PY2018 PRE-MONITORING QUESTIONNAIRE & DOCUMENTATION REQUEST CHECKLIST: LWDA ?????

- Please read this questionnaire carefully, respond appropriately to each inquiry in the space provided, and then return this fully-completed questionnaire with the monitoring items requested below to oversight@dwd.in.gov for inspection and testing. This questionnaire is designed to collect and track all responses, so it is important all written responses be recorded within.
- All programs overseen by DWD are subject to monitoring, which includes inspection and testing of electronic and paper files.
- Only the requested documentation should be submitted initially. Select samples and additional documentation may be requested later for further inspection and testing.
- All documentation submitted for monitoring must be:
 - 1) Legible, thorough, and accurate (e.g., all pages of a contract or financial statement rather than only a few pages)
 - 2) Properly organized and labeled according to this checklist (i.e., 3(a), 4(b), etc.)
 - 3) Provided within the timeframe specified on the Monitoring Announcement Letter <u>NOTE</u>: LWDAs are cautioned that late or incomplete submission of requested items may be refused and may result in compliance findings.
- If the requested documentation does not exist/does not apply to the Local Area, an explanation stating such must be submitted
 in lieu of the requested documentation.
- Passwords, file encryption, Secure File Transfer Protocol (SFTP), secure e-mail server access, etc. <u>must</u> be used for all electronic documents containing confidential, sensitive, or personally identifiable information (PII). Secure electronic files may be submitted via:
 - 1) E-mail, secure e-mail server access (e.g., Dropbox, MailGate, SharePoint, etc.), or SFTP permissions (e.g., WinSCP) granted to oversight@dwd.in.gov, or
 - Encrypted flash drive delivered to: Bruce Hall, Senior Fiscal Monitor & Resolution Specialist
 IN Dept. of Workforce Development, Regulatory Oversight & Compliance
 10 N. Senate Avenue, SE308, Indianapolis, IN 46204

PLEASE RESPOND AS REQUESTED TO EACH ITEM IN THE 9 CATEGORIES BELOW

| Ple | ase p | provide the following information: |
|-----|-------|--|
| | (a) | Local Point-of-Contact (POC) coordinating the PY2018-19 monitoring visit |
| | | ■ Name: |
| | | ■ Email: |
| | | ■ Phone: |
| | (b) | Fiscal Agent |
| | | ■ Name: |
| | (c) | Fiscal Officer/Representative who will participate in the financial and administrative discussions |
| | | ■ Name: |
| | | ■ Email: |
| | | ■ Phone: |
| | (d) | One Stop Operator (OSO) |
| | | ■ Name: |
| | (e) | Director of Operations for WIOA Adult/Dislocated Worker programs |
| | | ■ Name: |
| | | Email: |
| | | Phone: |
| | (f) | WIOA Adult/Dislocated Worker Service Provider(s) |
| | | ■ Name: |
| | (g) | Director of Operations for WIOA Youth programs |
| | | ■ Name: |
| | | Email: |
| | | Phone: |
| | (h) | WIOA Youth Service Provider(s) |
| | | ■ Name: |

| 2. | Eqι | ıal O | pportunity (EO) |
|----|-----|-------|--|
| | | (a) | Complete and submit the EO Pre-Monitoring Survey (attached to Monitoring Announcement Letter) |
| | | (b) | Submit the local EO monitoring tool |
| | | (c) | Submit an organizational chart showing Local EO Officer within the larger reporting structure |
| | | (d) | Submit the job description for Local EO Officer |
| _ | | | |
| 3. | | | rce Development Board (WDB) Governance, Organizational Structure, and Chain-of-Command |
| | Ш | (a) | Review and update the WIOA WDB Membership Template submitted by the WDB to DWD in June 2017 for WDB |
| | | (h) | Certification (attached to Monitoring Announcement Letter) Submit a current organizational chart showing chain-of-command for the ADMIN/FISCAL/MANAGEMENT team from |
| | | (D) | the WDB Chair downward. Include *all* WDB staff-to-the-board (i.e., admin, fiscal, operations, program, etc.), OSO, fiscal agent, and SP management. Show full name, job title, and employer (i.e., WDB, OSO, SPs, DWD, etc.) for each |
| | | | individual. |
| | | (c) | $Submit\ a\ current\ organizational\ chart\ showing\ chain-of-command\ for\ the\ PROGRAM\ OPERATIONS\ team\ \underline{from\ the\ Chief}$ |
| | | | Operations Officer/Director of Operations downward. Include *all* staff involved in formal and functional supervising |
| | | | or delivering client services. Show full name, job title, and employer (i.e., WDB, SPs, DWD, etc.) for each individual. |
| | | (d) | Submit a spreadsheet listing *all* WDB employees (i.e., executive, admin, fiscal, EO, operations, program, etc.) that can |
| | | | be cross-referenced with organizational charts. Include columns for: |
| | | | ■ Employee name |
| | | | Job title |
| | | | Annual salary Reputees Raid during RV2017 18 |
| | | | Bonuses Paid during PY2017-18 Bonuses Paid during PY2018-19 |
| | | (0) | Does the WDB have its own dedicated website separate from the WorkOne/AJC website? |
| | | (0) | □ YES □ NO |
| | | | ■ If YES, provide the hyperlink to the WDB's website |
| | | (f) | Submit agendas and minutes for all WDB, Exec Council, and subcommittee meetings for PY2017-18 and PY2018-19 |
| | | ` ' | Submit the WDB Bylaws |
| | | | Submit the WDB Articles of Incorporation |
| | | | Submit a spreadsheet listing each WDB taskforce or standing committee and the respective chairpersons for each |
| | | (i) | Does the WDB's Local Plan reflect the PY2018-19 WIOA performance goals? |
| | | 0, | □ YES □ NO |
| | | | |
| 4. | Pol | | & Procedures Substituting the second and an additional additional and an additional add |
| | Ш | (a) | Submit a list of *all* regional policies and procedures for all DWD-funded programs and activities within the scope of |
| | | (h) | fiscal, administrative, program, and operations Does the LWDA have a local drug testing policy? |
| | ш | (0) | □ YES □ NO |
| | | | ■ If YES, submit the drug testing policy |
| | | (c) | |
| | | (0) | □ YES □ NO |
| | | (d) | Does the LWDA have a local EO policy? |
| | | (/ | □ YES □ NO |
| | | | ■ If YES, submit the EO policy |
| | | (e) | Does the LWDA have a local subrecipient monitoring POLICY? |
| | | ` ' | □ YES □ NO |
| | | | ■ If YES, submit the subrecipient monitoring policy |
| | | (f) | Does the LWDA have a local subrecipient monitoring TOOL? |
| | | ` , | ☐ YES ☐ NO |
| | | | ■ If YES, submit the subrecipient monitoring tool |
| | | (g) | Does the WDB have an official procedure and position description for orienting and training new WDB members and |
| | | , | new Local/Chief Elected Officials on the various WIOA liabilities and responsibilities required of the position? |
| | | | □ YES □ NO |
| | | | If YES, submit the documentation or provide an explanation of the process |

| 5. | Con | itrac | <u>ets</u> | | | | | |
|----|-----------------------------------|-------|---|--|--|--|--|--|
| | | (a) | Submit a spreadsheet listing *all* contracts and agreements for Contractors and Subrecipients active during PY2018-19, including columns for: Contractor vs. Subrecipient | | | | | |
| | | | Activity/Service (e.g., youth service provider, fiscal agent, MIS, housekeeping, marketing, consultant, etc.) Term (beginning and ending dates) Total costs | | | | | |
| | | | Payment terms (cost reimbursement vs. fixed unit price) | | | | | |
| | | (c) | Submit the complete, fully-executed contract and addendum(s) for STAFF TO THE BOARD services (as applicable) Submit the complete, fully-executed contract and addendum(s) for FISCAL services (as applicable) Submit the complete, fully-executed agreement for the CHIEF ELECTED OFFICIALS | | | | | |
| | Ш | (u) | Submit the complete, fully-executed agreement for the Chief ELECTED OFFICIALS | | | | | |
| 6. | Memoranda of Understanding (MOU) | | | | | | | |
| | | | Submit a spreadsheet listing *all* MOUs for WIOA Partnerships active during PY2018-19, including columns for: | | | | | |
| | | | ■ Partner Name | | | | | |
| | | | Activity/Service | | | | | |
| | | | Term (beginning and ending dates) | | | | | |
| | | (b) | Submit each fully-executed MOU with its Infrastructure Funding Agreement (IFA) | | | | | |
| 7. | Financial & Procurement Documents | | | | | | | |
| • | | | Complete and submit the Internal Control Matrix (attached to Monitoring Announcement Letter) | | | | | |
| | | | Submit the Chart of Funds for accounts holding DWD-issued funds | | | | | |
| | | | Submit the Chart of Accounts for allocating DWD-issued funds | | | | | |
| | | (d) | Submit all general ledgers sorted by fund number (including cost pools) for the past six (6) months showing all deposits | | | | | |
| | | . , | of and payments from DWD-issued funds | | | | | |
| | | (e) | Submit all bank reconciliations for each of the past four (4) months for the checking account(s) holding DWD-issued | | | | | |
| | | | funds, including all supporting bank statements, check copies front and back, and ledgers | | | | | |
| | | (f) | Submit all credit card/charge account statements for each of the past four (4) months | | | | | |
| | | (g) | Submit a spreadsheet listing all procurements qualifying as small purchase (≥\$3,000 but ≤\$150,000) or exceeding the | | | | | |
| | | | \$150,000 simplified acquisition threshold (request for select documentation may follow), including columns for: | | | | | |
| | | | Description | | | | | |
| | | | Date or term (e.g., beginning and ending dates for service provider) | | | | | |
| | | | Total costs | | | | | |
| | | | Payment terms (e.g., cost reimbursement vs. fixed unit price) | | | | | |
| | Ш | | Submit the DWD pre-approval documents for all special purpose equipment purchases with a unit cost ≥ \$5,000 | | | | | |
| | | (i) | Does the WDB receive grant funding outside of DWD? | | | | | |
| | | | □ VES □ NO | | | | | |

If YES, submit a spreadsheet listing all non-DWD funding sources and amounts

NOTE: All purchase and procurement file documentation must clearly show justification for each transaction, and adequately describe and support the expense as proper, reasonable, and necessary to the program. Every financial transaction must be supported by documentation proving reasonableness, allocability, and allowability of the cost in accordance with federal regulations. Examples of documentation that could help provide a thorough explanation and rationale for the expense and payment (i.e., who, what, when, where, and why) include voucher or paper check copies (front and back) showing authorized payment signature(s) and appropriate payee endorsement and deposit information, signed purchase orders or payment approval document(s) showing proper authorization for payment, itemized invoices or receipts, cost comparisons, proper use of sales tax exemption or proof of payment of sales tax from unrestricted funds, participant/attendee sign-in sheets/lists, meeting agendas, event fliers or announcements, hand-written detailed descriptions on itemized receipts, relevant justifications, and spreadsheets/sign-off sheets for pre-paids (e.g., gas cards) to track participant names, dates issued, funds or accounts charged.

8. Subrecipient Monitoring & Audit Oversight

- ☐ (a) Submit a spreadsheet listing *all* subrecipients active during PY2017-18 (July 1, 2017 June 30, 2018), including columns for:
 - Subrecipient name
 - Term (i.e., beginning and ending dates)
 - Subrecipient's total expenditures
 - Document(s) used for review and resolution of subrecipient's single audit (i.e., single audit, other audit, audit requirement waived, audit pending, etc.)
 - Date subrecipient's audit was resolved (or audit requirement waived) by the WDB
- ☐ (b) Submit the PY2017-18 (July 1, 2017 June 30, 2018) final FISCAL monitoring report(s) for each subrecipient OSO and SP, as well as any resolution of findings documents, as applicable
- ☐ (c) Submit the PY2017-18 (July 1, 2017 June 30, 2018) final PROGRAM monitoring report(s) for each subrecipient OSO and SP, as well as any resolution of findings documents, as applicable

9. Property Leases

- ☐ (a) Submit a spreadsheet listing all property leases or office space agreements, held within the Local Area by the WDB, OSO, or SP, active during PY2018-19 and paid with DWD-issued funds, including columns for:
 - Office designation/type (e.g., WDB office, Comprehensive, Affiliate, Access Point, Business Outreach, etc.)
 - Lease holder name
 - Term (beginning and ending dates)
 - Monthly or annual cost