload the following:[ ]  List of executed contracts for incumbent worker training with the following information:* Employer Name
* Contract amount
* Occupation(s) being trained
* Execution Date
* Expiration Date
* Number of participants contracted for training
* Names of participants that have been trained or are currently in training and the funding source(s) used for each.

[ ]  Policies and processes governing the LWDB’s local incumbent worker training program Link to program on organization’s website (if available) Click here to enter text.Note: Once the information above is received, individual contracts will be selected for sampling.Directions, documents required to be submitted and time frames will be provided with the sampled list of IWT agreements. |

### Section 1.14 Stevens Amendment (Public Law 116-260, Section 505 of Division H)

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| **Section 1.14 Stevens Amendment (Public Law 116-260, Section 505 of Division H)** |
| Please upload to MFT 3 examples of collateral generated by the LWDB or your subrecipient(s) that include Stevens Amendment language and were published since the last monitoring visit. Refer to WorkSource System Policy 1027, Rev 1 for additional details on requirements.These items may include any of the following items that describe projects or programs funded in whole or in part with Department of Labor funding:• Brochures • E-mail blasts • Manuals • Press releases • Promotional materials (e.g., fliers, advertisement) If fewer than 3 examples are available for the monitors to review, please provide a brief explanation Click here to enter text.Does your area currently refer interested parties to the ESD list of grants ([ESDWAGOV - US DOL grants](https://esd.wa.gov/about/stevens-amendment)) or a locally posted site or both? Click here to enter text. Please provide links to any information posted on your website concerning federal funding levels in compliance with the Stevens Amendment. Click here to enter text. How often is the information on the site updated? Click here to enter text.How do you ensure compliance with the Stevens Amendment for publications and materials produced by the LWDB? Include evidence of review process, as applicable. Click here to enter text.How do you ensure compliance with the Stevens Amendment for publications and materials produced by your subrecipients? Include evidence of monitoring or review process as applicable. Click here to enter text. |

### Programmatic Questions

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| **Programmatic Questions**  |
|   | Yes | No | N/A | Explanation |
| Within the last calendar year, has your organization experienced turnover in key positions that are directly responsible for the oversight and/or implementation of the programs listed in the entrance letter?  If yes, indicate the program(s) and position(s).    | ☐ | ☐ | ☐ | Click here to enter text. |
| Within the last calendar year, have any of your service providers of the programs listed in the monitoring entrance letter changed? If yes, please explain the changes. | ☐ | ☐ | ☐ | Click here to enter text. |
| Have any of your WIOA service providers experienced turnover in leadership positions that are directly responsible for the oversight and implementation of the WIOA programs within the last calendar year? If yes, please explain the changes. | ☐ | ☐ | ☐ | Click here to enter text. |
| Does your drop out reengagement support designations for the OSY program?  If yes, please provide documentation that the dropout reengagement programs are (1) operated with partners beyond school districts as reflected on the Office of the Superintendent of Public Instruction (OSPI) Open Doors Programs – Regional Locations site and (2) described in an OSPI partnership-based Scope of Work document (i.e., District in Partnership with an Organization, District in Partnership with a College, Partnership with a Juvenile Justice Institution, Educational Service District-led Consortium) or (3) memoranda of understanding or statements of work that affirm operational partners beyond schools and school districts.  | ☐ | ☐ | ☐ | ☐ Evidence has been uploaded to MFT Click here to enter text. |
| Are your participant files maintained in paper files, uploaded in ETO only, or a hybrid? | ☐Paper files ☐ETO/uploaded files ☐Hybrid (Paper files & ETO)  |
| Describe the internal controls developed locally to ensure data reported in the state MIS system is valid, reliable, and aligns with source documentation in accordance with ESD Policy 1003, Rev. 6**.**     | Click here to enter text.  |
| Describe your local process and/or procedures for regular data element review of program data for errors, missing data, and other anomalies, including missing documentation.   | Click here to enter text.  |
| List names of staff who attended or viewed the recording of the annual ESD statewide data validation training as required in ESD Policy 1003, Rev. 6**.**   | Click here to enter text. |
| Provide evidence staff have received training on the importance of correct data entry and allowable source documentation in the last program year.  | ☐ Evidence has been uploaded to MFT Provide additional explanation as needed: Click here to enter text. |
| Indicate which activities, if any, are included as part of the local service strategy.  | ☐ Customized Training☐ Increased Capacity Training☐ Transitional Jobs ☐ Incentive Payments to WIOA Title I Participants☐ Integrated Service Delivery ☐ Stipends/Food Assistance/Needs-related Payments/Medical and Mental Health Care payments using State EcSA Funds☐ None of the above  |
| **State Economic Security for All (EcSA) Grants** (*Answers only required if this grant was identified in the scope on your entrance letter)* |
| Is the LWDB utilizing the State EcSA funds beyond WIOA Title I?   | ☐ Yes ☐ No  If yes, has the LWDB filed the policy with GMO?☐ Yes ☐ No If yes, date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Did the LWDB request GMO’s approval for Additional Allowable uses of State EcSA funds beyond the WIOA Title I-B and the 5 State EcSA allowable activities?   | ☐ Yes ☐ No If yes, date approval received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |