**Minnesota FastTRAC**

**Adult Career Pathways**

**Monitoring E-Guide**



**Minnesota Department of**

**Employment and Economic Development**

Workforce Development Division

Workforce Coordination

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# Introduction

The purpose of this guide is to assist in determining whether the Grantee is conducting the Minnesota FastTRAC/Adult Career Pathways Grant in accordance with the approved Work Plan/ Budget, as well as Federal/ State regulations and policies.

Since the administration and program approach of Grantees may vary, this review activity will be flexible. The Program Monitor must determine the unique aspects of each program before conducting a more detailed analysis.

Prior to the on-site monitoring visit, the Program Monitor will review all project material available at the DEED Workforce Development offices. The on-site visit will be scheduled based on the mutual availability of the monitor and appropriate Grantee staff. An e-mail confirming the date of the visit and an agenda will be sent to the Grantee in advance of the visit.

The visit will begin with an initial meeting with appropriate Grantee Staff and the Program Monitor, who will describe the purpose, scope and method of the review. Any preliminary questions or concerns will be addressed at this meeting.

At the completion of the visit, the Program Monitor will present all tentative findings, and the Grantee will have the opportunity to present any information in response. The Grantee will also have the opportunity to request technical assistance for their program which will be noted and included in the monitoring report.

A final report and cover letter will be prepared and sent to the Grantee via e-mail within 60 days after completion of the onsite review.

E-Guide Information:

To avoid loss of input data, save this guide to your computer before entering information. Narrative fields will expand to accommodate input.

General Information:

|  |  |
| --- | --- |
| Grantee: |       |
| Grant Number: |       |
| Project Name: |       |
| Start/End Dates; |       |
| Date(s) of Visit: |       |
| Monitored by: |       |
| Funding Level: |       |

Persons Interviewed:

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Title** |
| 1. |       |       |
| 2. |       |       |
| 3. |       |       |
| 4. |       |       |
| 5. |       |       |
| 6. |       |       |
| 7. |       |       |

Program Staff Concerns: (completed by Program Monitor)

The Program Monitor will review the approved Work Plan/Budget and meet with the MN Adult Career Pathways/Fast TRAC staff prior to the onsite review to identify any project specific concerns.

|  |
| --- |
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# Project Overview

##### Eligibility

To be determined eligible for the MN Adult Career Pathways/FastTRAC program, participants must provide written documentation which verifies:

* Date of Birth
* Social Security Number
* Right-to Work Status (required for non U.S. citizens)
* Veteran Status- Form DD-214 (if applicable)
* Selective Service Registration (required for males born 1/1/1960 or later)
* Eligibility for Adult Basic Education (ABE)

All documents are required to be included in the participant file.

Program Sites:

Where are program services provided?

|  |
| --- |
|       |

# Project Services & Activities

### Assessment:

What methods of evaluation are used to assess the participant’s eligibility for this program?

|  |
| --- |
|       |

### Education:

Which industry sectors or occupations will be the focus of participant training/education for this grant?

|  |
| --- |
|       |

What Labor Market Information is used to select training that leads to targeted high-growth and high-wage demand-driven occupations?

|  |
| --- |
|       |

What is your procedure for verifying credential (degree, diplomas, certificates, licenses, etc.) attainment?

|  |
| --- |
|       |

What types of credentials are received by participants in your program?

|  |
| --- |
|       |

Job Search:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does your project utilize internships/work experience?If you checked yes, please answer the next two questions: | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Are participants paid? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Will participants be hired by the worksite? | [ ]  | Yes | [ ]  | No |

Describe the method used to provide the following activities:

Job Training /Work Experience

|  |
| --- |
|       |

Job Search Techniques and Activities

|  |
| --- |
|       |

Assessment of participant career/educational and support service needs -Example: Individual Development Plan (IEP)

|  |
| --- |
|       |

How does the navigator collaborate with existing programs and services available from WorkForce Centers (for example – Minnesota Works and/or Workshops?

|  |
| --- |
|       |

Unsubsidized Employment:

Describe what methods, if any, are being used locally to track job retention following program exit.

|  |
| --- |
|       |

What is your procedure for verifying an entered employment?

|  |
| --- |
|       |

### Participant Support Services:

What supportive service policy has been developed to ensure resource and service coordination, including procedures for referral?

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has the Grantee established limits on the amounts and duration of funds for supportive services? | [ ]  | Yes | [ ]  | No |

If yes, please explain:

|  |
| --- |
|       |

What support services have been provided to job search participants?

|  |
| --- |
|       |

What support services have been provided to Individuals already employed or in training?

|  |
| --- |
|       |

How are support services tracked? Is information/documentation maintained in participants file?

|  |
| --- |
|       |

# Analysis of On-the-Job Training (OJT) Contract (if applicable)

###

### General Information:

|  |  |
| --- | --- |
| Employer |       |
| Contract Period |       | to |       |
| Contract Amount |       |  |  |

Check the type of contractor:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Private Sector | [ ]  | Private Non-Profit | [ ]  | Public |

### Performance Requirements:

Does the OJT Contract provide in clear and unambiguous terms the following elements?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the training outline consistent with the training objective? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Length of training determined in accordance with the O\*Net, NAICS or an equivalent tool? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| The hourly wage to be paid the participant by the employer? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Are the benefits the same as for other employees? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| The method and amount of reimbursement to the employer? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Is the reimbursement amount equal to or no more than 50% of the wage rate paid to the participant? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| The number of participants to be trained? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Union concurrence if applicable? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Provisions for monitoring? | [ ]  | Yes | [ ]  | No |

### Fiscal Control and Accountability:

Does the OJT Contract adequately and clearly specify requirements for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Record keeping requirements, including tracking of participant time and attendance and maintenance of payroll records, including canceled payroll checks? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Invoicing requirements, including frequency of billings and required supporting documentation? | [ ]  | Yes | [ ]  | No |

### General Provisions, Assurances and Certifications:

Does the OJT Contract contain clearly stated general provisions, assurances, and certifications related to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Compensation of the participant at the highest of the Federal, State, or local minimum wage or the prevailing wage rate of similarly situated employees? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Workers' Compensation? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Health and safety in work and training situations? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Child Labor Laws and Fair Labor Standards Act? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Records maintenance, retention, and access including monitoring? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Adherence to the (if appropriate) WIA Law, regulations and/or all applicable State policies and procedures? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Subrecipient compliance with all applicable business licensing, taxation, and insurance requirements? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Termination conditions, including non-performance and lack of funds? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Liability, sanctions, and debt repayment? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Modification conditions and requirements? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Non-discrimination? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Prohibition against sectarian activities/religious worship? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Prohibiting displacement of other employees? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Prohibition against political activity, the Hatch Act, and association with union organizing? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Prohibiting use of funds to encourage business relocation? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Data Privacy Act? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Minnesota Right-to-Know Act? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Americans with Disabilities Act? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Debarment, Suspension, Exclusion, Lobbying? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Grievance Procedure? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Nepotism? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Hold Harmless against Lawsuits and Claims? | [ ]  | Yes | [ ]  | No |

# Project Expenditures & Financial Reconciliation

#### Desk Review: (Table Completed by Program Monitor)

|  |  |  |
| --- | --- | --- |
| Dated: |       |  |
|       | % | Subgrant Administration |
|       | % | (Staffing) Support Services |
|       | % | Participant Support Services |
|       | % | Grant/Contractor Services |
|       | % | Other |

|  |  |  |
| --- | --- | --- |
| **Cost Category** | **Plan** | **Actual** |
| **Subgrant Administration** |       |       |
| **(Staffing) Support Services** |       |       |
| **Participant Support Services** |       |       |
| **Grant/Contractor Services** |       |       |
| **Other** |       |       |
| **TOTAL** |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will all grant funds be expended by grant’s end? | [ ]  | Yes | [ ]  | No |

What is the total amount of leveraged funds obtained for the project?

|  |
| --- |
|       |

What is their source?

|  |
| --- |
|       |

Financial Reconciliation:

Program Monitor will conduct a financial reconciliation with the Grantee’s fiscal staff. **Minnesota’s Office of Grants Management (OGM) policy 08-10 requires one financial reconciliation (can be more than one depending on findings) for a grant award over $50,000.**

The Financial Reconciliation process includes but is not limited to:

* Program Monitor will select a Financial Status Report (FSR) or Reimbursement Payment Request for a specified time period.
* The Grantee will be notified of the selected time period prior to the on-site review.
* Cost categories on the FSR/Reimbursement Payment Request will be compared to Grantee’s financial reports, and supporting documentation will be obtained for each cost category.
* Program Monitor will select one expenditure from the Administration cost category and two or three expenditures from one of the other cost categories and trace back to the initial source documentation.
* Supporting documentation will be obtained for the reviewed cost categories traced back to initial invoice

For Grantees that submit FSR’s: the FSR will be compared to the Cash Advance Payment Request (CAPR) for the reporting period.

###

### Property Procurement:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In the past year, has property and/or equipment been purchased by the Grantee with DEED project funds? | [ ]  | Yes | [ ]  | No |

If yes, list:

|  |
| --- |
|       |

If yes, review appropriate documentation. (Secure an inventory list of purchases of $1,000 or more; approval is needed for purchases of $5,000 or more.)

|  |
| --- |
|  |
| How is loss, damage, or theft of equipment investigated? |
|       |
| Does the Grantee have an equipment disposition procedure? | [ ]  | Yes | [ ]  | No |

Do a sample of property against the inventory list.

|  |
| --- |
|       |

###

### Audit Review:

##### Audit Review – Grantee

The period covered by the most recent audit(s):

|  |  |  |  |
| --- | --- | --- | --- |
| From: |       | to |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have audits been completed on a timely basis? (within nine months from fiscal year-end)? | [ ]  | Yes | [ ]  | No |
| Does the audit break out revenues by funding source? (Catalogue of Federal Domestic Assistance (CFDA) numbers.) | [ ]  | Yes | [ ]  | No |

Review the management and compliance report to determine if any of the audits contain

any of the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Questioned costs? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Internal control findings? | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |
| Financial report findings? | [ ]  | Yes | [ ]  | No |
|  |
| Minnesota legal compliance findings? | [ ]  | Yes | [ ]  | No |
|  |
| Management practices findings? | [ ]  | Yes | [ ]  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Discuss Management and Compliance Report findings applicable to DEED programs. Some findings may impact DEED indirectly (crosscutting). Are corrective action responses acceptable? | [ ]  | Yes | [ ]  | No |
| Does the Grantee have a code of conduct policy in place? | [ ]  | Yes | [ ]  | No |
| If yes, does it include signed "Conflict of Financial Interest" statements from board members as well as individuals involved in procurement? | [ ]  | Yes | [ ]  | No |
| Are program funds paying the costs of other programs? | [ ]  | Yes | [ ]  | No |
| Does the Grantee contract for services or goods? | [ ]  | Yes | [ ]  | No |

# Project Performance

### Project Participant, Activity, Performance Standards:

##### Desk Review (completed by Program Monitor)

|  |  |  |  |
| --- | --- | --- | --- |
| Period Ending: |       |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Plan** | **(Appears in WF1 as…)** | **Planned** | **Actual** |
| Bridge Enrollments  | (Non-Credentialed Training) |       |       |
| Total Bridge Exits  | (All Exited Non-Credentialed Training) |       |       |
| Bridge Completions  | (Total Successful Non-Credentialed Completions) |       |       |
| Integrated Enrollments | (CLT Academic or Occupational or Customized Training) |       |       |
| Total Integrated Exits | (All Exited Academic or Occupational or Customized Training) |       |       |
| Integrated Completions | (Total Successful Academic or Occupational or Customized Training Completions) |       |       |
| Number Achieving Credential **\*** |  |       |       |
| Entered Employment **\*** |  |       |       |
| Continued Education **\*** |  |       |       |

\* = Will see actuals after participants exit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the project on target based on the work plan? | [ ]  | Yes | [ ]  | No |

# Reporting

|  |  |
| --- | --- |
| Has Grantee provided complete and timely reports? |  |
| Financial Status Report/Reimbursement Payment Request – received by the 20th of the month following activity | [ ]  | Yes | [ ]  | No |
|  |  |  |  |  |

WorkForce One (WF1):

Who enters data into WF1?

|  |
| --- |
|       |

Did data entry staff attend formal WF1 training?

|  |
| --- |
|       |

 Have there been any concerns or difficulties with entering data into WF1?

|  |
| --- |
|       |

### System Security:

What security measures ensure confidentiality of data (including paper forms and documents, electronic, CDs, etc.)? See Protection of Personally Identifiable Information (PII) TEGL 39-11

|  |
| --- |
|       |

How do you protect any of the above paper or electronic media from deliberate or accidental loss?

|  |
| --- |
|       |
| Have you had to use your back-up system recently for any reason? | [ ]  | Yes | [ ]  | No |
| If yes, please explain. |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the Grantee aware of the six-year record retention requirements under State law? | [ ]  | Yes | [ ]  | No |

Where are records currently being retained?

|  |
| --- |
|       |

# Equal Opportunity/Affirmative Action/Grievance Complaince

How are participants informed of their right to file a program or discrimination complaint?

|  |
| --- |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have any informal or formal program complaints or complaints alleging discrimination been filed within the past year? | [ ]  | Yes | [ ]  | No |

If yes please elaborate:

|  |
| --- |
|       |

(Completed by Program Monitor)

# Participant File Review

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provider** |       |  |  |
| **Participants Name**  |       | Age |       |  |
| Enrollment Date |       |  |  |

**Documented Verification of:**

[ ] Birth Date (copy)

[ ]  Social Security Number (copy)

[ ]  Right to Work Status (if applicable) (copy)

[ ]  Selective Service Registration (copy if required)

[ ]  Veteran Status –DD-214 (copy if applicable)

[ ]  Eligibility for Adult Basic Education (ABE) Services (document)

[ ]  Data Privacy Form – Tennessen Warning (copy signed by participant)

[ ]  Consent to Share Wage Detail Form (copy signed by participant)

[ ]  Complaint/ Discrimination Form (copy signed by participant)

**Case Notes in files:** [ ]  Entered into WF1 in a timely fashion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Regular contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Gaps in contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WF1 Activities:**

[ ]  Assessment

[ ]  Job Search

[ ]  Non Credentialed Training (Bridge)

[ ]  Classroom Training/Occupational Skills (Integrated)

[ ]  Customized Training (College, no credit)

[ ]  Partnering

[ ]  Credential Received

[ ]  Follow-up

**Individual Employment Plan:** [ ]  Complete [ ]  Incomplete [ ]  Needs Updating

**Placement Information:**

|  |  |
| --- | --- |
| Employer |       |
| Job Title |       |

**COMMENTS:**

|  |
| --- |
|       |



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