**Workforce Development Board Name:** Choose an item.

**Submitted by:**       **Date Submitted:** Click or tap to enter a date.

The purpose of this survey is to ensure we have the most current information about your agency in advance of monitoring the Fostering Opioid Recovery through Workforce Development (FORWD) grant. This desk review will be used to review existing information prior to conducting the monitoring review. Please provide the most current in-use information and documents; do not provide documents that are in draft format or pending Board approval.

The monitoring period will be from March 5, 2025, until the current monitoring period occurs.

Please complete the entireDesk Review Survey and upload the survey and supporting documentation or policies, etc. to your [WDA's folder on SharePoint](https://dwd-sps.wisconsin.gov/wijcb/WDA%20Documents/Forms/AllItems.aspx):

Submit questions to:

* Monitoring Lead- Jolina Priesgen- [Jolina.priesgen@dwd.wisconsin.gov](mailto:Jolina.priesgen@dwd.wisconsin.gov)

**Planning & Program Design**

1. Attach or upload in Sharepoint all active local policies, locally driven project plan, processes and procedures, project timeline, organizational charts including staffing plans related to FORWD provision of services, including but not limited to the below.
   1. Training services, if different from Title I policy
   2. Career services, if different from Title I policy
   3. Supportive Services, if different from Title I policy

For any of the above that the WDB does not have, please state that in your reply.

**Implementation**

1. Provide a detailed explanation of outreach activities conducted during the period of this grant, if applicable.

a. Provide a copy of all outreach documents (e.g., flyers, mailers) developed.

1. Using the table below, list and describe the partners that are currently involved in this project and the specific roles and contributions of each partner. Table may also be completed and submitted on SharePoint.

|  |  |  |
| --- | --- | --- |
| Community Partner Name | Role | Contributions |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Participant Services**

1. Explain how the WDB will reach the participant enrollment goal listed within the Project Implementation Plan (PIP).
2. Explain what tools staff use to gather eligibility documentation and make decisions about eligibility.
   1. Attach or upload in Sharepoint any applicable documentation tools.

1. Describe how the WDB and Career Planners are ensuring participant disclosure of opioid impact or other medical or disability information is kept confidential.
2. Provide an update of the WDB's project's progress during the period of the grant. Include a description of key accomplishments and outcomes achieved.

**Monitoring by Project Operators**

1. Provide the date when service providers were monitored and/or identify when the service providers will be monitored (at least once per program year, for the duration of the subaward).

This includes review of case and fiscal files.

* 1. Attach or upload in Sharepoint any monitoring reports or documentation.

1. If there are disaster-relief employment (DRE) services provided, provide the date when placement site(s) were monitored and/or identify when the placement site(s) will be monitored (at least once during the participant(s) engagement).

This includes review of participant work falling within the scope of work of the FORWD DWG and whether the terms and conditions of the Placement Agreement are being fulfilled.

*Be sure to list each DRE participant and their placement site if it applies.*

* 1. Attach or upload in Sharepoint any monitoring reports or documentation.

**Innovation: The "I" in WIOA**

As part of DWD-DET's ongoing goal to highlight WDB innovations, we provide this opportunity for the WDB to make us aware of any innovative and outstanding projects, programs, and practices that we may not otherwise be aware of. This will allow DWD-DET to further assess this information to potentially include those areas in the monitoring report as an Area of Strength or Promising Practice.

1. Please use this opportunity to highlight the great activities your WDB is accomplishing with FORWD so DWD-DET can review, evaluate, and potentially share with other relevant stakeholders.

**FISCAL DESK SURVEY**

**Submitted by:**       **Date Submitted:** Click or tap to enter a date.

The purpose of this survey is to ensure we have the most current information about your organization in advance of monitoring. This desk review will be used to review existing information prior to conducting the on-site monitoring review. Please provide the most current information and documents; and do not provide documents that are in draft format or pending Board approval.

**Please complete the entire Desk Review Survey and email it by the due date indicated in DWD's request email to your fiscal lead.**

**Submit any questions to:**

* **Fiscal Lead-** [**Katherine.dedrick@dwd.wisconsin.gov**](mailto:Katherine.dedrick@dwd.wisconsin.gov) **or** [**linda.thompson@dwd.wisconsin.gov**](mailto:linda.thompson@dwd.wisconsin.gov)

**NOTE: Failure to submit a completed Desk Review Survey by the indicated due date may result in a Finding.**

1. **Please respond to each question and bullet point.**
2. **Include the file name(s) under every question and bullet point that requires document evidence.**

1. **Budget**
2. Was the grant budget approved by the Boards of Directors and the Chief Local Elected Official (CLEO)?
   * If yes, please indicate the approval date and provide the meeting minutes/draft meeting minutes.
3. Were there any modifications to the initial budget?
   * If yes, please provide all meeting minutes approving the budget modifications.
4. **Procurement and Contract Administration**

Please complete this section only if subawards were issued for the grant.

* 1. Please identify all grant funded subrecipients:

|  |  |
| --- | --- |
| **Subrecipient** | **Program(s) / Activities** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Subrecipient Management and Oversight**
   1. Was there a risk assessment carried out for all grant subrecipients prior to awards being made?
2. **Written Policies and Procedures**
3. Have local WDB fiscal policies/procedures been updated since the start of the grant?
4. How frequently are policies and procedures reviewed/updated?

**Requested Fiscal Documents**

Attach the following documents to the Desk Review Survey. Please note that each document should be a **separate file** (Please do not scan all documents into one big PDF).

***Note:*** *Please use the following naming convention when you upload the requested fiscal documents. Add the number and letter identifier prior to the title, i.e., 1a. Current Program Year Budget, etc.*

1. **Allowable Costs and Cost Classification**
2. The current Program Year budget.
3. Board of Directors minutes documenting the approval of the budget.
4. Subcontract procurement documentation, if applicable.
5. Subcontracts, if applicable.
6. Trial balances from grant inception to current date.
7. General ledger detail from grant inception to current date [Excel file].
8. Cost allocations for the grant.
9. Credit card statements for the grant for two representative periods. Please identify the transactions related to grant.
10. Timesheets for personnel charging time to the grant for two representative periods.
11. Supporting documentation for the two most recent FSRs filed.
12. Grant program and policy manual.