

# **REQUEST FOR QUALIFICATIONS (RFQ)**

## **WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) PROGRAMS**



SANTA CRUZ COUNTY

**WORKFORCE**  
DEVELOPMENT

Available at: [www.SantaCruzWIB.com](http://www.SantaCruzWIB.com)

Santa Cruz County Workforce Development Board  
18 W. Beach Street  
Watsonville, California 95076  
(831) 763-8900

## WHAT IS THE STATEMENT OF QUALIFICATIONS?

Through the Statement of Qualifications, public and private organizations are invited to establish their qualifications to bid for County of Santa Cruz Workforce Innovation and Opportunity Act (WIOA) funds. Organizations that have established their capacity to administer WIOA funds are placed on the Qualified Agency List and are eligible to respond to Request for Proposals (RFP), and to contract with the County of Santa Cruz.

The Statement of Qualifications:

- is available for completion year round and organizations may submit a Statement at any time.
- may be submitted prior to, or in conjunction with the submittal of a proposal.
- must be updated on an annual basis as determined by the County.

The County may remove an organization from the Qualified Agency List if :

- the information provided in the Statement of Qualifications, or Updates indicates an inability to manage WIOA funds.
- the organization's contracted program performance also indicates an inability to manage WIOA funds.

## WHEN SHOULD ORGANIZATIONS SUBMIT THE STATEMENT?

The Workforce Development Area will accept Statements of Qualifications throughout the year. However, an approved Statement indicating the capability to administer WIOA funds and programs must be on file prior to, or in conjunction with, the submittal of any proposal for WIOA funding.

Organizations interested in submitting a proposal in response to County RFPs are encouraged to submit their qualifications as soon as possible. Organizations will be notified in writing whether their qualifications meet the established minimum requirements for eligibility to receive WIOA funds, and whether or not their organization has been placed on the Qualified Agency List.

## WHAT IF THE ORGANIZATION DOES NOT QUALIFY?

Organizations whose Statement of Qualifications do not establish their capability to administer WIOA funds will receive a written notice indicating the specific deficiencies and outlining what, if any, actions the organization can take to correct such deficiencies.

## HOW DO ORGANIZATIONS RESPOND?

If this Statement is your initial submittal:

- check the box labeled NEW on page 3 and page 7
- complete all questions and attachments

If this Statement is an annual update:

- check the box labeled UPDATE on page 3 and page 7
- complete page 5 in its entirety
- complete item 9.A.2 or 9.A.3
- complete any other section in which there are changes to your initial submittal, or updates, on file

Complete the Statement of Qualifications and Attachments and return them via email to the WDB Clerk at the following email address:

[brenda.zeller@santacruzcounty.us](mailto:brenda.zeller@santacruzcounty.us)

For any questions you might have regarding the Statement of Qualifications, contact Michael McLay, WDB Procurement Officer, at [Michael.McLay@hsd.co.santa-cruz.ca.us](mailto:Michael.McLay@hsd.co.santa-cruz.ca.us) (831) 454-4203



SANTA CRUZ COUNTY

**WORKFORCE**  
DEVELOPMENT

**WORKFORCE DEVELOPMENT BOARD  
COUNTY OF SANTA CRUZ  
STATEMENT OF QUALIFICATIONS**

NEW       UPDATE

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

General Phone: \_\_\_\_\_ fax: \_\_\_\_\_

Name/Title of Contact Person: \_\_\_\_\_

Please provide the following information for the Contact Person:

Telephone Number: \_\_\_\_\_ fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

The organization named above requests consideration for placement on the County of Santa Cruz Workforce Innovation and Opportunity Act (WIOA) Qualified Agency List.

The organization understands that the information provided in this statement is subject to verification by the County of Santa Cruz, and that findings of inaccuracies will constitute sufficient cause for disqualification of the organization from consideration for approval of proposals and/or continued funding.

The organization understands that the County reserves the right to reject any or all proposals, and that placement on the Qualified Agency List does not obligate the County to approve any proposal for funding submitted by the organization, or to enter into any contract with the organization.

The applicant certifies that:

- 1) The information provided in this Statement, including all Attachments, is true, accurate and current; and
- 2) The person signing below is authorized to do so on behalf of the above named organization.

**Signature of Duly Authorized Representative:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Typed/Printed Title

**LEGAL STATUS (Attach a copy of your Articles of Incorporation, Partnership Agreement, or other proof of legal power to contract unless a public agency or status which does not require this.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Private for Profit Corporation<br>( _____ )<br>Date Incorporated/State     | <input type="checkbox"/> Sole Proprietorship       |
| <input type="checkbox"/> Private Not-for-Profit Corporation<br>( _____ )<br>Date Incorporated/State | <input type="checkbox"/> Partnership               |
| <input type="checkbox"/> Public Agency<br>(Specify: _____)  | <input type="checkbox"/> Other<br>(Specify: _____) |

**ORGANIZATIONAL INFORMATION**

A. Federal Employer ID Number \_\_\_\_\_

State Employer ID Number \_\_\_\_\_

IRS Classification for Tax Exemption (attach Statement of Exemption for Non-Profit Corporation from Internal Revenue Service) \_\_\_\_\_

B. Is the organization a "Community-Based Organization" (CBO) (defined as a private non-profit organization which is representative of the community or significant segments of the community and which provides various services to the community)?

- Yes     No

C. How long has the organization been in business?

D. Have any officers of the organization been convicted of fraud or misappropriation of funds within the last two years?     Yes     No

If yes, explain circumstances:

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E. Places of business: List the address of all locations of business the organization presently maintains.

<b><u>Street Address</u></b>	<b><u>City</u></b>	<b><u>County</u></b>	<b><u>State</u></b>
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F. If a partnership or sole proprietorship, have you or any partner filed for bankruptcy within the past seven years?

Yes  No

If yes, explain the circumstances and their resolution on a separate page.

G. Authorized Signatures

List the name, title, and telephone number of person(s) authorized to sign proposals and contracts on behalf of the organization. Authorized signers must sign below.

<u>Name</u>	<u>Signature</u>	<u>Title</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. GOVERNING BODY OR BOARD OF DIRECTORS

List the name, business affiliation and/or employer, organizational title (President, Treasurer, Director, Trustee, etc.) and contact phone number for all members of your Governing Body or Board of Directors.

<u>Name</u>	<u>Business Affiliation</u>	<u>Title</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. FINANCIAL DISCLOSURE

Describe any financial relationship the organization has with any member of the Santa Cruz County Workforce Development Board (WDB), Workforce Development Area staff, and/or members of the Board of Supervisors and/or their staff.

\_\_\_\_\_  
\_\_\_\_\_

5. PERSONNEL POLICIES

A. Does the organization have an established written personnel policy?

Yes       No

B. If yes, does it stipulate the following?      **Yes**      **No**      Effective Date/Revision Date

Hiring Policy/Procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Affirmative Action Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Vacation Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Sick Leave Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Employee Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Overtime Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____
Grievance Procedure	<input type="checkbox"/>	<input type="checkbox"/>	_____ / _____

C. Where may a copy of the policy be reviewed? \_\_\_\_\_

6. FIDELITY BOND & INSURANCE

Generally, the County requires the following types of insurance for WIOA contracts: Workers' Compensation/Employer Liability, Commercial General Liability (\$1 million combined single limit), Automobile Liability (\$500,000 combined single limit), fidelity bond for one-fourth the payment limit of the contract, Workers' Compensation or adequate on-site medical and accident insurance, as applicable, that provides coverage for injuries suffered *by participants*. The County typically requests that it be added as additional insured on automobile and general liability policies. **A certificate of insurance is required as proof of coverage prior to contract execution.**

Does the organization currently carry the type/limits of insurance shown?

Yes       No

If no, is the organization able to obtain the insurance shown?

Yes       No      If no, indicate any differences and/or problems your organization may have with the insurance provisions. Use additional sheets if necessary.

Are any of the organization's staff presently bonded?

Yes       No      If yes, specify position(s): \_\_\_\_\_

7. ORGANIZATIONAL PURPOSE

Briefly describe the principal activity of the organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. FUNDING INFORMATION

List government contracts awarded to your organization within the last three (3) years. Include the source of funds, dollar amount, major activity or program, and contract period.

**Source**                      **Amount**                      **Activity**                      **Contract Period**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. FINANCIAL MANAGEMENT SYSTEM

A. In order to determine that the organization's financial management system meets the criteria described below in item B, you must either:

**(Check One)**

- 1. **NEW APPLICANT**: Attach a copy of the organization's most recent financial statement or annual report, **and** a statement from an auditor or an independent C.P.A. certifying that the financial management system meets generally acceptable accounting principles as stated in item B; or
- 2. **UPDATE**: (For organizations with current Santa Cruz County or WIOA funding)
  - a) Provide a statement that the organization currently has Santa Cruz County or WIOA funding and has no unresolved exceptions identified regarding its financial management system and/or has no unresolved exceptions in other pending audits.
  - b) Provide a statement that all audit reports have been submitted as required by County audit procedures.
  - c) If your organization has not complied with these audit requirements, it may be removed from the Qualified Agency List and may not be eligible to contract with the County until these issues are resolved.



3. **UPDATE** (For organizations without current Santa Cruz County or WIOA funding)  
Please complete any RFQ section in which there are changes to your initial submittal, or updates, on file.

B. The Financial Management System must be capable of:

1. Complying with federal and state requirements stipulated in 29 CFR Part 97 and 95 and 48 CFR part 31, pertaining to the utilization of federal funds, the operation of programs, and the maintenance of records, books, accounts, and other documents, and the Single Audit Act Amendments of 1996, OMB Circular A-21, A-87, A-110, A-122, A-133 or A-128, and other applicable regulations and directives of the Federal and State government pertaining to audit requirements.
2. Providing for the control of cash and other resources to ensure that obligation and expenditure of funds, and the use of property will be in accordance with the terms of the subgrant. The following procedures are essential:
  - a) A procedure for recording separately by subgrant and/or contract, all WIOA funds received and expended.
  - b) A procedure for identifying, segregating, summarizing and reporting actual expenditures by specific County subgrant and/or contract through the use of a coding or classification system.
  - c) A procedure for maintaining, locating, and identifying the expenditure details to back up costs reported for reimbursement, i.e., bills, invoices, statements and receipts for materials, supplies, and equipment, payroll time sheets, leave requests, etc. Such detail should include vendor name and address, date of purchases, description of items purchased, amount of order, and person placing the order.
3. Providing for sufficient detail to establish the reasonableness of performance fees under fixed price performance based contracts (if applicable).
4. For public or private non-profit organizations, a procedure for identifying revenues that are earned in excess of costs (program income) under fixed price performance based contracts (if applicable).

C. Disallowed Costs

Identify any expenditure(s) that have been disallowed under any WIOA or other federal, state or local government contract during the past three completed calendar years. Include disallowances still in the resolution process and describe their status. Use additional sheets if necessary.

<u>Grantor</u>	<u>Date/Type of Disallowance</u>	<u>Amount</u>	<u>Status</u>

**D. Financial Information**

Provide a current financial statement or information on the total amount of your annual operating budget for the most recently completed fiscal year. Please itemize your sources of revenue and the corresponding amounts.

<u>Revenue</u>	<u>Source</u>	<u>Costs</u>	<u>Program</u>	<u>Profit/(Loss)</u>

**10. Complete Attachment A, CERTIFICATION REGARDING LOBBYING**

**11. Complete Attachment B, CERTIFICATION REGARDING DEBARMENT**

**12. Complete Attachment C, CERTIFICATION REGARDING DRUG-FREE WORKPLACE**

**13. Complete Attachment D, ASSURANCE OF COMPLIANCE NON-DISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

**14. Complete Attachment E, REPORTING WASTE, ABUSE OR FRAUD IN WIOA-FUNDED PROGRAMS**

## Attachment A

### CERTIFICATION REGARDING LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the 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, an 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 in 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 an employee of a Member of Congress in connection with the 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 sub-awards 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 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 Title 31, U.S. Code Section 1352. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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Organization

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Typed Name of Certifying Official

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Signature

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Date

Attachment B

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 (updated and amended at C.F.R. § 98.300 et seq.). The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

- 1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, 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 proposal.

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Organization

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Name and Title of Authorized Representative

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Signature

Date

## Attachment C

### CERTIFICATION REGARDING DRUG-FREE WORKPLACE

CONTRATOR named below hereby assures and certifies compliance with codified DOL Regulations, including but not limited to 29 C.F.R. Part 94, the State of California's Drug-Free Workplace Act of 1990 (Government Code § 8355 et seq.) in matters relating to providing a drug-free workplace. CONTRACTOR will:

- 1) Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section § 8355(a)(1).
  
- 2) Establish a Drug-Free Awareness Program as required by Government Code Section § 8355(a)(2), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace
  - (b) CONTRACTOR'S policy of maintaining a drug-free workplace
  - (c) Any available counseling, rehabilitation and employee assistance programs; and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
  
- 3) Provide as required by Government Code Section § 8355(a)(3) that every employee who performs under this AGREEMENT:
  - (a) Will receive a copy of Contractor's drug-free policy statement; and
  - (b) Will agree to abide by the terms of Contractor's statement as a condition of employment.

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### CERTIFICATION

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I, the official named below, hereby swear that I am duly authorized to legally bind Contractor to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

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Typed Name of Certifying Official

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Signature

Date

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Contractor

Federal I.D. Number

## Attachment D

### ASSURANCE OF COMPLIANCE NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

#### NAME OF CONTRACTOR/RECIPIENT

HEREBY AGREES THAT it will comply with Equal Employment Opportunity provisions in Executive Order (E.O.) 11246 as amended by E.O. 11375 and supplemented by the requirements of 41 CFR Part 60, Subpart 101-19.6 – which are codified for DOL programs at Title 29 CFR Parts 31-34, 37, and 1690-169; Workforce Innovation and Opportunity Act (WIOA) (Public Law (Pub. L. 113-128)) Title I and IV, enacted July 22, 2014 that supersedes the WIA of 1998 (Pub. L. 105-220); Title I Nondiscrimination Sections 121(b), 188, and 183 (c), as amended, including Non-traditional Employment for Women Act, as amended; Title VI and VII of the Civil Rights Acts of 1964 as amended; Section 504 of the Rehabilitation Acts of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977 as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990 Subpart A; the American's with Disabilities Act Amendments (ADAAA) 2008, as amended; Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency (LEP), WIA Directive WIAD 04-20, LEP (5-12-05); Title II Fair Employment and Housing Act Government Code Division 3, Part 2.8; Title IX of the Education Amendments of 1972; Title 41 CFR Part 90, Subpart 101-19.6, Title 45 CFR Part 90, Subpart D, Section 90.43 (c)(3). Dymally-Alatorre Bilingual Services Act, Government Code 7290-7299.8; Title 20 CFR Sections 667.275 and 658.400; AB925 Workforce Inclusion Act; California Civil Code, Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Fair Employment and Housing Act, California Government Code Section 12900 et seq.; California Labor Code Sections 1101, 1102, and 1102.5; California Government Code (CCR), Section 4450; Title 22, California Code of Regulations 98000 – 98413; Title 24 California Code of Regulations; Workforce Directive WSD 15-24 Nondiscrimination and EEO Procedures; WIA Directive WIAD 00-7 Standards for Oversight and Instruction for Sub-state Monitoring; and other applicable federal and state laws, as well as their implementing regulations (including 45 Code of Federal Regulations (CFR) Parts 80, 84, 90.43 (c)(3) and 91, 7 CFR Part 15, 28 CFR Part 42, and CFR ), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of age, ancestry, color, disability, gender, genetics, marital status, military status, national origin, pregnancy, political affiliation, race, religion, religious creed, retaliation, sexual harassment, sexual orientation, medical condition, or ethnic group identification be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THE CONTRACTOR/RECIPIENT HEREBY GIVES ASSURANCE THAT the attached Discrimination Complaint Form – Local Workforce Development Area (E-4.1) will be provided to any participant, or application for Workforce Innovation and Opportunity Act (WIOA) Title I or Wagner-Peyser (WP) services, or a service provider or partner of the America's Job Center of California, for purposes of reporting a discrimination complaint.

**Method of Reporting:** Any person who believes that he or she or any specific class of individuals has been or is being subjected to discrimination prohibited by the nondiscrimination and equal employment opportunity provisions of WIOA may file a written complaint by using the Discrimination Complaint Form hereto attached, and may fax the complaint to (831) 454-4869, Attention: Equal Employment Opportunity Officer (EEOO). Reports may also be mailed to:

Attention: Equal Employment Opportunity Officer  
P.O. Box 1320  
Santa Cruz, CA 95061

The complaint may be filed either with the WIOA EEOO or also directly with the Civil Rights Center, U.S. Department of Labor, 200 Constitution Avenue N.W., Room N-4123, Washington, D.C. 20210.

For a copy of the Discrimination Complaint Form and procedures, please contact the EEOO, or the Santa Cruz County Human Services Department at <http://santacruzhumanservices.org/WorkforceSCC/Notices.aspx>.

THE CONTRACTOR/RECIPIENT HEREBY GIVES ASSURANCE THAT Non-Discrimination Taglines will be included on Marketing, Recruitment, and Electronic Media materials including homepage website links that will include the following language:

- 1) "WIOA Title I financially assisted programs or activity is an equal opportunity employer/program."
- 2) "Auxiliary aids and services are available upon request to individuals with disabilities."
- 3) If a telephone number is provided, include TDD/TTY ore relay service number.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and CONTRACTOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the contractor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is considered incorporated by operation of law in the grant, cooperative agreement, contract or other arrangement whereby Federal financial assistance under Title I of the WIOA is made available, whether or not it is physically incorporated in such document and whether or not there is a written agreement between the Department and the recipient, between the Department and the Governor, between the Governor and the recipient, or between recipients. The assurance also may be incorporated by reference in such grants, cooperative agreements, contracts, or other arrangements.

THIS ASSURANCE is binding on the contractor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

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Name of Contractor/Recipient and Address

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Name and Title of Authorized Representative

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Signature of Authorized Representative

Date

**REPORTING WASTE, ABUSE OR FRAUD IN WIOA-FUNDED PROGRAMS**

**EDD Directive # WSD 12-18** requires that all sub recipients and lower tier sub 99 of Workforce Innovation and Opportunity Act (WIOA) funding be aware of their responsibilities to immediately report any suspected incidents of fraud, waste, abuse or other criminal activity involving WIOA funds to the Santa Cruz County Workforce Development Board (WDB), which in turn will forward those reports to the Department of Labor's Office of the Inspector General (OIG) and the Compliance Review Office (CRO) of the State Employment Development Department (EDD). Both sub recipients and lower-tier sub recipients are required to obtain sufficient information to provide a clear, concise report of each incident, including a statement of all facts, any known or estimated loss of WIOA funds resulting from the incident, and any immediate actions taken or planned that are determined to be necessary to prevent further financial loss or other damage, or recovery of funds or property. The submission of an incident report should not be delayed even if all the facts are not readily available. Any facts subsequently developed by the sub recipient are to be forwarded in a supplemental incident report. If your organization contracts directly with the WDB it is considered to be a sub recipient; if it receives WIOA funding indirectly, such as through a training voucher or other non-contractual payment, your organization is considered to be a lower-tier sub recipient. These requirements do not supersede the responsibility for all recipients of WIOA funding to report immediately, and take prompt and appropriate corrective action when any evidence of a violation of WIOA or its implementing regulations.

**Sub Recipient Requirements:** Shall establish appropriate internal program management procedures to prevent and detect fraud, waste, abuse or other criminal activity. These procedures must include a reporting process to ensure that the WDB is notified immediately, which in turn must notify CRO and OIG, of any allegations of WIOA-related fraud, waste, abuse, or other criminal activity. These internal management procedures must be in writing and include the designation of a person on the sub recipients' staff who will be responsible for such notifications.

**Lower-Tier Sub Recipients:** Shall establish, document, and implement procedures to immediately notify the funding entity (Santa Cruz County WDB) of any suspected or proven fraud, waste, abuse, or other criminal activity involving WIOA-funded activities.

**Method of Reporting:** Anyone wishing to report suspected fraud, waste, abuse or other criminal activity involving WIOA funds shall complete an Incident Report form (attached and also available at the website of the Department of Labor's Office of the Inspector General – [www.oig.dol.gov](http://www.oig.dol.gov) ) and fax that report to (831) 454-4642, Attention: Andrew Stone, Director. Reports may also be mailed to:

Attention: Director, Workforce Development Board  
18 W. Beach Street  
Watsonville, CA 95076

Within one workday of detection or discovery of information alleging fraud, abuse, or other criminal activity involving WIOA funds, the detecting entity shall submit a completed incident report. Once the Incident Report form is received the WDB will forward that report simultaneously to the Office of the Inspector General (OIG) of the Department of Labor and State's Compliance Review Office (CRO), either by fax or email.



Action will not be taken against any complainant for disclosing information concerning criminal or improper activities or making a valid complaint to proper authorities. Complainants may remain anonymous. If a complainant considers that his or her position will be compromised by reporting information via an incident report, he or she may send the report directly to the OIG.

**Acknowledgement of Incident Reporting Requirements:** Each sub recipient and lower-tier sub recipient is required to sign below acknowledging their reporting responsibilities for suspected incidents of fraud, waste, abuse or other criminal activity involving WIOA funds. This informational bulletin should be signed and a copy retained by the sub recipient and the original signature(s) document kept in the sub recipient contract file.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name/Title of Official Signing

\_\_\_\_\_  
Date

## INCIDENT REPORT

<p>1. Type of report (check one)</p> <p><input type="checkbox"/> Initial</p> <p><input type="checkbox"/> Supplemental</p> <p><input type="checkbox"/> Final</p> <p><input type="checkbox"/> Other <i>[specify]</i></p>	<p>2. Type of incident (check one)</p> <p><input type="checkbox"/> Conduct violation</p> <p><input type="checkbox"/> Criminal violation</p> <p><input type="checkbox"/> Program violation</p>
<p>3. Allegation against (check one)</p> <p><input type="checkbox"/> Contractor</p> <p><input type="checkbox"/> Program Participant</p> <p><input type="checkbox"/> Other <i>[(specify), give name and position of employee(s), list telephone number, Social Security Account number, if applicable, and other identifying data.]</i></p>	
<p>4. Location of incident</p> <p><i>[give complete name(s) and addresses of organizations(s) involved]</i></p>	
<p>5. Date and time of incident/discovery <i>[date, time]</i></p>	
<p>6. Source of complaint (check one)</p> <p><input type="checkbox"/> Audit    <input type="checkbox"/> Contractor    <input type="checkbox"/> Program Participant    <input type="checkbox"/> Public</p> <p><input type="checkbox"/> Investigative Law Enforcement Agency <i>[(specify)]</i></p> <p><input type="checkbox"/> Other <i>[(specify), give name and telephone number so additional information can be obtained.]</i></p>	
<p>7. Contacts with law enforcement agencies</p> <p><i>[specify name(s) and agency contacted and results]</i></p>	
<p>8. Persons who can provide additional information</p> <p><i>[(include custodian of records) name, position or job title, employment, local address (street, city and state) or organization, if employed and telephone number]</i></p>	
<p>9. Details of incident</p> <p><i>[describe the incident]</i></p>	