



A proud partner of the American Job Center network.

Request for Proposal PROGRAM & FISCAL MONITORING SERVICES

PROPOSALS SHOULD BE DIRECTED TO:

Capital Area Michigan Works!

rfp@camw.net

PROPOSAL SUBMISSION CHECKLIST:

Please ensure the following is completed to be considered for partnerships. Failure to do so will subject the proposal to disqualification.

- Proposal narrative following the **SCOPE OF OBJECTIVES** outlined in section D.
- Proposal submission of **BID REQUIREMENTS** as outlined in section E.
 - *Completed forms included in Part I, II, and III of the RFP. (Note: signatures required)
 - *Three (3) reference letters.
- All materials were received by the indicated deadline.

This RFP will be made available in alternative format (audio tape or large print) upon request. Requests for alternative formats shall be made in writing within three (3) business days of release of the RFP, to the email rfp@camw.net

Equal Employment Employer/Program
Auxiliary Aids and Services Available upon Request to Individuals with Disabilities
Michigan Relay Center Callers Use 711 or 1-(844)-578-6563

GENERAL INFORMATION

A. DESCRIPTION OF ENTITY

Capital Area Michigan Works! (CAMW!) is a local unit of government formed under Michigan Public Acts 7 & 8 of 1967. CAMW! is the administrative entity for delivering state/federally-funded programs to strengthen workforce development in Clinton, Eaton, and Ingham Counties in Michigan.

CAMW! is the agent for delivering state/federally-funded programs to strengthen workforce development in Clinton, Eaton, and Ingham Counties in Michigan. As one of 16 Michigan Works! agencies in the state, CAMW! is an administrative entity which oversees sub-recipients who, through a bid process, obtain funding to operate the Workforce Innovation and Opportunity Act (WIOA; Partnership. Accountability. Training. Hope. (PATH); and Food Assistance Employment & Training (FAE&T) programs.

The primary purpose of the CAMW! American Job Center is to provide labor exchange and workforce development services for employers and job/career seekers. Connecting with Business. Strengthening our Workforce. Currently, there is one American Job Center in the region. Current location of the CAMW! American Job Center is:

Lansing Center
2110 South Cedar Street
Lansing, MI 48910

A major focus of CAMW! is to strengthen the regional economy by assisting employers in finding and retaining qualified employees, and by assuring the labor force meets the needs of the employers.

B. PURPOSE

CAMW! is seeking proposals to provide monitoring of CAMW!'s internal procedures for fiscal compliance and sub-recipient program and fiscal monitoring services that will ensure sub-recipient compliance with required program contractual, applicable federal and state rules/regulations, and financial management practices, including generally accepted accounting practices, budgeting, internal controls, procurement, financial reporting, and cost allocation requirements. A list of sub-recipients, by county, with program and contract amounts are included as Attachment A.

C. RFP STIPULATIONS

As a recipient of Federal and State funds, CAMW! must procure on an open, competitive basis. A proposal must clearly set forth all responses in the format required by the RFP in order to be considered. Any proposals may be rejected in whole or in part. CAMW! reserves the right to rescind this RFP in whole or in part. CAMW! shall not be responsible to any bidder or potential bidder for any costs incurred or opportunities lost in responding to this RFP or in deciding not to respond.

To ensure the integrity of this procurement, bidders shall make special efforts to prevent fraud and other abuses. Fraud includes deceitful practices and intentional misconduct such as willful misrepresentation. "Abuse" is a general term that encompasses improper conduct that may or may not be fraudulent in nature. While federal legislation is not specific, possible problem areas could include the following: conflict of interest, kickbacks, bribes, nepotism, political patronage, political activities, and sectarian activities. Bidders that are found to violate the abuse standards will be disqualified. Bidders are required to report immediately any violations in these areas or in problem areas that may later be defined.

Information provided by a proposer that is willingly, knowingly and purposely false, inaccurate or misleading, will be grounds for not considering a proposal for funding, for not awarding a contract, or for canceling a contract if awarded.

Any bidder that attempts to exchange information with any other potential bidder for gaining competitive advantage shall be subject to disqualification. In addition, any bidder who attempts to discuss its proposal with, or offer anything of value to any CAMW! officer, director, staff person, agent or representative during this procurement process, shall be subject to disqualification.

CAMW! operates an equal opportunity procurement process. Upon request, CAMW! can make this RFP available in large print or alternative format. Auxiliary aids and services are also available upon request to individuals with disabilities. TDD Service available through the Michigan Relay Center at 1-844-578-6563 or 7-1-1.

Neither the proposer, nor anyone-with whom the proposer shall contract, shall discriminate against any person employed or applying for employment concerning the performance of the proposers' responsibilities under this agreement.

The successful bidder shall be required to comply with all applicable federal and state laws prohibiting discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, genetics, familial status, veteran status, height, weight, arrest without conviction, political affiliation or belief, or any characteristic or activity protected by Federal or State laws and regulations.

1. Disclaimer/Right to Reject/Cancel/Terminate

This RFP does not commit Capital Area Michigan Works! to award a contract, to pay any cost incurred in the preparation of a proposal to this request, or to procure or contract for services. CAMW! reserves the right to accept or reject any or all proposals received as a result of this request. CAMW! can cancel this RFP, in part or in its entirety, if it is in its best interest to do so.

CAMW! may require selected offerors to participate in negotiations, and to submit such costs or other revisions to their proposals as a result of negotiations. CAMW! is not liable for costs incurred by the offerors prior to the signing of a contract and/or written authorization from CAMW! to proceed with the services.

a) Termination Prior to Completion:

CAMW! reserves the right to terminate its commitment if the successful bidder fails funding reductions which make the proposed project unfeasible. The determination of the sufficiency of grounds for termination under this clause shall be within the sole discretion of CAMW!.

CAMW! reserves the right, with no penalty, to change the budget and services may be added or deleted as necessary. Upon issuance of a contract, both parties will have the option to terminate the contract upon 30 days' written notice to the other party.

2. Small and Minority Owned Businesses, Women's Business Enterprises

CAMW! will make an effort to utilize small and minority owned businesses, women's business enterprises and Labor surplus area firms when possible. Eligible female-owned, minority-owned, and small businesses are encouraged to apply.

An Offeror qualifies as a small business firm if it meets the definition of "small business" as established by the Small Business Administration (13 CFR 121.201), by having average annual receipts for the last three fiscal years of less than six million dollars.

3. Award

Upon conclusion of final negotiations with the successful bidder, CAMW! may award a contract, based on offers received, without discussion of such offers. Accordingly, each offer should be submitted on the most favorable terms from a price and technical standpoint. CAMW! reserves the right to request additional data or to request an oral presentation in support of written proposals.

CAMW! reserves the right to exercise the option to renew the contract for up to two additional one-year periods (April 1, 2027 – March 31, 2028 and April 1, 2028 – March 31, 2029) based on Vendor performance and funding availability.

Please do not contact CAMW! to check the status of proposals.

4. RFP Appeal Process

A bidder wishing to appeal the decision of the award must adhere to the following procedure:

A bidder can request a copy of the proposal rankings. The rankings will be emailed or mailed to the bidder if requested in writing within five (5) working days after a decision is reached.

An appeal will not be accepted if it attempts to modify or include additional information to the original proposal. However, in the event incomplete, inaccurate or other than current data and information was entered into the evaluation process by CAMW!, CAMW! may rectify such errors prior to initiation of Step #2. Current is defined as data and information in the possession of CAMW! at the time of the submission of the original proposal.

a. Review and Appeal Process

Step #1 - Within five (5) working days after a decision has been rendered to accept a proposal, the appellant must submit a request in writing that their proposal receive a second review. The appeal for the review shall state the basis of the appeal.

The request for the second review must be received by CAMW! no later than the close of business on the fifth working day after the decision has been rendered.

Step #2 - Within fifteen (15) working days of receipt of the request for the second review, the Chief Executive Officer of CAMW! (or designee) will convene:

- (1) CAMW! staff member(s) who wrote and/or reviewed the original proposal; and
- (2) Representative(s) of the bidder's organization, and, at the discretion of the CEO an option to include:
- (3) The Administrative Board chair

The Chief Executive Officer of CAMW! (or designee) will chair the meeting. The purpose of this meeting is to provide a second review of the appellant's proposal based on information presented in conformance with paragraphs above.

Step #3 - Within five (5) working days after the meeting in Step #2, the staff member(s) who wrote and/or reviewed the appellant's proposal will prepare a final determination. The appellant will be notified in writing, within these five (5) working days following the outcome. The final determination notification may be shared with the Administrative Board at the discretion of the CEO.

5. Qualifications

Proposals are welcome from individuals or organizations who demonstrate an ability to provide quality, cost-effective monitoring services. Applicants must have the following:

Demonstrated knowledge and experience in monitoring federal and state employment/training programs (including WIOA, PATH, Food Assistance Employment & Training, and

Demonstrated knowledge of federal and state rules and regulations as well as fiscal regulations; and

Flexibility to provide technical assistance to administrative staff and to sub-recipients as needed to bring them into compliance.

Employees of CAMW! and sub-recipient staff are not eligible to apply.

6. Work papers

1. Upon request, the Offeror will provide a copy of the work papers pertaining to any questioned costs determined in the monitoring review. The work papers must be concise and provide the basis for the questioned costs as well as an analysis of the problem.
2. The work papers will be retained for at least three years from the end of the monitoring period.
3. The work papers will be available for examination by authorized representatives of the cognizant federal or state audit agency, and Capital Area Michigan Works!

7. Confidentiality

The Offeror agrees to keep the information related to all contracts in strict confidence. Other than the reports submitted to Capital Area Michigan Works! the Offeror agrees not to publish, reproduce or otherwise divulge such information in whole or in part, in any manner or form or authorize or permit other to do so, taking such reasonable measures as are necessary to restrict access to the information, while in the Offerors' possession, to these employees on the Offerors' staff who must have the information on a "need-to-know" basis. The Offeror agrees to immediately notify, in writing, an authorized representative of Capital Area Michigan Works! in the event the Offeror determines or has reason to suspect a breach of this requirement.

D. DELIVERABLES:

SUB-RECIPIENT MONITORING

Capital Area Michigan Works! must monitor grant supported activities to assure compliance with applicable federal requirements and that performance goals are being achieved. Grantee monitoring must cover each program, function or activity.

a. Programmatic Review Process

The vendor will select a mix of files exited during Data Validation time frame (participant's registration date on or after July 1st of three program years prior to the current program year), files in follow-up (a participant exited within the last 12 month) and active files to review for each program. These files will be pulled with **no more than one week's notice** to ensure compliance of files. The vendor will utilize the File Monitoring Checklist as well as local Eligibility Form, File Structure Form, and Exit Checklist (if applicable) within the file to verify compliance of components as required (Attachment B, pages 23-34).

The Vendor will complete a desk review for each file utilizing OSMIS information. Subrecipients provide the selected documentation from the participants file to the Vendor so that eligibility documentation, supporting OSMIS documentation and checklist information can be monitored and verified for completeness.

i. One-Stop Operator Review Process

The Workforce Innovation and Opportunity Act (WIOA) requires each local Workforce Development Board to solicit a One-Stop Operator through a competitive bid process. The role of the One-Stop Operator, per WIOA, is to provide coordination of the various service providers within the American Job Centers.

The Vendor will utilize the One-Stop Operator Monitoring Checklist (Attachment C, page 36) to verify compliance of components/topics as required in alignment with the subrecipient agreement statement of work. Supporting documentation will be provided by the subrecipient to verify that all required components of the agreement performance are being followed and adhered to in accordance with WIOA requirements for the One-Stop Operator.

b. Financial Review Process

CAMW! has developed fiscal monitoring guides based on the State of Michigan-Workforce Development monitoring guides (Attachments I-V). Monitoring must include compliance with federal and state fiscal regulations and fiscal compliance (including cost limitations and cost allocation requirements).

The financial review will include the following topics. **The period of costs to monitor are outlined in the Proposal Narrative #3 below.**

- I. Allowable Cost, Cost Allocation, and Cost Classification (Form I-a included)
- II. Budgeting Systems and Internal Controls
- III. Program Income
- IV. Financial Reporting
- V. Procurement (Form V-a, V-b included)

The following significant areas to address, as applicable, during the monitoring visit include:

- Written financial procedures (accounting, cash management, cost allocation, procurement)
- Internal control systems (general, cash receipts, cash disbursements, payroll, purchasing, reporting)
- Program expenditure reporting (classifications, budget limitations)
- Payroll costs (time allocation, payroll records)
- Cost allocation (direct costs, shared indirect costs)
- Supporting documentation for other program costs
- Procurement
- Supportive services costs

D. PROPOSAL NARRATIVE:

1. Describe the process for developing comprehensive monitoring protocols for programs to be monitored for CAMW! (including all WIOA programs, All PATH funding sources, Food Assistance E&T programs and One-Stop Operator). Attachment B (pages 23-34), Attachment C (page 35), are documents CAMW! has developed over the years and should be used to develop your monitoring protocols. Once a Vendor has been identified, CAMW! will review the specific forms with the Vendor in case there are updates based on changes from State of Michigan Workforce Development policies. **(Evaluation factor #2-10 points)**
2. **Internal Monitoring:** Describe the process for developing internal monitoring protocols for CAMW! Administration operations (Internal controls, procurement, cost allocation, etc.) **including** technical assistance with the State of Michigan Workforce Development monitoring cycles (Internal controls, procurement, cost allocation, etc.) **(Evaluation factor #2-10 points)**
3. **Timeline:** Identify a proposed calendar for conducting monitoring visits, by subrecipient, and submitting required reports to CAMW! **The monitoring period should cover the period of April 1, 2025 to March 31, 2026 or through time of monitoring (whichever comes later). All monitoring should be done by June 30, 2026, reports are to be submitted to CAMW! by September 30, 2026.** **(Evaluation factor #2-5 points)** CAMW! may be willing to negotiate with the awarded vendor to extend the date reports are submitted.
4. **Sample Size:** Describe the process as to how you determine the sample size. **(Evaluation factor #2-5 points)**
5. **Case notes** for all programs. At a minimum, case notes should provide a complete written history of client participation to date. CAMW! requires that each participant file contain complete case notes. Please explain how you will sample and read case note histories to assure that Sub-recipients are complying. **(Evaluation factor #2-10 points)**
6. **Documentation** of participation for the PATH program, ISS planning (including case closing strategies for the PATH program), file maintenance, and overall OSMIS data entry and accuracy, are significant components in overall case management for all programs. Therefore, describe how these specific areas will be sampled and then monitored for completeness. **(Evaluation factor #2-10 points)**
7. **Remote Monitoring/Reports** - Describe the process for providing **remote** monitoring to each sub-recipient; follow-up as necessary to ensure appropriate corrective action has been implemented; and, one (1) internal monitoring of CAMW! operations. A written report for each sub-recipient and CAMW!'s on-site review will be required. **(Evaluation factor #3-5 points)**

Submission of Reports - Describe how reports will be completed and submitted to CAMW!? A summary of each monitoring visit must be submitted to CAMW! within 45 days of the completion of the monitoring. The report should include a determination of the level of seriousness of the findings. Findings should be classified as major or minor. Major findings are those that put CAMW! funding at risk or which jeopardize the ability of the Boards to ensure fiscal integrity. Minor findings are those that relate to compliance concerns but do not constitute an immediate threat to CAMW! funding. The proposal should also indicate how the monitor will review and respond to proposed corrective action from CAMW! sub-recipients. **(Evaluation factor #3-15 points)**

8. **Experience/References** - Provide evidence of demonstrated experience in monitoring federal and/or state employment and training contracts. Experience should include program and fiscal compliance monitoring. Provide agency contact information for at least two current or past references and include details of the type of monitoring provided. **(Evaluation factor #1-10 points)**

Also include the following information:

A. Organization, Size, and Structure

The Offeror should describe its organization, size (in relation to audits to be performed) and structure. Indicate, if appropriate, if the firm is a small, minority or women-owned business. Offeror must include a copy of the most recent Peer Review and any comments written.

B. Staff Qualifications

The Offeror should describe the qualifications of staff to be assigned to the monitoring project. Descriptions should include:

1. Team makeup.
2. Overall supervision to be exercised.
3. Prior experience of the individual team members.

Only include resumes of staff to be assigned to the monitoring project. Include education, position in firm, years and type of experience, and continuing professional education.

9. **Itemized Budget** – Provide a budget (**as presented on page 19-Part III**) for 3 separate years for the project by level of team member (Manager, Senior, Administrative, etc.) **and by Program Monitoring and CAMW! Internal Monitoring**. Provide a written justification of costs and explanation how cost-efficiency will be ensured. Describe the method used to track time associated to this contract. Is time tracked by project or another factor? Include hourly rates. **(Evaluation factor #4-20 points)**

The successful bidder will propose a reasonable hourly rate that that will be charged. All proposal budgets will be rank ordered for scoring. 15-20 points for the most reasonable rate as compared to all proposal rates. 12-15 points for the second most reasonable rate as compared to all proposal rates. 9-12 points for the third most reasonable rate as compared to all proposal rates. 6-9 points for the fourth most reasonable rate as compared to all proposal rates, and any additional proposals will be awarded 0 points when compared to all proposal rates.

E. INSTRUCTIONS ON PROPOSAL SUBMISSION

1. Closing Submission Date

Proposals must be **received** no later than **5:00 p.m. on Friday, January 9, 2026, only by emailing the RFP packet to rfp@camw.net.**

2. Inquiries

Inquiries concerning this RFP should be emailed to rfp@camw.net no later than **5:00 p.m. on Wednesday, December 3, 2025**. All questions and answers will be posted on our website at www.camw.net no later than **5:00 p.m. on Monday, December 8, 2025**.

3. Proposals Instructions to Prospective Bidder

Proposals must be emailed to rfp@camw.net **by 5:00 p.m. on Friday, January 9, 2026**. **CAMW! will not accept mailed or hand-delivered proposals.** Proposal narrative are limited to **ten (10) 8 1/2" x 11"** pages, excluding Part I & II.

Late proposals will not be considered.

- a. Bidders must respond completely and accurately to any and all questions and other items calling for information. Failure to do so will subject the proposal to disqualification.
- b. Bidders must adhere strictly to the proposal instructions and format. Failure to do so will subject the proposal to disqualification.
- c. Potential bidders will be able to download the RFP from the CAMW! website (www.camw.org)
- d. The following parts specifically require responses and/or signatures from the bidder:

**Part I Cover Sheet and Proposal Offeror Information
(Signature required)**

Part II Contract Requirements (Signature required)

Part III Proposal Narrative (limited to 10 pages)

- e. Include two (2) references contact information.

4. Payment

CAMW! may negotiate a payment schedule with the Vendor awarded a bid. The award will go to the responsible firm whose proposal is most advantageous to the CAMW! and programs based on price and other evaluation factors.

CAMW! reserves the right to exercise the option to renew the contract for up to two additional one-year periods (April 1, 2027 – March 31, 2028 and April 1, 2028 – March 31, 2029) based on Vendor performance and funding availability.

PROPOSAL EVALUATION

A. SUBMISSION OF PROPOSALS

All quotes shall include a copy of the bidder's cost and any additional requested materials. These documents will become part of the contract.

B. NONRESPONSIVE PROPOSALS

Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

1. The quote is not received timely in accordance with the terms of this RFP.
2. The quote is not adequate to form a judgment by the reviewers.
3. The quote does not follow the specified format.

C. EVALUATION

Evaluation of each proposal will be based on the following criteria:

Factors	Maximum Points
1. Prior experience Monitoring	0-10
a. Prior experience monitoring other Michigan Works! Employment & Training/Workforce Development agencies	
b. Prior experience monitoring similar programs funded by the State of Michigan and the Federal Government	
c. Qualifications of staff to be assigned. Education, position in firm, years and types of experience, continuing professional education.	
2. Offerors' understanding of work to be performed	0-50
a. Development of a comprehensive monitoring process	
b. CAMW! Internal monitoring and technical assistance	
c. Proposed calendar setting up realistic time estimates	
d. Sample size selection process	
e. Documentation	
f. Case notes	
3. Reporting	0-20
a. Internal monitoring/reports process	
b. Submission of reports in a timely manner	
4. Price/Itemized Budget	<u>0-20</u>
MAXIMUM POINTS:	<u>100</u>

PART I

PROPOSAL TO CAPITAL AREA MICHIGAN WORKS!

PROPOSAL OFFEROR COVER SHEET AND SUMMARY INFORMATION

Organization Name: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Email address: _____

Employer Tax ID: _____ DUNS# _____
(If applicable)

Type of Organization: ☐ Private for Profit ☐ Private Non-Profit
 ☐ Public Government ☐ Other (specify)

The Certification Statement below must be signed by an official authorized to bind the Offeror in a sublease/contract.

Signature

The above signed does hereby accept all the terms and conditions of the Request for Proposal (RFP), including RFP stipulations and specifications. The bidder also certifies that the information in this proposal is correct to the best of its knowledge and belief and the filing of this proposal has been fully authorized by the organization submitting the proposal and that the submitting agency is an Equal Opportunity Employer (if applicable).

Printed Name

Title

Date

PART II

CERTIFICATIONS

On behalf of the Offeror:

The individual signing certifies that he/she is authorized to contract on behalf of the Offeror.

- A. The individual signing certifies that the Offeror is not involved in any agreement to pay money or other consideration for the execution of this agreement, other than to any employee of the Offeror.
- B. The individual signing certifies that the prices in this proposal have been arrived at independently, without consultation, communication, or agreement, for restricting competition.
- C. The individual signing certifies that the prices quoted in this proposal have not been knowingly disclosed by the Offeror prior to an award to any other Offeror or potential Offeror.
- D. The individual signing certifies that there has been no attempt by the Offeror to discourage any potential Offeror from submitting a proposal.
- E. The individual signing certifies that he/she has read and understands all of the information in this Request for Proposal.
- F. The individual signing certifies that the Offeror, and any individuals to be assigned to the organization does not have a record of substandard work and has not been debarred or suspended from doing work with any federal, state or local government.

Organization Authorized Signature

Date

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to be best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, any officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1325, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

Organization Authorized Signature

Date

**Certification Regarding Debarment,
Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19222).

- (1) The prospective recipient of federal assistance funds certifies, by submission of this certification, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

Organization Authorized Signature

Date

CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 517 OF 2012

I certify that neither _____ (Company), nor any of its successors, parent companies, subsidiaries, or companies under common control, are an "Iran Linked Business" engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. In the event it is awarded a Contract as a result of this Request for Proposals, Company will not become an "Iran Linked Business" during the course of performing the work under the Contract.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

(Name of Company)

By: _____

Date: _____

Title: _____

Subscribed to and sworn before me,
a Notary Public, on this ____ day of _____, 20____.

_____, Notary Public

_____ County, State of Michigan Acting in _____ County, Michigan

My Commission Expires: _____

PART III

A. SUMMARY INFORMATION

Summary of Cost/hour x # of hours by level of Experience		
YEAR 1 COSTS		
LEVEL OF EXPERIENCE	HOURS	COST
Program Monitoring		
Manager		
Senior		
Administrative		
CAMW! Internal Monitoring/Technical Assistance		
Manager		
Senior		
Administrative		
Out-of-Pocket (travel, meals, etc.)		
TOTAL # OF HOURS & COSTS		

Summary of Cost/hour x # of hours by level of Experience		
YEAR 2 COSTS		
LEVEL OF EXPERIENCE	HOURS	COST
Program Monitoring		
Manager		
Senior		
Administrative		
CAMW! Internal Monitoring/Technical Assistance		
Manager		
Senior		
Administrative		
Out-of-Pocket (travel, meals, etc.)		
TOTAL # OF HOURS & COSTS		

Summary of Cost/hour x # of hours by level of Experience		
YEAR 3 COSTS		
LEVEL OF EXPERIENCE	HOURS	COST
Program Monitoring		
Manager		
Senior		
Administrative		
CAMW! Internal Monitoring/Technical Assistance		
Manager		
Senior		
Administrative		
Out-of-Pocket (travel, meals, etc.)		
TOTAL # OF HOURS & COSTS		

PROPOSAL NARRATIVE

This section will start your narrative responses to the deliverables listed in Part D of the RFP (limited to 10 pages).

Listed below are current sub-recipients by county. Funding listed is for planning purposes. Actual funding may be more or less at time of monitoring.

CLINTON COUNTY

Peckham, Inc. (PVI)

Program	PY24/FY25 Funding	PY25/FY26 Funding
WIOA Adult	\$201,965	\$0
WIOA Dislocated Worker	\$161,883	\$0
WIOA Youth	\$179,909	\$0
WIOA SWA Youth Young Professionals	\$6,445	\$0
WIOA SWA Youth Young Professionals Plus	\$16,899	\$0
Youth Solutions (Jobs for Michigan Graduates)	\$23,806	\$0
PATH (TANF, GFPG, P&I, DHHS-SS)	\$115,732	\$0
TOTAL	\$706,639	\$0

Pottersville School District (PSD)

Program	FY25 Funding	FY26 Funding
PATH-Learn to Earn (TANF)	\$9,998	\$0

EATON COUNTY

Peckham, Inc. (PVI)

Program	PY24/FY25 Funding	PY25/FY26 Funding
WIOA – Adult	\$325,389	\$0
WIOA – Dislocated Worker	\$178,071	\$0
WIOA – Youth	\$327,350	\$502,615
WIOA SWA Youth Young Professionals	\$47,830	\$68,650
WIOA SWA Youth Young Professionals Plus	\$73,500	\$23,124
Youth Solution (Jobs for Michigan Graduates)	\$23,328	\$0
PATH (TANF, GFPG, P&I, DHHS-SS)	\$205,377	\$0
TOTAL	\$1,180,845	\$594,389

Pottersville School District (PSD)

Program	FY25 Funding	FY26 Funding
PATH-Learn to Earn (TANF)	\$15,000	\$0

INGHAM COUNTY

Eaton Regional Educational Services Agency (ERESA)

Program	FY25 Funding	FY26 Funding
PATH-Learn to Earn (TANF)	\$0	\$90,000

Lansing School District

Program	PY24/FY25 Funding	PY25/FY26 Funding
WIOA – Youth	\$744,060	\$737,248
WIOA SWA Youth Young Professionals Plus	\$69,892	\$63,542
WIOA SWA Youth Young Professionals	\$76,717	\$72,835
WIOA SWA High Concentration Youth	\$17,093	\$17,093
Youth Solutions (Jobs for Michigan Graduates)	\$53,568	\$0
TOTAL	\$961,330	\$890,718

Peckham, Inc. (PVI)

Program	PY24/FY25 Funding	PY25/FY26 Funding
WIOA – Adult	\$594,676	\$1,133,794
WIOA SWA DWG	\$0	\$40,000
WIOA – Dislocated Worker	\$199,656	\$476,482
PATH (TANF, GFGP, P&I, Refugee, DHHS-SS)	\$976,419	\$1,350,236
Refugee Assistance (TANF, GFGP)	\$106,519	\$101,193
Food Assistance Employment & Training	\$54,394	\$52,801
TOTAL	\$1,931,664	\$3,154,506

Pottersville School District (PSD)

Program	FY25 Funding	FY26 Funding
PATH-Learn to Earn (TANF)	\$69,990	\$0

WIOA FILE MONITORING

Circle Program: Adult/ Dislocated Worker/ Youth

Sub-recipient:

Career Coach:

Monitoring Date:

Participant:

OSMIS ID:

Eligibility (Verified from Eligibility Checklist):

Eligibility Documentation:

Selective Service Verification:

File Structure (Verified from File Checklist):

Release of Information Waiver:

Equal Opportunity and Grievance Provided and Signed Off On:

Individual Service Strategy In OSMIS:

OSMIS Activities/Youth Goals Current with Documentation:

Supportive Service Input and with Supporting Documentation:

Exit Information Current with Supporting Documentation:

If Completed Credential, Credential In File and in MIS:

Outcomes Current/Complete:

Case Notes Current and Appropriate:

Comments:

WIOA FILE STRUCTURE

WIOA Adult, Dislocated, Youth and JAG Programs

Participant Name: _____

SECTION ONE: ELIGIBILITY

- ☐ 1. WIOA File Structure Checklist
- ☐ 2. WIOA Registration-With Signatures and Registration Date
- ☐ 3. WIOA Eligibility Checklist
- ☐ 4. Eligibility Documentation Corresponding with WIOA Checklist

SECTION TWO: FORMS AND ASSESSMENTS

- ☐ 1. CAMW! Release Form and Signed EO Policy
- ☐ 2. ISS/IEP-With Signatures
- ☐ 3. Background Release Form (if applicable)
- ☐ 5. TABE Assessment Results
- ☐ 6. O*NET Results
- ☐ 7. JAG Specific Forms (Youth JAG Only)

SECTION THREE: ACTIVITIES (INCLUDING ITA'S, OJT'S, WORK EXPERIENCE, YOUTH JAG)

- ☐ 1. OSMIS "Participant Activities" Screen
- ☐ 2. ITA Detail Including:
 - ☐ ITA Voucher(s) with Receipt of Payment
 - ☐ In Demand Occupation List
 - ☐ Individual Education Plan (EDP)
 - ☐ Training Agreement and Placement Information
 - ☐ MiTC and O*NET Code for Training Type
- ☐ 3. OJT Detail Including:
 - ☐ Signed Contract
 - ☐ Union Concurrence (if applicable)
 - ☐ Temp Agency Agreement (if applicable)
 - ☐ Wage Reimbursement with Check Copies
 - ☐ Skills Attainment/Credential
 - ☐ On-Site Monitoring Form
 - ☐ O*NET Code for Training Type
- ☐ 4. OSMIS "Participant Goals" Screen (Youth)
- ☐ 5. GED/Tutoring Documentation (Youth)
- ☐ 6. Work Experience Detail Including:
 - ☐ Signed Agreement
 - ☐ Union Concurrence (if applicable)
 - ☐ Timesheets
 - ☐ On-Site Monitoring Documents
 - ☐ Wage Reimbursement w/Check Copies
- ☐ 7. JAG Program Activity Documentation

SECTION FOUR: SUPPORTIVE SERVICES

- ☐ 1. OSMIS "Participant Supportive Service" Screen
- ☐ 2. Documentation (Including Procurement) for Supportive Service Entries

SECTION FIVE: OSMIS CASE-NOTES, EXIT, AND OUTCOME DETAIL

- ☐ 1. WIOA Exit Checklist
- ☐ 2. OSMIS Case notes
- ☐ 3. OSMIS Exit Information Including: OSMIS "Status History" Screen AND Copy of Earned Credential
- ☐ 4. OSMIS Outcome Information Including: OSMIS "Outcome History" Screen and Supporting Documentation

SECTION SIX: MISCELLANEOUS INFORMATION

- ☐ 1. Alternate Contact Form
- ☐ 2. Resume and Cover Letter
- ☐ 3. Transcripts Subrecipient Specific Documents
- ☐ 4. Subrecipient Specific Forms
- ☐ 5. Emails
- ☐ 6. Job Leads

1st Reviewer Name _____
2nd Reviewer Name _____

Review Date _____
Review Date _____

WIOA ELIGIBILITY DOCUMENTATION

Applicant Name: _____ Date: _____

GENERAL ELIGIBILITY-COLLECT ONE (1) FROM EACH CATEGORY

Birth Date and Age

- ☐ Birth Certificate
- ☐ Driver's License
- ☐ Work Permit
- ☐ School Records
- ☐ Baptismal or Hospital Records
- ☐ DD-214
- ☐ Public Assistance Records
- ☐ Passport, Military ID, Federal, State, or Local Government-Issued Identification

Residence

- ☐ Driver's License/State I.D.
- ☐ Public Assistance Records
- ☐ School Records
- ☐ Letter from School or Social Service Agency
- ☐ Utility Bill
- ☐ Applicant Statement (If Homeless)

Social Security Number

- ☐ Social Security Card
- ☐ Social Security Records
- ☐ Public Assistance Records (SSN Must be Indicated on Document)
- ☐ W-4 or W-2 Form (SSN Must Be Indicated on Document)

Employment Status

- ☐ Employed: See Income Below
- ☐ Not Employed: Applicant Statement

Citizenship

- ☐ Birth Certificate
- ☐ U.S. Passport
- ☐ Baptismal Certificate
- ☐ Public Assistance Records
- ☐ Hospital Record of Birth
- ☐ INS Documentation (Green Card)
- ☐ Certificate of Naturalization

- ☐ Underemployed: Career Coach Determination, Telephone Verification, Applicant Statement

Selective Service Registrant (ONLY Males 18 and Older)

- ☐ Form DD-214
- ☐ Acknowledge Letter
- ☐ Screen Printout of the Selective Service Verification Website: www.sss.gov
- ☐ Selective Service Status Information Letter
- ☐ Selective Service Registration Report (Form 3A)
- ☐ Selective Service Verification Form

Veteran Status (if applicable) (DV #12)

- ☐ DD-214
- ☐ Veterans Administration Letter or Record

DISLOCATED WORKER AND DISPLACED HOMEMAKER ELIGIBILITY

Layoff

- ☐ Layoff or Termination Notice or Self-Attestation **and**
- ☐ UI Records, Letter or Check Stubs **and**
- ☐ Growth Occupation List or Labor Market Information

Displaced Homemaker

- ☐ Bank Records, Pay Stub Records
- ☐ Public Assistance Records
- ☐ Court Records or Legal Documents Showing Divorce or Separation
- ☐ Spouse's Layoff Notice
- ☐ Spouse's Death Record
- ☐ Applicant Statement

Spouse of a Member of the Armed Forces

- ☐ Notice of Deployment, Call or Order to Active Duty or Change of Station
- ☐ Death Certificate
- ☐ Pay Stubs/Other Documents to Verify a Decrease in Income
- ☐ Tax Returns
- ☐ Applicant Statement (For Service Connect to Death or Disability)

Plant Closure/Mass Layoff

- ☐ UI or Union Statement or
- ☐ Employer Notice or
- ☐ Photocopy of a Printed Media Article or Announcement Describing The Layoff (must include the name of the medium in which published and the date of publication)
- ☐ Check Stub or Employee Notice Linking Applicant to Employer at Time of Announcement

Self Employed

- ☐ Bankruptcy Documents Listing Both Name of Business and Applicant's Name
- ☐ Business License
- ☐ Copy of Completed Federal Income Tax Return (Schedule SE) for the Most Recent Tax Year
- ☐ Copy of Articles of Incorporation for the Business Listing the Applicant as Principle
- ☐ Applicant Statement

ECONOMIC ELIGIBILITY AND BARRIER CRITERIA

ONLY ONE (1) DOCUMENT REQUIRED UNDER EACH APPLICABLE CATEGORY

Individual/Family Income

(ALL household income within the last six (6) months)

- ☐ Pay Stubs
- ☐ Bank Statement (Direct Deposit)
- ☐ Compensation Award Letter
- ☐ Alimony Agreement
- ☐ Award Letter from Veteran's Administration
- ☐ Court Award Letter
- ☐ Employer Statement
- ☐ Farm or Business Financial Records
- ☐ Housing Authority Records
- ☐ Pension Statement
- ☐ Current Public Assistance Records
- ☐ Quarterly Estimated Tax for Self- Employed Individual (Schedule C)
- ☐ Unemployment Insurance Documents
- ☐ Social Security Benefits
- ☐ Unemployment Insurance Documents and/or Printouts
- ☐ Applicant Statement (If individual claims little to no income and has not worked for past six months)

Individual/Family Size

- ☐ Social Security Cards
- ☐ Birth/Baptismal Records or Church/Hospital Records of Birth
- ☐ Divorce Decree
- ☐ Lease/Landlord Statement
- ☐ Alien Registration Card
- ☐ Marriage Certificate
- ☐ Medical Cards
- ☐ Public Assistance/Social Service Agency Records
- ☐ Most Recent Tax Returns Supported by IRS Documents
- ☐ Applicant Statement

Individual with Disability/Individual Income

- ☐ Medical Records
- ☐ Physician's Statement
- ☐ Psychiatrist or Psychologist Diagnosis/Statement
- ☐ Rehabilitation Evaluation
- ☐ Letter from Drug or Alcohol Rehabilitation Agency
- ☐ School Official Statement
- ☐ Sheltered Workshop Certification
- ☐ Social Security Administration Disability Records
- ☐ Social Service Records/Referral
- ☐ Veterans Administration Letters/Records
- ☐ Vocational Rehabilitation Letter/Statement
- ☐ Workers Compensation Records/Statement
- ☐ Applicant Statement

Homeless

- ☐ Statement from a Social Service Agency
- ☐ Statement from an Individual Providing Temporary Residence
- ☐ Statement from Shelter
- ☐ Telephone Verification
- ☐ Applicant Statement

Offender

- ☐ Court Documents
- ☐ Letter of Parole
- ☐ Police Records
- ☐ Statement from Halfway House
- ☐ Statement from Probation Officer
- ☐ Newspaper
- ☐ Telephone Verification
- ☐ Applicant Statement

Cash Assistance and Other Assistance Recipient

(Received for current month or was determined eligible to receive in the past six (6) months)

- ☐ Authorization to Receive Cash Assistance
- ☐ Public Assistance Records/Printout
- ☐ Refugee Assistance Records/Printout
- ☐ Signed Statement from County Welfare Office

Food Stamps

(Received for current month or was determined eligible to receive in the past six (6) months)

- ☐ Authorization to Receive Food Stamps
- ☐ Public Assistance Records/Printout
- ☐ Signed Statement from County Welfare Office

Current/Prior Foster Child

- ☐ Court Records/Documentation
- ☐ County Welfare Office Records/Statement
- ☐ Medical Card
- ☐ Verification of Payments Made on Behalf of the Child
- ☐ Written Statement from Cognizant Agency

SSI/SSDI Recipient

- ☐ Supplemental Security Income (SSI) Records
- ☐ Supplemental Security Disability Insurance (SSDI) Records

Basic Literacy Skills Deficient

- ☐ Standardized Test
- ☐ School Records
- ☐ Comprehensive Assessment Results

**ADDITIONAL REQUIREMENTS FOR YOUTH
ELIGIBILITY MUST PROVIDE
DOCUMENTATION FROM AT LEAST ONE (1)
SECTION BELOW**

Educational Status

- ☐ School Statement/Record
- ☐ Applicant Statement

**Youth (Including Individual with a
Disability) Needing Additional
Assistance to Complete Educational
Program, or to Secure and Hold
Employment**

- ☐ Letter from Drug or Alcohol
Rehabilitation Agency
- ☐ Medical Records
- ☐ Physician's Statement
- ☐ Psychiatrist or Psychologist
Diagnosis/Statement
- ☐ Rehabilitation Evaluation
- ☐ School Official Statement
- ☐ Sheltered Workshop
Certification
- ☐ Social Security Administration
Disability Records
- ☐ Social Service Records/Referral
- ☐ Veterans Administration
Letters/Records
- ☐ Vocational Rehabilitation
Letter/Statement
- ☐ Workers Compensation
Records/Statement
- ☐ WIOA Registration
Form
- ☐ Applicant Statement

Displaced Homemaker

- ☐ Bank Records, Pay Stub Records
- ☐ Public Assistance Records
- ☐ Court Records or Legal
Documents Showing Divorce or
Separation
- ☐ Spouse's Layoff Notice
- ☐ Spouse's Death Record
- ☐ Applicant Statement

**Cultural Barriers or English Language
Learner**

- ☐ Comprehensive Assessment Documentation
- ☐ Applicant Statement (Case-Note as Well)

**Offender or Incarcerated at Program
Entry or Incarceration Release Date**

- ☐ Court Documents
- ☐ Letter of Parole
- ☐ Police Records
- ☐ Statement from Halfway House
- ☐ Statement from Probation
Officer
- ☐ Newspaper
- ☐ Telephone Verification
- ☐ Applicant Statement

Current/Prior Foster Child

- ☐ Court Records/Documentation
- ☐ County Welfare Office
Records/Statement
- ☐ Medical Card
- ☐ Verification of Payments Made
on Behalf of the Child
- ☐ Written Statement from
Cognizant Agency

Pregnant/Parenting Youth/Single Parent

- ☐ Birth Certificate
- ☐ Hospital Record of Birth
- ☐ Medical Card
- ☐ Statement from Physician
- ☐ Statement from School
Program for Pregnant Youth
- ☐ School Records
- ☐ Telephone Verification
- ☐ Written Statement from Social
Service Agency
- ☐ Applicant Statement

Homeless or Runaway

- ☐ Statement from a Social Service
Agency
- ☐ Statement from an Individual
Providing Temporary
Residence
- ☐ Statement from Shelter
- ☐ Telephone Verification
- ☐ Applicant Statement

WIOA EXIT CHECKLIST

WIOA ADULT, DISLOCATED, YOUTH AND JAG PROGRAMS

Participant Name: _____

OSMIS Data Entry Match MIS/WIA/WIOA Registration

- ☐ 1. Date of Birth
- ☐ 2. Low Income
- ☐ 3. Layoff Date (DW Only)
- ☐ 4. Registration Date
- ☐ 5. Credential Attainment Date (*Matches Certificate/Diploma/GED*)
- ☐ 6. Activity End Date Match The Manual Exit Date

DOCUMENTATION COLLECTION

ALL PROGRAMS

- ☐ 1. Food Assistance Program Determination
- ☐ 2. Family Independence Program Determination
- ☐ 3. DD 214 (If Veteran Status Selected as "Yes")
- ☐ 4. If Employed at Registration, Supporting Document(s)
- ☐ 5. Credential- Diploma/Certificate

DW ONLY

- ☐ 6. Layoff Notice/Rapid Response List/Employer Verification/Self-Attestation

YOUTH ONLY

- ☐ 7. Enrollment into postsecondary training (if applicable)
- ☐ 8. Enrollment into secondary training (if applicable)

SIGNATURES REVIEW

- ☐ 1. All Enrollment Documentation Is Signed

CASE NOTE FINAL ENTRIES

- ☐ 1. If Employed at Registration-Case Note Showing Employer/Wages/Hours
- ☐ 2. At Time of Exit- Exit Reason.
 - ☐ If Exited to Employed-Details Regarding Employer/Address/Wages/Hours

1st Reviewer Name _____ Review Date _____

2nd Reviewer Name _____ Review Date _____

PATH AND FAE&T

PATH & FAE&T FILE MONITORING

Sub-Recipient:

Career Coach:

Monitoring Date:

Participant:

OSMIS ID:

Eligibility Documentation:

File Structure (Verified from File Checklist):

Release of Information Waiver:

Equal Opportunity and Grievance Provided and Signed Off On:

Individual Service Strategy in OSMIS:

OSMIS Activities with Documentation:

Supportive Service Input and with Supporting Documentation:

Exit Information Current with Supporting Documentation:

Case Notes Current and Appropriate:

Comments:

PATH ACTIVITIES

WDSOM DOCUMENTATION CHECKLIST (updated 1/8/2020)

REMINDER: This is to be used in conjunction with WDSOM PATH Manual, and their subsequent changes. It is not a stand-alone document and should not be used in lieu of applicable policy issuances.

*Signatures may be electronic

PAID WORK ACTIVITIES

Unsubsidized Employment (excluding self-emp.), Subsidized Employment, and On-the-Job Training

If Hours are projected, case file contains documentation of the average weekly hours based on:

- ☐ Documentation of two consecutive weeks of employment via pay stubs, other official employer records detailing hours of work, or third-party verification services, such as "TALX," which includes:
 - ☐ Participant's name
 - ☐ Participant's actual hours of participation
 - ☐ Name of the employer

OR

- ☐ A completed Verification of Employment Hours form (WR-201 or WR-202) documenting hours that have ALREADY been performed

OR

- ☐ A signed, written, statement generated by the employer that includes:
 - ☐ Participant's name
 - ☐ Participant's actual hours of participation
 - ☐ Employer name
 - ☐ Name and contact information of the individual providing the information

If hours cannot be projected, MWAs must continue to collect documentation to enter hours biweekly.

Self-Employment

If hours are projected, case file contains documentation of the average weekly hours based on:

- ☐ Documentation of the participant's monthly net sales based on personal checks, business receipts, invoices, or accounting records
- ☐ A WDASOM Self-Employment Cover Sheet (WR-203) which uses the following formulas to determine self-employment hours:

Monthly net business sales (gross revenues minus expenses) divided by the federal minimum wage equals Monthly Actual Hours.

Monthly Actual Hours divided by number of weeks in month equals average Weekly Actual Hours.

If hours cannot be projected, MWAs must continue to collect documentation to enter hours monthly.

JOB SEARCH/JOB READINESS

Conducted at the Service Center or if Job Readiness activity involves substance abuse treatment, mental health treatment, or rehabilitation:

- ☐ Documented at least every two weeks
- ☐ Case file contains a completed WDSOM Activity Log (WR-206, WR-207, WR-208, or WR-209) WDSOM Activity Log*

OR

- ☐ Case file contains an MWA attendance record which includes:
 - ☐ Participant's name
 - ☐ **Actual Hours** and dates of participation
 - ☐ Name, signature, and contact information of the MWA staff overseeing the activity
- *If Job Readiness activity involves substance abuse treatment, mental health treatment, or rehabilitation:
- ☐ Case file contains a statement of need from a qualified medical, substance abuse, or mental health professional

Conducted Outside the Service Center

- ☐ Documented at least every two weeks
- ☐ Case file contains a WDSOM Outside Job Search Contact Log (WR-204 or WR-205)

UNPAID WORK ACTIVITIES

Work Experience Program (WEP) and Community Service Program (CSP)

- ☐ Documented at least every two weeks
- ☐ Case file contains a WDSOM Activity Log (WR-206, WR-207, WR-208, or WR-209)

OR

- ☐ Case file contains a WEP/CSP agency-generated attendance record which includes:
 - ☐ Participant's name
 - ☐ Actual hours and dates of participation
 - ☐ Name of the work site
 - ☐ Name, signature, and contact information of the individual verifying the information

Providing Childcare Services to an Individual who is participating in a CSP

- ☐ Documented at least every two weeks
- ☐ Case file contains a completed Childcare Services for CSP Participant form (WR-210 or WR21)

EDUCATIONAL ACTIVITIES

Vocational Educational Training, Job Skills Training Directly Related to Employment, Education Directly Related to Employment, and Satisfactory Attendance at a Secondary School or in a Course of Study Leading to a Certificate of General Equivalence

Performed at an Educational Institution or Through Distance Learning

- ☐ Documented at least every two weeks
- ☐ Case file contains a completed Education Log (WR-212, WR-213, WR-214, or WR-215)

OR

- ☐ Case file contains an institution-generated attendance record which includes:
 - ☐ Participant's name
 - ☐ Actual hours and dates of participation
 - ☐ Name of educational subrecipient
 - ☐ Name, signature, and contact information of the individual verifying the information

Study Time

Supervised Study Time

- ☐ Documented at least every two weeks
- ☐ Case file contains a WDSOM completed Education Log (WR-212, WR-213, WR-214, or WR-215)
- ☐ Case file contains documentation of the educational institution's homework/study time expectations
- ☐ **Total** study time hours entered (supervised plus unsupervised) do not exceed the homework/study time expectations of the educational institution

Unsupervised Study Time

- ☐ Documented at least every two weeks
- ☐ Case file contains documentation of the educational institution's homework/study time expectations
- ☐ Hours entered do not exceed the actual time spent in classroom (seat time)
- ☐ **Total** study time hours entered (supervised plus unsupervised) do not exceed the homework/study time expectations of the educational institution

18 & 19 Year Olds Attending High School or a GED Program

- ☐ Documented at least every two weeks
- ☐ Case file contains a WDSOM completed 18 & 19-Year-Olds High School/GED Log (WR-216 or WR217)

OR

- ☐ Case file contains an institution-generated attendance record which includes:
 - ☐ Participant's name
 - ☐ Actual hours and dates of participation
 - ☐ Name of educational sub-recipient
 - ☐ Name, signature, and contact information of the individual verifying the information
 - ☐ A statement from the educational subrecipient that the participant has maintained satisfactory attendance
- ☐ Case file contains documentation that includes:
 - ☐ Date of the absence
 - ☐ Approval or denial of excused absence
 - ☐ Reason for the absence
 - ☐ Career Coach initials or signature and date of determination

CAPITAL AREA MICHIGAN WORKS!

PATH FILE STRUCTURE

Participant Name: _____

Date: _____

SECTION ONE: ELIGIBILITY FORMS AND ASSESSMENTS

- | | |
|---|--|
| <input type="checkbox"/> 1. OSMIS Case notes | <input type="checkbox"/> 4. OSMIS Welfare Registration- Participant History |
| <input type="checkbox"/> 2. Withdrawal form | <input type="checkbox"/> 5. CAMW! Release Form and Signed EO Policy |
| <input type="checkbox"/> 3. OSMIS "Participant Activities" Screen | <input type="checkbox"/> 6. CAMW! Participant Agreement (signed & dated by participant & Career Coach) |

SECTION TWO: ACTIVITIES

- | | |
|--|---|
| <input type="checkbox"/> 1. AEP Weekly Logs | <input type="checkbox"/> 4. Community Service, Work Experience and Education Logs |
| <input type="checkbox"/> 2. Time Cards | <input type="checkbox"/> 5. Medical/Court Excuses (if applicable) |
| <input type="checkbox"/> 3. Participation Logs | <input type="checkbox"/> 6. Monthly evaluation |

SECTION THREE: EDUCATION AND EMPLOYMENT

- | | |
|--|--|
| <input type="checkbox"/> 1. 180 Day Retention (if applicable) | <input type="checkbox"/> 6. In Demand Occupation List |
| <input type="checkbox"/> 2. Pay stubs or documentation of employment (if applicable) | <input type="checkbox"/> 7. Individual Education Plan (EDP) |
| <input type="checkbox"/> 3. Employment Verification | <input type="checkbox"/> 8. Training Agreement & Placement Information |
| <input type="checkbox"/> 4. Education Information | <input type="checkbox"/> 9. MiTC and O*NET Code for Training Type |
| <input type="checkbox"/> 5. ITA Voucher(s) with Receipt of Payment | <input type="checkbox"/> 10. Resume and Cover Letter |

SECTION FOUR: SUPPORTIVE SERVICES

- | | |
|---|--|
| <input type="checkbox"/> 1. ISS-(computer form on top of hand written form with Signatures) | <input type="checkbox"/> 3. Documentation (Including Procurement) for Supportive Service Entries |
| <input type="checkbox"/> 2. OSMIS "Participant Supportive Service" | <input type="checkbox"/> 4. TABE Assessments |

SECTION FIVE: NONCOMPLIANCE

- | | |
|---|--|
| <input type="checkbox"/> 1. Noncompliance Warning Notice | <input type="checkbox"/> 6. Medical Needs Form (54E) |
| <input type="checkbox"/> 2. Reengagement Agreement | <input type="checkbox"/> 7. Community Service, Work Experience Detail Including: |
| <input type="checkbox"/> 3. Triage Meeting Notice | <input type="checkbox"/> 8. CS/WEP Worksite Agreement |
| <input type="checkbox"/> 4. Post-Triage PATH Program Appointment Notice (if applicable) | <input type="checkbox"/> 9 On-Site Monitoring Documents (CS/WEP in a Binder) |
| <input type="checkbox"/> 5. Return to PATH Appointment Notice | |

SECTION SIX: MISCELLANEOUS INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> 1. File Content Sheet | <input type="checkbox"/> 5. Referral to outside agencies (MRS, etc.) |
| <input type="checkbox"/> 2. Correspondence | <input type="checkbox"/> 6. FAST (If applicable) |
| <input type="checkbox"/> 3. Security Check | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 4. Referral to Learn to Earn. | |

1st Reviewer Name _____

Review Date _____

2nd Reviewer Name _____

Review Date _____

CAPITAL AREA MICHIGAN WORKS!
FAE&T FILE STRUCTURE

Participant Name: _____

Date: _____

SECTION ONE: ELIGIBILITY FORMS AND ASSESSMENTS

- | | |
|---|--|
| <input type="checkbox"/> 1. OSMIS "Participant Activities" Screen | <input type="checkbox"/> 3. CAMW! Release Form and Signed EO Policy |
| <input type="checkbox"/> 2. OSMIS Welfare Registration- Participant History | <input type="checkbox"/> 4. CAMW! Participant Agreement (signed & dated by participant & Career Coach) |

SECTION TWO: ACTIVITIES

- | | |
|--|--|
| <input type="checkbox"/> 1. OSMIS Case notes | <input type="checkbox"/> 6. Workfare Worksite Agreement |
| <input type="checkbox"/> 2. Time Cards or sheets (if applicable) | <input type="checkbox"/> 7. On-Site Monitoring Documents (in a Binder) |
| <input type="checkbox"/> 3. Participation Logs | <input type="checkbox"/> 8. Monthly evaluation |
| <input type="checkbox"/> 4. Workfare Logs | <input type="checkbox"/> 9. 30 Day Review (if applicable) |
| <input type="checkbox"/> 5. Workfare Detail Including: | |

SECTION THREE: EDUCATION AND EMPLOYMENT

- | | |
|--|--|
| <input type="checkbox"/> 1. Employment Verification | <input type="checkbox"/> 7. Individual Education Plan (EDP) |
| <input type="checkbox"/> 2. Pay stubs or documentation of employment (if applicable) | <input type="checkbox"/> 8. Training Agreement & Placement Information |
| <input type="checkbox"/> 3. 90 Day Job Retention (if applicable) | <input type="checkbox"/> 9. MITC and O*NET Code for Training Type |
| <input type="checkbox"/> 4. Education Information | <input type="checkbox"/> 10. Resume and Cover Letter |
| <input type="checkbox"/> 5. ITA Voucher(s) with Receipt of Payment | |
| <input type="checkbox"/> 6. In Demand Occupation List | |

SECTION FOUR: SUPPORTIVE SERVICES

- | | |
|---|--|
| <input type="checkbox"/> 1. ISS-(computer form on top of hand written form with Signatures) | <input type="checkbox"/> 3. Documentation (Including Procurement) for Supportive Service Entries |
| <input type="checkbox"/> 2. OSMIS "Participant Supportive Service" | <input type="checkbox"/> 4. TABE Assessments |

SECTION FIVE: NONCOMPLIANCE

- ☐
1. Noncompliance Warning Notice (if applicable)
-
- ☐
2. Referral to outside agencies (MRS, etc.)
-
- ☐
3. Medical/Court Excuses (if applicable)

SECTION SIX: MISCELLANEOUS INFORMATION

- ☐
1. File Content Sheet
-
- ☐
2. State ID/License
-
- ☐
3. Security Check

1st Reviewer Name _____

Review Date _____

2nd Reviewer Name _____

Review Date _____

ONE-STOP OPERATOR MONITORING

Date of Monitoring:**Subrecipient Agency:****Findings or Recommendations:**

Topic	Outcome	Measure	Documentation Example(s) to Demonstrate Progress to Date For Indicator
Employer Presence	Capture the number of employers represented within the AJCs on a monthly basis at employer of the day table or hiring events.	One-Stop calendars, employer feedback (survey)	
Workshop Offerings	Effective career-related workshops (interview techniques, resumes development, mock interviewing, etc.) and topical workshops (Pure Michigan Talent Connect, social media, etc.) will be offered across AJCs.	One-Stop calendars, attendance and survey tracking, evaluation survey at completion of workshops	
Interest Surveys	Surveys will be conducted at least bi-annually to gain insight into the needs and goals of those coming to the AJCs. The survey results will be used to drive programming and services.	Survey results will be reported out on bi-annually and shared with CAMW! and shared with necessary parties (based on survey results).	
Satisfaction Survey	Surveys will be conducted to gain feedback from the customers (job seekers and employers) on the quality of services they receive from AJC staff. The results of these surveys will be used as quality improvement.	Survey results will be reported out to CAMW! and shared with necessary parties (based on survey results).	
Functional Teams	Monthly meetings will be held on-site for CAMW! partners, as well as system workgroups convened as necessary toward system improvements. These meetings will help ensure that partners are working together to maximize collective impact on the communities we serve.	Meeting minutes	