**Workforce Development Board Name:** Southeastern Wisconsin Workforce Development Board

**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. 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.

Please complete the entire Desk 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) at least **twenty (20) business days** prior to the scheduled monitoring.

Submit questions to:

* Monitoring Lead – Melanie Sukow - melanie.sukow@dwd.wisconsin.gov

**Planning & Program Design**

1. Provide a copy of any local WAI2 policies (if applicable). If these are contained in other local policies, please provide that policy.
2. Does the local WDB have any policies related to program eligibility beyond what is included in the WAI2 Project Implementation Plan (PIP)? If so, please provide a copy of the policy(ies).
3. Provide a copy of the forms the local WDB is using and/or created to determine eligibility.
4. Does the local WDB have any policies related to the upload of grant documentation beyond what is included in the WAI2 PIP? If so, please provide a copy of the policy(ies).
5. Provide a copy of the forms the local WDB used to collect other grant-related information.
6. Does the local WDB have any policies related to participants exiting the WAI2 program beyond what is included in the WAI2 PIP? If so, please provide a copy of the policy(ies).
7. Does the local WDB have any policies related to case notes beyond what is included in the WAI2 Project Implementation Plan (PIP)? If so, please provide a copy of the policy(ies).
8. Does the local WDB have any Supportive Services policies and procedures? If so, please provide a copy of the policy(ies). If methods are different depending on the service provided, please describe.
9. Provide the local funding limits related to Supportive Services, if applicable.
10. Identify the individual(s) who must approve the requests prior to funding (if applicable).
11. Identify and attach any related forms or documents that should be retained in the participant file.
12. For any documents related to this question that are not retained in the file, where are they housed?
13. Does the local WDB have any policies related to stipends/incentives beyond what is included in the WAI2 PIP? If so, please provide a copy of the policy(ies).
14. Provide the local funding limits related to stipends/incentives.
15. Identify the updated individual(s) who must approve the requests prior to funding (if applicable).
16. Identify and attach any related forms or documents that should be retained in the participant file.
17. For any documents related to this question that are not retained in the file, where are they housed?
18. Does the local WDB have any policies and procedures related to Career Services beyond what is included in the WAI2 PIP? If methods are different depending on the service provided, please describe.
	1. Provide the updated local funding limits related to Career Services.
	2. Identify the updated individual(s) who must approve the requests prior to funding (if applicable).
	3. Identify and attach any related forms or documents that should be retained in the participant file.
	4. For any documents related to this question that are not retained in the file, where are they housed?
19. Does the local WDB have any policies and procedures related Training Services beyond what is included in the WAI2 PIP? If methods are different depending on the service provided, please describe.
	1. Provide the updated local funding limits related to Training Services.
	2. Identify the updated individual(s) who must approve the requests prior to funding (if applicable).
	3. Identify and attach any related forms or documents that should be retained in the participant file if changed since the WDA's most recent WAI Monitoring.
	4. For any documents related to this question that are not retained in the file, where are they housed?

**Implementation**

1. Do WDB staff regularly use the BI Launchpad to monitor performance data?
2. Please describe how the WDB outreaches to targeted barrier populations.
3. Please provide copies of all outreach materials used by the WDB.
4. Please provide the following information for all WDB staff working with WAI2 (project operating team and career planners):

|  |  |  |
| --- | --- | --- |
| NAME | POSITION/TITLE | EMAIL |
|  |  |  |
|  |  |  |
|  |  |  |
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**Participant Services**

1. Identify any outstanding technical assistance or training needs of the WDB and/or its service providers related to performance.

**Impact**

DWD-DET is providing the opportunity for the WDB to make us aware of any impactful 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 share with us ways the WDB's WAI2 project(s) has/have made a positive impact on the community.
2. Please use this opportunity to highlight the great activities your WDB is accomplishing with WAI2 so DWD-DET can review, evaluate, and potentially share with other relevant stakeholders.

**FISCAL DESK REVIEW 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** **or** **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?
	* 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** |
|  |  |
|  |  |
|  |  |
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|  |  |

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 WAI2 program budget.
3. Board of Directors minutes documenting the approval of the budget, if applicable.
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.