**SECTION IV-A: OUT-OF-SCHOOL, WORK EXPERIENCE ONLY INSTRUCTIONS**

Please complete your proposal for WIOA **Work Experience** **Only** services to **Out-of-School Youth** for Program Year 2018-19 by filling out and submitting the following application form.

Work Experience (WEX) providers will receive referrals from ETR but may also refer prospective participants to ETR for consideration. WEX providers will be expected to develop suitable work sites for the negotiated number of participants referred. ETR and the WEX provider will work together to manage the timing of referrals and placement so that the WEX provider has adequate time to complete Work Site Agreements with both the host employer and each participant prior to placement at the work site; however, the WEX-Only provider is expected to have and continually develop a network of host employers to minimize down time. ***Regardless of score, a WEX-Only application may be rejected if Comprehensive services including Work Experience will be available in the service area.***

ETR’s “Master Work Site Agreement” must be completed with each host employer utilized for Work Experience. In addition, ETR’s “Youth Individual Work Experience Training Plan/Agreement” must be completed for each participant placed in Work Experience. The WEX provider will be considered the Employer of Record and will be responsible for maintaining time records, issuing paychecks to participants, FICA deductions and the provision of Workers’ Compensation insurance. Unemployment Insurance is not required for subsidized employment. All records must be made available to ETR upon request for monitoring purposes. The WEX provider will be responsible for visiting work sites at least once during each participant’s time there, ensure that host employers are providing meaningful training and supervision to participants, as well as complying with labor laws. The WEX provider, not the host employer, will be responsible for compliance with applicable provisions of the Affordable Care Act (see <http://obamacarefacts.com/obamacare-employer-mandate/>) and California’s Healthy Workplace, Healthy Family Act of 2014 (see <http://www.dir.ca.gov/dlse/ab1522.html>).

* You must complete the application section electronically, in **Microsoft Word** or compatible format. Attachments may scanned to **PDF**. Electronic copies of the application may be downloaded from ETR’s website at <http://www.etronline.com>. If necessary, you may increase the space within the answer blanks if you need additional lines for your answers.
* You must submit only **one** (**1) hard copy** of **threshold documents** and **financial statements** per agency, even if applying for multiple programs, but must submit **four (4) hard copies of your application**. If proposing multiple programs, you must submit multiple applications and copies.
* **One (1) electronic copy** of your application(s) must be submitted in **Microsoft Word** format on a removable “flash” drive. Attachments used for documentation may be submitted in **PDF**.
* This form was designed to lead applicants through question areas in the same order in which the issues appear on the evaluation forms. ***You may add or remove extra lines/blank space as needed to make room for your responses. Do not be concerned if this causes the table formatting to shift but do make sure your text is visible. It is recommended that you delete blank lines between questions before typing your answer. If you need to cut and paste text to a new page or document without tables, you may do so.***

* Except where noted in the instructions, all responses should be provided directly on the form.
* Please be aware that for currently funded programs, evaluators will have access to performance data in our CalJOBs and I-TRAIN and will also have access to previous monitoring reports, past performance and funding/expenditure history.

ETR reserves the right to request additional backup documentation from applicants.

**SECTION IV-B: WORK EXPERIENCE ONLY OUT-OF-SCHOOL YOUTH APPLICATION**

**WORK EXPERIENCE ONLY, OUT-OF SCHOOL YOUTH ACTIVITY SUMMARY**

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| --- | --- | --- |
| **1.** | Organization Name: |  |
| **2.** | Contact Person: |  |
| **3.** | Activity/Program: | **WORK EXPERIENCE (WEX) ONLY FOR OUT-OF-SCHOOL YOUTH** |
| **4.** | Amount of WIOA funds requested for this activity/program (based on **Work Experience** services and cost of administering them): | Out-of-School Youth $ |
| **5.** | Number of **Work Experience** participants to be served:  | # of Out-of- School Youth: |
| .**6.** | **Specific geographic areas/communities for which you are willing to receive referrals from ETR:**(ETR will determine whether there is already a comprehensive provider being recommended for this area after all applications have been evaluated. If a suitable comprehensive provider has been identified, WEX-Only services will not be needed). |
| **7.** | **Restrictions on participants that your agency can accommodate, if any (e.g. court-involved youth) or any special populations your agency would like to target because of your expertise:** (for informational purposes) |

|  |  |
| --- | --- |
| **8.** | **History of Experience/Success (15 points maximum).** Please discuss experience/success in developing work experience placements that meet the needs and career objectives of participants to the extent possible, and your agency’s compliance with WIOA or other requirements/restrictions on acceptable work activities, supervision of work sites and whether you have had work experience placements or expenses disallowed by ETR or any other funding agency. For currently funded agencies, evaluators will have access to recent monitoring findings regarding Work Experience. |
| **9.** | **Please describe/list your current network of host employers. If you do not have an established network of employers, please describe how and with whom you plan to develop these relationships by July 1, 2018 and throughout the year. It is understood that one’s network of employers is generally dynamic and tends to evolve over time. (10 points maximum).**  |

|  |  |
| --- | --- |
| **10.** | **Does your agency currently have a system in place to issue paychecks (including proper withholding and reporting of accrued sick leave) to WEX participants? (10 points maximum). \_\_\_ yes \_\_\_ no****Describe/explain:** |
| **11.** | **Describe specifically how your agency has in the past and will comply with the employer mandate under the Affordable Care Act, and how participants will be made aware of their rights and options under this law. If exempt, please explain the basis for your exemption. (10 points maximum).** |
| **e)** | **Describe specifically how your agency has in the past and will comply with the provisions of California’s Healthy Family, Healthy Workplace Act of 2014 (“Sick Leave Law”). Please be sure to explain how you will track and report hours worked and sick leave accrued for reporting to participants as required, and for determining which, if any, participants qualify for sick leave and when. Please explain how participants will be made aware of their potential rights under this law. (10 points maximum).** |
| **13.** | **Orientation, Work-Readiness and Case Management: ETR will not refer participants to WEX unless staff believes they are ready for this activity; however your agency will need to meet with participants prior to placement to learn about their specific interests and abilities, review their Individual Service Strategy (ISS) with them, and communicate expectations, rules, procedures, etc. Please describe what pre-WEX services you will provide to newly referred participants and how your program will be structured to promote sufficient contact between program staff and participants, including max work hours per week, number of days/week to be worked. (10 points maximum).** |
| **14.** | **Program Staffing & Administration (15 points maximum).**1. Please provide name(s)/title(s)\* of staff who will be **developing worksites** for participants and **indicate how many hours per week** each staff person will be assigned to WIOA responsibilities. Please also briefly describe any previous **experience/credentials** this/these individuals have in identifying and engaging host employers:
2. Please provide name(s)/title(s)\* of staff who will be providing **monitoring work sites and collecting time cards** and **indicate how many hours per week** each staff person will be assigned to WIOA responsibilities. Please also briefly describe any previous **experience/credentials** this/these individuals have in providing direct educational or vocational services to youth:
3. **Who will participants contact at your agency** if they have a question or a problem regarding their work site?

\*If individuals have not yet been designated, indicate job title(s) and general qualifications.  |
| **15.** | **Opportunities for Unsubsidized Employment following WEX (up to 10 points maximum).** ETR understands that while some employers are willing and able to hire successful participants as “real” employees after they have completed work experience, others are able to provide meaningful work experience but may not have immediate job openings. While we strive to develop worksites where there is the possibility of unsubsidized employment, the reality is that many WEX participants will need additional job placement services following work experience. To this end, please answer the following:To what extent is your agency able to provide job search assistance, including interviewing skills and resume development, to participants who have completed work experience but not been hired on as regular employees of their host employer? **How many, or approximately what percentage of your previous WEX participants have been hired by their host employer for a regular full or part-time job after completion of work experience?** Please describe any challenges or outstanding examples of success in this area. |

**Employers' Training Resource**

**Out-of-School Youth Activity Budget (10 points maximum. Costs must be reasonable given amount of work experience provided).**

|  |  |
| --- | --- |
| Organization Name: |  |
| Program Name: |  |

**Funding requested for this WEX-ONLY OSY Program/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Planned Total New Participants through June 2019: \_\_\_\_\_\_\_**

**Total Planned Maximum WEX hours per participant per year (hours per week x 8 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Explain if not between 32-40 hrs per week, 256-320 hrs maximum)**

**Number of Active WEX Participant your agency can handle at any given time: \_\_\_\_\_\_\_\_\_\_\_**

**Cost per Participant (Funding / Total Participants): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
|  | **Cost Category** | **Proposed for 2018-19** |
| **01** | **a.** | **Staff Salaries and Fringe Benefits – Work Experience Related** |  |
| **01** | **b.** | **Staff Salaries and Fringe Benefits – Not Related to Work Experience**  |  |
| **02** |  | Participant Wages and Fringe Benefits (Work Experience, Workers’ Comp, FICA) |  |
| **03** |  | **Facility Expense** Cost of renting or leasing offices, storage rooms, facilities, classrooms, etc. Use allowance or depreciation for space is charged here. Include any building utilities (telephones, electricity, water, trash collection, alarm/security systems, Internet, etc.) not included in rental agreement. |  |
| **04** |  | **Supplies & Equipment under $5000**Cost of supplies necessary for the operation of the activity – Includes participant testing supplies and all equipment under $5,000. Lease or rental of equipment. Use allowance or depreciation. Repair and/or maintenance costs of all items purchased or leased. The cost of maintenance agreements as well as janitorial services. |  |
| **05** |  | **Supplies & Equipment $5000 and over**Cost of equipment and supplies (including tax and freight charges) necessary for the operation of the program – based on cost per item. Subgrant agreements require approval from ETR prior to incurring expenses for equipment $5,000 and over. |  |
| **06** |  | **Travel & Training Expense** Costs for staff travel necessary for normal program operations. Agency costs associated with travel for participants. Staff training costs, as well as participant training/tuition costs are to be charged under this line item. **Incentives NOT related to Work Experience should be charged here.** |  |
| **07** |  | Insurance/Bonding/Professional And Special Services: |  |
|  | **a)** | Cost of insurance & bonding, including all liability, but excluding worker’s compensation. All non-salaried services required, such as accounting, legal, security guard, etc. Indirect costs, including agency fees and profit. |  |
|  | **b)** | Outreach and recruiting costs other than Staff Salaries/Fringe. Include advertising costs here. |  |
| **08** |  | **Employer Reimbursement and Income**Employer reimbursements under On-the-Job Training and income control for programs producing revenue. |  |
| **09** |  | **Supportive Services**Payments used to aid or assist participants while attending program, such as: rent, mileage, etc. |  |
| **10** |  | **Indirects if applicable\*** (Your approved indirect rate applied to the total of all other budget line items, for budgeting purposes. Actual indirects should be billed monthly and calculated against the monthly total of other line items.) If you intend to charge for all services on a direct basis, enter zero. |  |
|  |  | **TOTAL REQUESTED** |  |

\*You do NOT have to use the indirect rate even if you have one, if you are able to correctly determine/allocate expenditures as direct charges. If you do choose to use indirects, you must calculate them against actual expenditures on a monthly basis and submit them on the monthly Operator Expense Report. You cannot include indirect costs in your direct billings and then calculate your indirect amounts utilizing those same costs. For example, if you are using the indirect rate to cover the cost of accounting staff, custodial or other staff time that is incurred by your program but difficult to split out directly, your Staff Salaries line item should not include an estimate of those staff hours. If you do not understand the concept of Indirect Costs, please put zero in line item #10 and do not attempt to use them. If you want to consider using them, please consult your accounting staff before completing the budget.

Indirect Cost Rate - If your agency has an Indirect Cost Rate, complete the following:

Indirect Cost Rate \_\_\_\_\_\_\_\_\_\_

Cognizant Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETR reserves the right to cap the indirect cost rate that a subrecipient may charge.

Budget transfers must be approved before charging any expense to a category not listed in a contract budget. The subgrant agreement requires obtaining approval from ETR prior to incurring the following expenses: equipment & supplies over $5,000, lease-to-own agreements, consultants, and any line item not included in the original contract budget. **Competitive quotes or sole source justification must be obtained for all purchases of $3,500 or more**.

If awarded funding, **any proposed stipend or incentive schedules (or changes to existing schedules) must be submitted to your ETR analyst during the contract negotiation process.** In addition, if any elements of service are to be subcontracted by your agency to another agency and paid for with WIOA funding, please describe these proposed arrangements and submit a copy of the proposed agreement for approval during the contract negotiation process with ETR.