

**Missouri's
Disaster Recovery Jobs Program
(DRJP)**

Handbook



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Overview

This handbook provides guidance for administering the Disaster Recovery Jobs Program (DRJP) as authorized under the Disaster National Emergency Grant (NEG) which is awarded by the US Department of Labor (DOL).

Grant Request

The Division of Workforce Development (DWD) applies for a Disaster NEG upon FEMA declaration for public assistance in Missouri Counties. The US DOL approves the NEG application based upon regulations, project scope and funding availability. Work under the program is only allowable in the Counties declared for public assistance that are included within the NEG.

Purpose

The purpose of the DRJP is to restore public infrastructure and services so that “normal” business and employment activities can be resumed through temporary employment of unemployed persons.

Determining Grant Request

The DWD requests funding from the US DOL for natural disasters based on previous NEG requests. The US DOL may or may not approve the fully requested amount. After the grant is awarded, the DWD, National Guard, local Workforce Investment Boards (WIB) and FEMA hold meetings with various potential Worksites (depending on the disaster) including: Cities, Counties, Road and Bridge Districts, Levee Districts, State Parks, City Parks, non-profits, etc.

The Worksite’s summarized needs are outlined in the “Worksite Worksheet” which may be completed at or after the meeting. In addition to this listing, each Worksite must complete a Scope of Work which details each project with equipment needs, timeframe for completion and labor needs. The local WIBs calculate the total need for labor and participants for all projects and submit these amounts to the NEG Coordinator. The NEG Coordinator allocates funding based on project completion dates and Region needs. Since the DWD must request the grant prior to these meetings, the total funding needed will often exceed the grant amount. The DWD will request additional funding from the US DOL once the statewide grant expenditures reach 70%. This additional funding is contingent upon availability and project scope.

After the Regions are allocated funding, the Region must decide which projects will begin first or what portion of the projects will be complete by DRJP participants. The NEG Coordinator will assist the Regions as necessary in making these determinations. When completing this analysis, the overall cost-per-participant and local economic impacts must be considered. The “Worksite Listing” and “DRJP Budget” forms are submitted to the NEG Coordinator.

County Opt-Out

Counties declared for FEMA public assistance have sustained a substantial amount of damage to public properties to receive this declaration. As the intent of the program is to provide temporary labor and equipment so normal business can resume, if a County chooses not to participate, the local WIB obtains an “Opt Out” letter which either states the County does not need assistance as all clean-up has occurred or the County chooses not to accept assistance under this program. If the County (or a City/Township in the County) is a Worksite with any positions (i.e. clerk to process FEMA paperwork, etc.), an “Opt Out” letter is not necessary. The Region must make every effort to ensure the Counties understand how valuable the program is in restoring the Community; however, if the County will not provide a letter, the Region maintains correspondence in the file.

Position Classifications

All work must be disaster-related only. All temporary work positions are classified as “debris” or “humanitarian” depending on the type of work that will be performed.

Debris positions provide labor in the devastated area or conduct oversight of such work and include things such as:

- Operating equipment
- Cleaning out and repairing culverts
- Rake/shovel/wheelbarrow work
- Repairing roads and levees
- Removing sandbags
- Restoring playgrounds and trails
- Debris monitoring
- Supervising crews

“Humanitarian” positions perform work to provide direct aid to victims of the disaster or work in the DRJP processes and include things such as:

- Handing out food and water
- Managing emergency supplies
- Answering and routing disaster-related calls
- Providing case management services to victims
- Tracking DRJP equipment and supplies
- Entering participant information in Toolbox
- Working at warehouses to manage intake of supplies for victims

Adhering to NEG Policies

All policies outlined within this “DRJP Handbook” must be adhered to by the Regions within the NEG even if local policies contradict certain portions. These policies were defined with local input and ensure the NEG is consistent statewide. This consistency will assist in US DOL, State and local monitoring processes.

Participants

Eligible Workers

DRJP gives first priority to workers who are laid off as a result of the disaster to work on NEG-related projects at public and non-profit Worksites and in certain situations, work is allowable on private property if all of the conditions are met. If additional workers are needed, other dislocated workers and long-term unemployed persons can also work on the projects. After the DRJP participant has completed the work assignment, (s)he may need intensive and training services. However, intensive and training services cannot be paid out of this NEG funding until written in a grant; the US DOL approves the modification and the Region is notified by the DWD.

Priority of Eligible Workers:

1. Temporarily or permanently dislocated workers as a result of the disaster
2. Eligible Dislocated Workers as defined in the WIA
3. Long-term* unemployed enrolled in WIA Adult Core

*Any individual who is unemployed at the time of eligibility determination and has been unemployed for fifteen (15) or more of the twenty-six (26) weeks (30 hours or more constitutes a week) immediately prior to such determination, has made specific efforts to find a job throughout the period of unemployment, and is not classified as "Not in the Labor Force".

Recruiting Unemployed Persons

Central Office DWD has a Personal Notification System (PNS) which generates automatic calls to unemployed persons based on selected criteria in Toolbox. The PNS has been very successful in recruiting for temporary job placement. These calls can be general for positions such as debris removal or tailored to meet specific position needs and matched to skill sets in Toolbox for positions such as a heavy equipment operator. When it is determined the Region needs these calls to begin, the Region sends the NEG Coordinator the criteria for the calls (i.e. all unemployed persons within a 50 mile radius of 65101; unemployed persons on weeks 19 and 20 of UI within 10 miles of 65403; etc.); the number of unemployed persons that need to be contacted (i.e. 500) and the script. The NEG Coordinator and Region will work together on the final script.

PNS Call Script Examples:

“We have a temporary job for you to help rebuild Holt County call (123)456-7890 between 9 am and 4 pm. Thank you the Missouri Career Center.”

“If you have a CDL and are interested in a job as an equipment operator or dump truck driver paying \$12 - \$13 an hour, contact Jim at (123)456-7890.”

“If you want a temporary outdoor labor job in Duquesne paying \$10 an hour and you have not worked in the DRJP, visit the Missouri Career Center at 123 S. Wall St. Must pass background check, physicals and drug screening.”

If public outreach is needed for recruitment, the DWD's Communications Section will procure newspaper ads, radio ads, etc. on an as-needed basis. Outreach materials are available on Worksmart. The DRJP logo must be used on all local outreach and presentation materials. The logo may be obtained from WorkSmart. A repository of DRJP photographs is also available. The logo and photographs may be obtained by emailing dwdcommunications@ded.mo.gov (various formats available). Local DRJP representatives are encouraged to coordinate with DWD Communications on DRJP outreach campaigns to ensure high quality and consistency with state outreach efforts. (Please also reference and promote the DRJP write-up in the Annual Report, available on MissouriCareerSource, and feel free to borrow this verbiage for consistency of messaging, modifying/updating outcome data as necessary.)

Requirements

All DJRP participants must have the following:

- DRJP Orientation
- Properly Executed Membership Screens and WIA Adult Core Enrollment
- Completed MissouriCareerSource Registration
- Priority of Eligible Worker Documentation
- Tetanus Shot, Physical Exam and Safety Course for Potential Debris Workers
- Other Worksite Requirements (i.e. drug testing, background checks, etc.)
- Service Notes on each Participant's File including:
 - Any testing with the item received including: tetanus shots, drug testing, background checks, physicals and transportation reimbursement
 - Any Supportive Service payments received including: transportation to safety training, clothing for debris workers, etc.
- Match and Referral to a Disaster Job Order
- NEG (and Dislocated Worker if Eligible) Enrollments Properly Executed in Toolbox
- Accurate Posting of DRJP Services in Toolbox
- DRJP Worksite Orientation

Initial Career Center Process

Potential participants will go through the normal NGCC process; however, (s)he will not be required to complete the initial assessment as the DRJP is designed to provide immediate recovery through a jobs first approach. (Potential participants can be screened for program eligibility using the "Disaster Jobs Interest" which is an optional form.) After the temporary employment ends and the participant needs assistance with employment and training activities, these services will be funded through Dislocated Worker funding (or 25% pool funds if that funding is exhausted) or through the grant. The Regions will be notified of the funding of retraining services.

The “DRJP Checklist and Referral” form may be used through the process of determining if the individual is eligible to participate in the DRJP.

Prior to any next steps (i.e. checking eligibility, etc.), it is imperative the individual be told and understand the type of work (s)he is expressing interest in. (I.e. Debris worker position will work in 100 degrees plus temperatures and below freezing; lift 20 pounds, etc.) DRJP staff will then verify program eligibility based on the “Priority of Eligible Workers”.

Documentation for Employment Ended Due to the Disaster

In order to give priority to an individual who can’t work because the employer was affected by the disaster, staff must collect documentation. A signed attestation from the applicant stating they are unemployed due to the disaster is sufficient initially, but staff must then attempt to secure valid documentation.

For documentation, individuals with a Disaster Unemployment Assistance (DUA) claim have the most solid documentation possible. This is ideal, and no other documentation of layoff from the disaster affected employer is required. If there is no DUA, but there is a regular Unemployment Compensation claim, staff must collect a signed attestation from the individual attesting to the fact that the layoff was due to the disaster. This is considered strong documentation and no other documentation of layoff from the disaster affected employer is required.

If there is no Unemployment Compensation claim, staff must secure documentation to support the fact that the applicant worked for the affected company. Ideally, this would be in the form of paystubs or other payroll records. A bank statement indicating direct deposit from the employer is also acceptable. A letter from the employer or a Toolbox Service note documenting phone verification of employment and layoff would also be acceptable. Any of these records must be accompanied by a signed attestation from the individual attesting to the fact that the layoff was due to the disaster.

If the individual is unable to provide identification or other required documentation due to the disaster, self-attestation is acceptable and the “DRJP Self Attestation” form must be completed. If the individual is hired at a Worksite, (s)he must provide proper identification within 30 days. If this documentation is not provided at that time, the participant will be granted an additional 20 days. If such documentation is still not provided, the participant will be terminated from the DRJP. In extenuating circumstances, the participant can be granted an additional 10 days. If the documentation cannot be secured within 60 days, no further NEG-funded services are allowed. Staff should use the “Task” function in Toolbox or other reliable means to track the timing of self-attestation back-up documentation. (Note: If the participant completed a “Self-Attestation” form and then was terminated from the program due to lack of identification or not qualifying for the program, these are **NOT** disallowed costs.)

If the individual cannot do this work or does not meet program eligibility requirements, (s)he will go through “normal” Career Center processes.

Long-Term Unemployed & Documentation

An individual is long-term unemployed if at the time of eligibility determination (s)he has been unemployed for fifteen (15) or more of the twenty-six (26) weeks (30 hours or more constitutes a week) immediately prior to such determination, has made specific efforts to find a job throughout the period of unemployment, and is not classified as "Not in the Labor Force".

A participant can attest on the “DRJP Self Attestation” form that (s)he has been long-term unemployed. This definition must be explained to the participant and the weeks calculated by a Staff person. In all cases, the participant must print off MOClaims (if there is a claim within the last 3 years) and the Toolbox record should be reviewed. DUA claims and individuals not required to 4-week report will not be in Toolbox.

In rare cases, an individual can meet the definition of Dislocated Worker and Long-Term unemployed. If the individual is Dislocated Worker, (s)he qualifies for the DRJP and no additional eligibility criteria should be pursued. In this situation, long-term unemployed should not be noted in Toolbox and this must be lined through on the “Self-Attestation” form.

Examples:

1. Curtis indicates he has not worked for 5 years and will not have a claim in the system. The Staff person reviews Toolbox and finds no 4-week reporting. He qualifies as long-term unemployed.
2. Liz indicates she has not worked for 7 months (or the last 30 weeks). She prints out MOClaims and the staff person verifies this is correct. She qualifies for long-term unemployed.
3. Mary attests she has not worked for 6 months. She prints MOClaims and the staff person counts the weeks to verify there is no employment for 15 out of the last 26 weeks.
4. Bill marks the box for long-term unemployed, but he just lost his job. The staff person marks through that line on the form.
5. Jill marks the box for long-term unemployed, but the Dislocated Worker Core enrollment is already in Toolbox. The staff person marks through this line on the form.

If someone is long-term unemployed and not Dislocated Worker, (s)he cannot be enrolled in Dislocated Worker.

Applicant Process

The participant must be given a “DRJP Orientation” which explains the program. A copy of the “DRJP Participant Orientation” form is given to the participant and the original form is placed in the file. It is possible during this orientation process that individuals may decide they do not want to participate in the program. During this process, it is imperative to explain to the participants the job will end after 1,040 hours and they need to continue to seek other employment while in the position.

The individual must complete the “Membership Screens” including staff verification of Date of Birth. Upon completion of these screens, the WIA Adult Core enrollment populates in Toolbox. The customer must have a MissouriCareerSource registration including the required fields and the Work History sections. If the individual is eligible to participate in the program, (s)he will be matched up with a Job Order in Toolbox. If (s)he doesn’t match a Job Order, “normal” Career Center services will be provided.

During the Toolbox Job Order matching process, the Worksite may or may not be involved in the participant selection process. Depending on the number of DRJP potential participants and the Worksite’s capacity, there may not be time for traditional interviews. Some Worksites may just ask for a certain number of workers and the Career Center will make appropriate matches.

Pre-employment steps are to be followed in this order:

1. Background checks: If required of regular employees at the Worksite
2. Drug testing: If required of regular employees at the Worksite
3. Physical: Required for all debris positions
4. Tetanus shot: Required for all debris positions
5. Safety training: Required for all debris positions prior to any work on the Worksite

All participants matched with debris cleanup or restoration positions will be required to obtain a physical, tetanus shot and safety training. Many Worksites require background checks and drug testing and in these cases, the participant must also successfully complete these. A participant must not move on to the next step unless (s)he can obtain a position if a step is failed. (i.e. If (s)he fails background check and there are no other positions, it is not appropriate to pay for drug testing. If drug testing is failed and there are no other positions, it is not appropriate to pay for a physical.) (A participant must receive a tetanus shot unless (s)he can provide documentation this shot is up-to-date.)

If a background check is required by the Worksite, this will determine if (s)he can work at this Worksite. If a participant fails a background check (s)he may be able to be placed elsewhere. If another position is available, it is appropriate to go to the next step and if another position is not available, (s)he should be referred back to the Career Center. If drug testing is required by the Worksite, this will follow the same protocol as the background checks and the participant can only move to the next step if there is another position is available. If (s)he fails the drug test, the individual will be referred to the Career Center for services. A physical will determine if s(he) can work in debris cleanup and/or restoration. If the physical indicates (s)he is unable to do this type of work, the individual will be referred back to the Missouri Career Center and may be able to be matched with a Humanitarian position or receive other Career Center services. If the physical indicates (s)he is able to do this type of work, then the individual will be given a tetanus shot unless (s)he has a record that indicates a tetanus shot was given recently. Next the participant will attend safety training. If (s)he is unable to successfully complete safety training, the individual will be referred back to the Missouri Career Center.

If the participant is matched with a Humanitarian position, (s)he will not be required to get a physical, tetanus shot or safety training, unless some of the work is in the “field” (i.e. collecting timesheets); the Region has other reason to believe this is necessary or the Worksite requires it. If the Humanitarian Worksite has additional requirements (i.e. background checks, drug testing, etc.), this must be successfully completed prior to the individual being hired. The bottom portion of the “DRJP Checklist and Referral” form does not have to be completed for these positions unless one or more of those items are required by the Worksite.

Enrolling

All costs prior to employment being obtained are considered “Project Operating” costs by the US DOL and are categorized as “Pre-Employment” costs on the Local and State budgets. Each of these items must be service noted on each individual record including: background checks, drug testing, physicals, tetanus shots and costs for the participant to attend pre-employment activities (i.e. transportation reimbursement). These Service Notes must include the date the participant was sent for the pre-employment activity and the date (s)he completed the activity. None of these are considered supportive, intensive or any other service.

A participant cannot be enrolled in the DRJP until employment has been obtained. For debris positions, safety training is the first day of employment and this is when the participant must be enrolled. If the Region hired supervisors who were are planning with the Counties prior to field work, the safety training may be postponed until there is a large enough group to save funding. If this occurs, Service Notes must indicate the reason that safety training has not occurred. For humanitarian positions, the first day of employment is the first day at the Worksite.

Length of Time

All participants will not work less than a “normal week” which is generally 40 hours, unless there are unforeseen circumstances (i.e. weather) that prohibits working a specific day. Part-time positions are acceptable only if this is needed by the Worksite. No participant shall work more than 1040 hours, throughout the duration of their work experience. Participants in DRJP may work overtime provided that regular employees of the employer are also working overtime. A Toolbox report is generated with the information from the “Payroll” tab in Toolbox for Regions to track participants reaching their limitations.

All participants should get as close to 1,040 hours as possible if these hours are available at the Worksite; however, if (s)he has completed 1,030 hours, this is deemed as successfully completing the DRJP. Some Regions may find it necessary to make 1,030 hours the cutoff to ensure the timesheets are correct and the hours are not exceeded. If a participant exceeds the hours due to internal tracking processes, the Region must put processes in place to ensure this does not occur again.

Wages

Participants in DRJP will be paid the same wages as other employees in like positions at the Worksite that commensurate with experience and skills. Raises that are extended to regular employees must also be extended to DRJP participants who are working within the same job class. State Prevailing Wage Law does not apply to the DRJP.

Media Release

All participants must sign a “DRJP Media Release” form prior to their first day at the Worksite. This is a condition of employment and (s)he must sign it to be employed in the DRJP. This will allow permission to use participants’ words, photographs, or recorded information for public awareness of the Workforce Investment Act and its functions, activities and programs.

The participant’s signature is a waiver of any claim asserted against any official, employee, agent, or unit of the Workforce Investment Act under the local service provider, arising from the release.

Emergency Contact

Each participant will be required to complete an updated “Emergency Contact Information” form that will be retained at the Worksite for the purpose of designating a person of their choosing to call in case of an emergency. If the Worksite does not generally have employees complete this form, the “DRJP Emergency Contact” form is used.

Transportation

Transportation from a central location to and from the Worksite may be necessary due to safety and parking issues. Any other transportation needed by participants must meet all of the criteria of Supportive Services.

Worksite Orientation & Policies

The Worksite must give the participant an orientation on policies contingent to the Worksite such as absences, supervisor, expectations, etc. just as the Worksite would do for any other employee. In addition, if the Worksite requires any training beyond the safety training, this must also be provided. If the DRJP participant is unable to successfully complete any Worksite training requirements or adhere to Worksite rules, (s)he is terminated and referred back to the Career Center for services.

In cases where the Worksite does not have policies to address certain situations (i.e. sexual harassment or drug-free workplace), then the Employer of Record policies must be followed. All Employers of Record under the NEG must have policies in place to address these situations.

Complaint & Grievance Procedure

The Complaint and Grievance Procedure follows the WIA policy.

Reenrolling

DRJP participants terminated from the program are not allowed to be reenrolled. It may be acceptable to reenroll participants who were successful in the program and obtained other employment or had a temporary break due to medical reasons; however, (s)he must have provided appropriate notification. However, as a general rule, previous participants should not be reenrolled unless there are no other participants to fill the positions. In all cases, if the original enrollment was closed in Toolbox, a Change Request must be sent to remove the end date. More than one NEG enrollment is not allowable as all services will not be reported to the US DOL.

Supportive Services

The Workforce Investment Act (WIA) defines Supportive Services as those services necessary to enable an individual to participate in activities authorized under WIA, Title I. This Policy provides guidelines for administering Supportive Services to DRJP participants based on the WIA. Supportive Services should be made available to assist customers in removing or reducing barriers to participate in WIA activities.

Supportive Services may include transportation, child care, dependent care, needs-related payments and emergency housing. Assistive technology/equipment may be included in this definition if staff document the customer needs this technology/equipment in order to participate in the WIA activity and are unable to obtain it from other resources. The extent of Supportive Services provided will vary based on the customer's needs and the Region's availability of funds and resources.

Supportive Services are only to be provided to DRJP participants who meet all of the following:

- Are in a temporary job assignment or have successfully completed the temporary job assignment and are receiving other services through the grant;
- Are unable to obtain Supportive Services themselves or via their support network;
- Are unable to obtain Supportive Services through other programs including community agencies that provide these services; and
- Demonstrate a need for assistance to enable him/her to participate in Title I activities.

Supportive Service payments are authorized based on available funding and are limited to \$1,800 per participant. If a DRJP participant's need is above the maximum limit, an additional amount must be approved by the DWD. These requests are first reviewed by the Region to verify it is acceptable and then emailed to the State NEG Coordinator. **No Supportive Services can be authorized until (s)he has obtained employment and each Supportive Service payment must be individually documented in Toolbox. This must include justification, reason, date, and amount of the payment.**

Needs-Based Analysis

Supportive Service payments are requested individually for specific needs. Because WIA programs are not an entitlement, Supportive Service payments are made on a case-by-case basis only when determined necessary and reasonable. Payments must not be made for non-WIA activities or for items that are not necessary for participation in the WIA activity. A statement that a customer "needs" a Supportive Service will not justify the payment of these expenses. (I.e. Customer states he needs transportation reimbursement. The payment cannot be authorized on this statement alone; but instead, must be related to the WIA activity; based on customer need and other resources must be sought first.). The determination of financial need must be documented at a minimum through Toolbox Service Notes.

The 'Financial Needs' tab in Toolbox is a good tool in determining customer need. This tab has a 'List of Values' for the types of "Monthly Household Resources" and "Monthly Household Expenditure". These resources and expenditures are automatically calculated and the "Net Difference" between the two displays. After completion of this information, the form can be printed and given to the customer. (Note: This tab will only help determine customer need, but all other resources must still be considered.)

Due to funding limitations, WIA Supportive Services are the last resort. All other sources of funding must be sought first. All attempts to find other Supportive Service funding and the reasons for needing WIA funding must be documented in Toolbox Service Notes. The availability of community resources will vary by region. The region should keep an up-to-date listing of these resources to make referrals to prior to paying Supportive Services.

Examples of possible community resources:

- Faith-based organizations;
- Non-profit organizations;
- Women's shelters;
- Clothes closets;
- Pro bono medical, dental, and legal services (may or may not need to be accessed through an organization);
- Government assistance such as: local health departments, WIC, assistive technology reimbursement programs, MO HealthNet, etc.;
- Local transportation programs; and
- Statewide and nationwide organizations such as: United Way, Goodwill, Salvation Army, etc.

When there is a concentrated workforce in one area and the same Community organizations will need to be contacted multiple times, the region must obtain a statement once a quarter that the organization is unable to provide the requested assistance.

Expendable vs. Non-Expendable

Supportive Services that are expendable to work on debris removal positions do not count toward the participant's \$1,800 limit. These items must still be tracked per participant and service noted as expendable. (These are not entered on the Supportive Service tab in Toolbox.)

Examples:

- Jeans are provided to participants in debris removal positions and after a short time they will be torn and of no value. These would be considered expendable.
- Overalls are provided to warehouse workers sorting out donated items. These will likely still be in good condition after the temporary employment ends and could be considered non-expendable. Therefore, these would require a needs-based analysis and justification.

Examples:

- Pam is unemployed due to the disaster. She states she needs work attire for a humanitarian position at City Hall. She has no resources to pay for this and there are no other community resources, so it may be appropriate to pay this expense.
- Mark states he needs mileage reimbursement to get to the DRJP Worksite. Staff reviewed his need and determined he currently rides with a family member who does not ask for reimbursement; therefore, it is not appropriate to pay this expense.
- Tony, Marie and Scott completed safety training and will begin a position for DRJP debris removal at the City. To work in these positions, they will need work boots, jeans and shirts. These items are expendable due to the nature of the work and do not require justification or a needs based analysis. (Service notes must indicate these are expendable.)
- Bill finished the DRJP position and obtained employment. Bill states he needs new tires for his truck to travel to the employer. Staff reviewed his need and determined that Bill's budget allows for him to pay these expenses himself as he is currently employed and has discretionary income; therefore, it is not appropriate to pay this expense. (In addition, this falls under "Emergency Aid" and all criteria would have to be met.)
- Tom successfully completed the DRJP position and obtained employment. He states he needs mileage reimbursement to travel to employer. Staff reviewed his need and determined there are other community resources to pay for this expense; therefore, it is not appropriate to pay this expense.
- John finished the DRJP position and obtained employment. He states he needs childcare while he is working. Staff reviewed his need and determined a portion of childcare is not paid for through federally funded childcare; therefore, it may be appropriate to pay this expense.
- Jane states she needs new brakes for her car to travel to the DRJP position. Staff reviewed her need and determined that Jane's budget does not allow for her to pay these expenses and there are no other community resources; therefore, it may be appropriate to pay this expense after budget counseling and the Region ensures this will resolve her transportation issue. (See Emergency Aid criteria.)
- Mary states she needs childcare to participate in a DRJP position. Staff reviewed her need and determined the childcare is completely paid for through federally funded childcare; therefore, it is not appropriate to pay this remaining portion of the expense.

Employment Plan (EP)

The EP is an ongoing strategy jointly developed by the customer and staff that identifies the customer's employment goals; the appropriate achievement objective(s); and the appropriate combination of services to achieve the employment goals. The Supportive Service(s) must be necessary for the customer to achieve the goals outlined in the EP. Therefore, the goals listed on the EP must be consistent with what the customer intends to achieve.

During the temporary jobs component only, it is acceptable to list "To obtain DRJP employment" on the Employment Plan goal and justification. During intensive and training services, these goals must be updated appropriately.

Supplies vs. Fitted Clothing

Supplies provided during debris cleanup and restoration for the participant to complete the disaster-related temporary job assignment are not considered Supportive Services and are not tracked per DRJP participant, but the overall quantity per Worksite. Items that are fitted to the individual such as boots, shirts, and pants are considered Supportive Services and are tracked per individual and recorded in Toolbox.

Transportation

Transportation reimbursement of \$0.35 per mile is permissible for DRJP participants after the needs-based analysis and justification is completed. Mileage is determined using Map Quest or other standardized programs from the participant home address to the WIA activity. A copy of the documentation for the initial determination of the ongoing need is placed in the participant's file. Upon changing WIA activities or a change in the participant's financial circumstances, a needs-based analysis is completed again. (Any transportation reimbursement to attend pre-employment activities is not considered a Supportive Service, but all criteria must still be met and this must be service noted.)

Child Care

Childcare is permissible for DRJP participants after a needs-based analysis and justification is completed. This Supportive Service is only available for participants **not eligible for assistance** through the Family Support Division (FSD). Childcare must be provided from a State Approved Day Care. If a family member wishes to provide childcare for a participant, this individual must obtain FSD approval. The DRJP participant must provide documentation that FSD would not pay the childcare expenses.

If FSD requires a co-payment, Supportive Services may be used to pay this expense. Child care referrals and payments are available to WIA participants with children under thirteen (13) years of age, children incapable of self-care, and/or children under court order who need care while participant is attending his/her authorized WIA activity. Verification of emotional, mental or physical incapacity or court order must be provided if child is over 13 years of age. This verification must be kept in a separate secure location.

WIA payment for child care is based on the Regional Market Rates (RMR) provided by Department of Social Services (DSS) found at <https://dssapp.dss.mo.gov/ccrate/report.asp?county=049> .

Emergency Aid

Emergency Aid is a one time or rare expense paid to allow a DRJP participant to participate in WIA allowable activities. If the customer is having extreme financial difficulty, staff must be assisting him/her with needed financial information (development of a budget, credit counseling, debt management, etc.). Emergency aid payments must be well documented in Service Notes.

Examples include:

- Payment of utility bills (electric, water, heating, etc.);
- A car insurance payment;
- A rent payment; and
- Vehicle repairs.

Vehicle repairs can only be provided on the vehicle used as the primary transportation for the participant to take part in the allowable WIA activities. The participant must provide appropriate documentation for proof of ownership or a service note must be entered in Toolbox by the Functional Leader documenting approval. Any and all documentation must be kept in participant's file. Repair costs must be directly linked to an authorized activity. The vendor is to be paid directly for the repair, not the participant.

As with all other WIA funding, all other options must be sought first. For example, heating and cooling assistance could be pursued through resources such as: Low Income Home Energy Assistance Program (LIHEAP), Salvation Army's "Heat Share", local programs (e.g., Ameren UE's "Dollar More," Kansas City Power & Light's "Dollar Aide," etc.), and faith-based organizations. Rent assistance could possibly be obtained through the U.S. Department of Housing and Urban Development (HUD). The resources available for assistance will vary depending on the region.

Needs-Related Payments

Needs-related payments (NRP) are a type of Supportive Service and must meet all Supportive Service criteria. However, the number of participants receiving these payments and the amount of payments are tracked separately from Supportive Service. These payments are equal to \$175 a week or the previous amount of unemployment compensation, whichever is less. If there is no previous unemployment compensation, the amount is equal to the \$175 as this is below the poverty level analysis. These payments do not count toward the participant's \$1,800 Supportive Service limit and are not entered on the Supportive Service tab. A \$3 processing fee per NRP payment is tracked by the Region for each payment and charged to the grant.

All participants who need these payments must file for unemployment compensation and print out the MO-Claims showing \$0. Participants who have an unresolved claim, do not qualify for these payments until it is confirmed they do not qualify for unemployment compensation. In addition, if the training is not being paid for through the grant, the participant does not qualify for these payments.

Needs-related payments are not allowable during the temporary employment phase of the grant. Needs-related payments are only available to DRJP participants who have successfully completed the work assignment and are in NEG-funded training. These payments will enable the participant to start or continue training; and may also be provided to a participant who will begin a training program within (30) calendar days.

Eligibility requirements for Adults:

- Must be unemployed;
- Not qualify for, or ceased qualifying for Unemployment Insurance (UI) compensation; and
- Be enrolled in an eligible WIA training service.

Eligibility requirements for Dislocated Workers:

- Must be unemployed;
- Not qualify for, or ceased qualifying for UI compensation or Trade Readjustment Allowance under Trade Adjustment Assistance; and
- Be enrolled in an eligible WIA training service by:
 - The end of the thirteenth (13th) week after the most recent layoff that resulted in unemployment; or
 - After the thirteenth (13th) week, but by the end of the eighth (8th) week after being informed the short-term layoff will exceed six (6) month.

When paying needs-related payments, the Region needs to verify the participant is currently attending classes. This can be in a variety of ways including: online grade printouts, emails between the instructor and student, a grade on a recent project or test, a signed statement from the instructor, etc.

Examples:

- John successfully completed the temporary employment in the DRJP. He was determined to be eligible for a training program per guidelines. He began a six (6) month training program. During the training program, his UI was exhausted and he meets all other Supportive Service criteria. It may be appropriate to pay needs-related payments based on the weekly UI rate as needed.
- Bev successfully completed the temporary employment in the DRJP. She filed for UI and her MOClaims show \$0. She meets all other Supportive Service criteria. It may be appropriate to pay needs-related payments based on the weekly UI rate as needed.
- Sharon successfully completed the temporary employment in the DRJP. She filed for UI and her claim is currently being disputed. Until this is resolved, it is not appropriate to pay needs-related payments.

Post-Employment

Participants may be paid Supportive Services for up to 30 days beginning the first day of employment with a non-DRJP position. The participant does not need to complete the program to get paid this expense as the intent is to move participants to full-time employment. However, the participant must have been successfully working in the DRJP and notified program Staff of obtaining other employment. All other Supportive Service guidelines of being reasonable, necessary and justified must be met.

Toolbox Service Notes

All Supportive Services must be documented in Toolbox and include at a minimum all of the following:

- The type of Supportive Service paid (e.g., transportation, childcare, etc.);
- The amount of Supportive Service paid;
- The timeframe the Supportive Service was paid for;
- The justification of need for the Supportive Service (not required for expendable items); and
- Lack of other community resources.

In all cases, staff must review Service Notes prior to making any Supportive Service payments to avoid duplicate payments.

Responsibilities

It is the responsibility of staff to provide accurate information to the customer including:

- If Supportive Services are requested or determined necessary, if he/she is eligible;
- If he/she is no longer eligible to receive the Supportive Service for any reason (i.e. cap met, no longer has a need, etc.);
- Verifying other region's Supportive Service payments in Toolbox to avoid non-duplication of Supportive Service payments;
- The requirements (e.g., paperwork, employment, etc.) to receive the Supportive Services.

Also, staff are required to maintain a file for each participant to include all required documentation (physical, tetanus shot, drug testing, etc).

Workforce Development Component

This grant is funded through Workforce Investment Act (WIA) funding; therefore, WIA criteria applies to intensive and training services. These services may be paid through the grant or Dislocated Worker funding depending on the grant. If these services were written into the grant for the entire population and there is adequate funding, this grant is the funding source that must be utilized. If these services were only written for the long-term unemployed in the grant, then Dislocated Worker funding (or 25% pool funds which are requested in writing) must be utilized. Long-term unemployed do not qualify for Dislocated Worker funding, unless (s)he meets the definition after the temporary employment ends. If a participant will not receive intensive or training services through the grant, the NEG enrollment is ended when the final payroll has been entered.

Intensive and Training Services paid through the grant are not allowable during the temporary employment phase of the grant; however, are allowable during the "Workforce Development" component after the US DOL approves the modification and the Regions are notified. To be eligible for Training Services paid for through the NEG, (s)he must have successfully completed the temporary job assignment, except in rare

cases where documented health reasons prohibit this and (s)he cannot be reassigned to other temporary work assignments.

Intensive and Training Services funded by the grant are only available to DRJP participants who have successfully completed the work assignment.

Intensive Services

Intensive Services are available to unemployed persons who are unable to obtain employment through Core Services and have been determined to be in need of more intensive services to obtain employment. Allowable Intensive Services as defined in DWD Issuance 03-2000, Change 1 includes: Comprehensive Assessment, Full Development of an Individual Employment Plan, Group Counseling, Individual Counseling, Short-Term Prevocational Services and Internships. DRJP employment is not defined as Work Experience.

If the DRJP participant has been provided an Intensive Service at any point of his/her current Dislocated Worker enrollment, this will suffice as an Intensive Service (unless (s)he needs an additional Intensive Service). (I.e. John was a Dislocated Worker prior to the NEG enrollment and provided an Intensive Service. He successfully completed his DRJP employment and needs retraining. His previous Intensive Service is allowable to be “counted” for moving to the Training Service.)

It is highly recommended that a custom intensive-level workshop be required for participants prior to them moving to training which includes: a resume with the most recent temporary employment; interview preparation and the basics of online job searching.

Training Services

Training Services are allowable after (s)he has met the eligibility requirements for Intensive Services and is unable to obtain or retain employment through such services and after an interview, evaluation, or assessment, and case management it has been determined (s)he is in need of Training Services and has the skills and qualifications to successfully participate in the selected program. Allowable Training Services as defined in DWD Issuance 03-2000, Change 1 includes: Occupational Skills Training, On-the-Job Training, Workplace Training and Cooperative Education, Entrepreneurial Training, Job Readiness Training, Adult Education and Literacy, private Sector Training Programs and Customized Training. The Program must be directly linked to employment opportunities in the local area or in another area in which the Adults or Dislocated Workers receiving such services are willing to relocate. Employment opportunities in the area are determined using local (not State) Labor Market Information (LMI). If an employer agrees to hire the participant, a letter to this affect is acceptable.

The training provided to DRJP participants should be short-term in nature as the grant is only “guaranteed” through the date on the approval letter from the US DOL. All participants must be assessed to verify (s)he can sustain their household while in the program. In addition, whenever possible, the skills learned in the program should be “built on” in this training program. All training for DRJP participants paid through NEG funding is capped at \$10,000 per participant as this is in-line with the grant application and US DOL guidance.

Reminders on specific services:

- GED Classes are eligible under Adult Education and Literacy. The class cannot be paid for through the grant as this is paid for through another agency; however, supportive services including needs-related payments can be paid if all criteria is met.
- Having a degree does not mean (s)he cannot obtain training through the grant as this depends on employment available in the area (can be determined through LMI) and all other criteria must be met.
- OJT follows the same rules as WIA

There is no “actual” timeframe on when the participant must begin a training program, but it should be as quickly as possible to ensure it is completed prior to the grant ending and to engage as many participants as possible. In addition, long-term unemployed do not have other funding sources for retraining services.

Education-Related Expenses

Education-related expenses to enable DRJP participants to participate in training after (s)he has successfully completed the temporary job are permissible after a needs-based analysis is completed. This could include testing fees, items required for the training program (i.e. stethoscope), etc. (This is not allowable until the Regions have been notified by the DWD that the US DOL approved the training component.)

Pell Grant

DWD Issuance 12-1999 addresses the “Coordination of all Workforce Investment Act (WIA) Title I-B programs with programs under Title IV of the Higher Education Act including the Pell Grant Program”. This Issuance must be adhered to when determining funding including Supportive Services.

Highlights of the Issuance include:

- Duplicate payments must be avoided when the customer is eligible for both WIA and other assistance.
- The mix of funds should meet the needs of the customer and be determined based on the availability of funding for either training costs or Supportive Services so that the training can be completed successfully.
- Simply reducing the amount of WIA funds by the amount of Pell Grant funds is not permitted.

Worksites

Eligibility

Each Worksite must meet the eligibility requirements for disaster clean up. The work must be related to the damage declared in the NEG application. Each Worksite must complete a “DRJP Worksite Agreement”. The Agreement indicates the employer name and address, title of positions, and number of positions available.

Levee Districts are local units of government with taxing authority. Therefore, if there are projects with these districts, they must supervise the work.

Unions

A “Union Concurrence Statement” must be signed before any Worksite can be activated where labor unions are represented.

Private Property

If a Worksite requires passing through privately owned property, a “Private Property Accessibility” form which gives permission to pass through private property must be signed prior to the work beginning by the property owner and kept in the Worksite’s files. If the Worksite already has a form with this information, then this is not required.

DRJP participants must be placed in temporary jobs in public or private non-profit agencies. DRJP must be located only where regular employees of the employing unit or state employees have the authority to do such work.

DRJP participants can only work on private property if:

- Workers from units of local governments are authorized to conduct such work and are performing such work; OR
- The private property of Economically Disadvantaged Individuals and meets all of the following:
 - ✓ Homes of economically disadvantaged are eligible for federally funded weatherization programs; and
 - ✓ Non-WIA employees of the employing unit/state/local government workers are authorized to do the same work and are performing the work using non-WIA funds; and
 - ✓ Health and safety hazards need to be removed for the larger community; and
 - ✓ Work is limited to returning a home to a safe and habitable level and this work is not to make home improvements; and
 - ✓ There is a priority of service to elderly and individuals with disabilities; and
 - ✓ The WIA funds are not used for the cost of materials to do repairs; and
 - ✓ The work must be disaster related; and,
 - ✓ The work is coordinated with and supervised by the local federal weatherization program.

The DRJP Worksites, where participants will be entering or impacting natural areas, must make the appropriate contact with the Department of Natural Resources to ensure that activities are not negatively affecting endangered species or their habitats.

Job Descriptions / Job Orders

All DRJP participants must be given a job description prior to starting the temporary job assignment. Job descriptions must reflect only the disaster-related work to be completed and no “regular” Worksite duties. If Job Descriptions are used from the Worksite these must be modified to reflect the actual duties and no “normal Worksite duties”. When determining position names, there are times these may need to be titles that don’t exist with the Worksite, but it is rate of pay of other employees must be matched. If this position does not currently exist at the Worksite, local LMI data is used.

All DRJP temporary jobs will be Job Orders in Toolbox. These Job Orders will be posted internally only and not on MissouriCareerSource. A Toolbox “Register” with eligible participants and eligible job orders can be created to assist staff in matching the individuals who were temporarily or permanently displaced as a result of the disaster, or are otherwise eligible for DRJP employment.

Worksite Closures

It is possible that during inclement weather or other unforeseen circumstances the Worksite could be closed for the day. In that case, the Worksite must follow the same protocol as they do with notifying other employees. All participants who are affected by the closure must record the day on their “DRJP Timesheet” as “Worksite Closed”.

There are two events which will cause a Worksite to be closed:

1. The project has been completed at the Worksite. OR
2. Upon the DRJP staff visit to the Worksite, it is found to be an invalid Worksite and participants have been found to be performing work beyond the guidelines of this grant and outside the Worksite agreement.

Disciplinary Action

Any required disciplinary action or termination of a DRJP participant will follow the same rules and guidelines of the Worksite as these participants are to be treated as other employees. Termination of DRJP participants by the Worksite are reported to the “Employer of Record”.

First Aid Kits

It is a requirement that all First Aid Kits be on site. This means that the kit needs to be within reach of the participants, not stored in an office located away from the actual Worksite. If a Worksite does not have a First Aid Kit that is transportable, Regions may provide such kits under this grant.

Supplies, Equipment & Sensitive Items

The purpose of purchasing supplies and equipment is to complete the disaster projected. It is expected the majority of these items will have no useful life after the project ends. While supplies are generally not inventoried, the Region must maintain lists per Worksite to ensure that only the necessary items are purchased for the participants to use in the program and these items are in a secure location. It is the WIB’s responsibility to have processes and procedures in place to verify all supplies and equipment are necessary and required for the participant to complete the temporary job assignment in disaster-related work.

Equipment is defined as the fair market value over \$5,000 per US DOL guidelines; however, local policies may define equipment as a different amount (i.e. \$1,000). When purchasing equipment, the rental versus purchasing cost must be documented and the need justified. All equipment purchases must first be approved by the DWD and the US DOL and requested in the same format as the “Heavy Equipment Request”. Treatment and disposal of equipment and supplies must comply with the requirements of the Uniform Administrative Requirements as defined at 29 CFR, Part 95 or Part 97, as applicable.

Sensitive items are items considered attractive or easily pilfered that have a value over \$250 (i.e. audiovisual equipment, televisions, calculators, etc.). Sensitive items purchased by the grant must be returned to the WIB after completion of the Worksite project(s) and tracked as a fixed asset. Computers are sensitive items, regardless of the cost, and cannot be retained by the Worksite.

In all cases, until the grant ends, the title for all equipment vests with the WIB and must follow local inventory/fixed asset policies.

Contracts

All contracts entered into by the WIB and subcontractors must include exit clauses and indemnifications to protect the Regions. In addition, all contracts should only be through the grant timeframe or when the funding will be expended, whichever is first.

Accident Reports

In the event that injuries are sustained on the job, the law requires that a claim report of the injury be filed. Accidents or injuries should be reported immediately or within 24 hours to the Worksite Supervisor. The Worksite Supervisor must report the accident or injury to the DRJP staff so necessary paperwork can be completed.

Time Sheets

Time sheets record the days and number of hours worked in each two-week period. The timesheet must be signed in ink by the participant and supervisor. It is the responsibility of both the participant and the supervisor to make sure the time sheet is submitted to the Worksite office by the designated time.

Each and every paycheck must be documented in Toolbox on the “Payroll” tab. This must include payroll period, number of hours and gross wages. The “Payroll Date” is the last day on the timesheet OR the last date the participant worked on the timesheet.

Worksite Supervisor Orientations

To ensure the DRJP guidelines are followed, the Worksite Supervisors must be given a program orientation delivered in the most efficient manner possible which may include going to the Worksite. At a minimum, the information outlined in the “DRJP Worksite Supervisor Orientation” must be covered. Depending on the Worksite and as the program evolves, it may be necessary to cover additional topics. The Worksite supervisor is required to sign this form and it must be kept in the Worksite file.

Toolbox

Completing Toolbox accurately and in “real-time” is necessary for successful local, State and Federal monitoring reviews. In addition, the information contained in this database is essential for the participant’s success. Various Toolbox Desk Aids have been created by DWD Tech Support.

Following are some Toolbox reminders some are NEG-only and others are overall program:

- Real-time data entry must be completed.
- Long-term unemployed (which is allowable under this NEG) does not meet the definition of Dislocated Worker and therefore, an Eligibility for Dislocated Worker needs to be created in order to enroll the participant in the NEG, but the participant should not be enrolled in this (however, (s)he may qualify for Dislocated Worker upon the successful completion of the temporary job).
- Transportation provided prior to employment is not considered a Supportive Service and the Supportive Service should not be entered (however must still meet the criteria for Supportive Services and entered in Service Notes).

- A Supportive Service should not be entered in Toolbox until employment has been obtained.
- Transportation provided to safety training (which is employment) is a Supportive Service.
- Services funded through the NEG are classified as “DRJP”; these services must be used when NEG funding is expended for the service and no other services count for federal reporting (i.e. DW funded training, DW funded intensive services, etc.).
- Any Supportive Service for debris removal that is classified as expendable must be recorded as such in Service Notes.
- If a participant is enrolled in the NEG and then determined ineligible due to lack of documentation, this should not be closed as “Enrolled in Error” and the Outcome should be “Did Not Complete”. (“Enrolled in Error” will completely remove this person from reports.)
- “Outcomes” must be entered.
- The “DRJP Safety Training” service should be opened and closed the same day (when it was provided).
- “DRJP Supportive Services” should only be left open as appropriate (i.e. a one-time payment for clothing would be open and closed the same day as provided; transportation reimbursement that spans a couple of weeks would be left open during that timeframe; etc.).
- The “Did Not Enroll” button must be checked for individuals that didn’t pass certain pre-employment services or chose not to participate prior to employment and if this button is not checked, it will be automatically checked and closed in 30 days.
- “Enrolled in Error” is only used when there are no pre-employment costs.
- When the participant will no longer receive DRJP services (i.e. obtained full-time employment and is not getting post-employment Supportive Services; was terminated from the program; finished training; etc.), the NEG enrollment and all DRJP services must be closed after the final payroll has been entered.
- The “Payroll Tab” must be completed as this is the tracking system for hours and wages. This tab is only available while the DRJP Employment Service and Enrollment is open; therefore, these cannot be closed/ended until the final paycheck has been entered.
- Services entries must match the Toolbox Service Note entries.
- If an enrollment was closed in error or needs to be reopened due to reemployment in the program, a second enrollment must not be created. The first enrollment must be reopened with a Change Request. (Only one file must be created per participant.)
- DRJP Supportive Services for Expendable Items:
 - Service notes must include each item purchased, cost and date participant received item(s).
 - The Supportive Service must be opened during the timeframe the participant received item(s).
 - If a voucher was used, the service note must indicate the voucher amount; the date the items would be purchased and the items to be purchased. After invoiced, the cost per item must be entered and reference the previous.
- Only DRJP Services must be used or the Federal reporting will not be correct.

- The Eligibility Record tied to the NEG Enrollment must be correct and cannot be “fixed” by adding another Eligibility record. If there is an error with the Eligibility record tied to the NEG Enrollment, this requires a change request.
- If a Service Note was not entered on time, “LATE” must be in the note with the date referenced. (I.e. Supportive services paid to the participant on 1/1/12.)
- Service notes and service dates must match.
- If there are subsequent safety trainings, the Service needs to be opened and closed appropriately. The service notes must be entered indicating the training received and the date.
- Job Orders in Toolbox can be searched from other Regions.
- Change Requests:
 - The person who signs the form is responsible for verifying it is accurate and (s)he needs to review the form and the entire record prior to submission.
 - A duplicate form should not be sent, but instead an email requesting the status should be sent.

Employer of Record

The “Employer of Record” will depend on the contractual agreement within the region. The I-9 and W-4 must be completed. In addition, all participants must be checked through E-Verify before starting work (or within 3 days of the start date). All of these forms must be retained by the Employer of Record.

Fringe Benefits

At minimum, each participant in DRJP will be covered by Workers’ Compensation in accordance with State law through the program funding. All participants shall be provided fringe benefits according to the Employer of Record’s temporary employee policy.

Unemployment Insurance

Participants in DRJP will be covered by unemployment insurance compensation.

US DOL Requests

The NEG Coordinator sends requests to the US DOL for approval per regulatory guidelines. The forms created for the requests must be used at the local level as this is the process that has been approved by the US DOL for submissions.

Heavy Equipment and Transportation

In certain situations, the Worksite may need heavy equipment they do not have and cannot afford to complete certain work (i.e. Grader to repair County Roads washed out from the flood in the affected County). These requests are not guaranteed to be approved, but are sent to the US DOL. This heavy equipment is procured through the WIB and/or its subcontractors and not by the City/County and reimbursed. The “DRJP Heavy Equipment” Excel document (a sample form is attached) which is available from the NEG Coordinator must be completed.

This form must include justification of the equipment including: needed to do necessary projects; the City/County does not have the equipment available; the City/County cannot pay for the equipment themselves even with FEMA reimbursement and this equipment was not requested to be reimbursed through FEMA. The form must also include the local procurement process. The form must also include the Worksite; the work that will be completed by the project; the item needed and the item cost with estimated fuel and maintenance. (This form must match the “DRJP Budget Form”.) All Regions must ensure they have adequate insurance.

This equipment can only be used by the DRJP participant to do the job they were hired for. The initial requests are sent to the US DOL for approval and no heavy equipment can be leased unless and until the US DOL approves the request. All modification requests are sent to the State NEG Coordinator for review. Modifications to this request where the Region’s total Heavy Equipment budget will not be increased including: changing items (i.e. bobcat for excavator); deleting items and increasing the cost per item must be approved by the State NEG Coordinator. Modifications to the request where the total budget amount will increase may require approval by the US DOL depending on the overall grant impact to this budget line item. In addition, it is recommended that equipment be leased where the leasing company can quickly repair so progress and employment is minimally impacted.

Many Worksites will also require transportation from a Central location or the need for leased vehicles to haul equipment. This is only allowable when needed by the Worksite due to parking availability; hauling equipment; etc. Due to the immediate need, the Regions can procure this transportation prior to approval, but this must be included in the request.

Any equipment purchases (defined locally or when there is not a local policy, defined as over \$5,000) must be approved prior to the purchase by the US DOL.

Regions have listed other items on the requests (i.e. portable toilets, purchases not defined as equipment, etc.). If these were previously on the form, they must be left on the form. Any “new” requests should not include these items.

Wages over \$12,000

In certain positions, the DRJP participant will not reach the full 1,040 hours due to the \$12,000 wage cap (which is equal to \$11.53 an hour). Per regulatory guidelines, these wages can be requested to be extended. The US DOL may or may not approve the request and participants must be informed there is no guarantee this will be approved. When a certain position will exceed the \$12,000 wage cap, the “DRJP Wages over \$12,000” Excel document (a sample form is attached) which is available from the NEG Coordinator must be completed. This document must include: Worksite, position, wage, quantity of positions and justification. No wages can extend past the \$12,000 wage cap until approved by the US DOL; therefore, any time there is a position added, a new form must be submitted highlighting the addition.

FEMA Coordination

Meetings

Per NEG requirements, FEMA coordination is required to ensure non-duplication of efforts. If possible, local WIBs should be at the initial FEMA meetings after public assistance is declared. In addition, FEMA must be invited to the DRJP meetings when determining Worksites as this coordination will ensure projects have the best possible outcomes. If a Region needs a local FEMA contact, the State NEG Coordinator can be contacted. If FEMA coordination has not occurred prior to the DRJP project determinations, FEMA

must be sent the Project Scope to ensure there has not been payment for the DRJP requested items (i.e. labor).

Expenses

DRJP expenses are generally paid directly by the WIB or its subcontractor which means the City/County will not have an invoice to submit to FEMA for reimbursement and there cannot be payment duplication. On heavy equipment, this cost is paid directly to the vendor and the heavy equipment listings have been sent to FEMA who then distributes the lists to local FEMA representatives. On wages, this is paid directly by the Employer of Record to the participant. Due to the immediate need of fuel, some WIB Regions are reimbursing the City/County for this expense. NEG funds cannot pay the FEMA match.

In all instances, any expenses incurred that are reimbursed to the City/County must be coordinated with FEMA. The City/County procuring items and being reimbursed by the WIB should be avoided if at all possible. Following is the protocol for those expenses:

1. The City/County must release the original invoices to the WIB upon payment
2. A tracking system must be in place to verify these expenses were DRJP only (i.e. fuel is only for heavy equipment, leased vehicles, etc. and not any City/County vehicles)
3. The City/County must sign a statement that these expenses will not be reimbursed by FEMA and these costs are only for the DRJP and not any City/County equipment, personnel, etc.
4. The local FEMA representative must be contacted to determine if the entity needs copies of the receipts/invoices.

Responsibilities

Local Workforce Investment Board (LWIB)

The LWIB and/or its subcontractor are responsible for administering the grant at the local level. This includes, but is not limited to the following:

- Verifying staff are enrolling participants in the NEG in Toolbox
- Verifying staff are entering appropriate services in Toolbox
- Retaining “Worksite Agreements”
- Internal monitoring of 100% of files
- Verifying state and local policies are adhered to
- Reconciling local records and Toolbox records
- Verifying only eligible expenses are paid
- Verifying Supportive Services are paid according to policy
- Providing information to the DWD for daily, bi-weekly, monthly, and quarterly reports

- Assessing the need for additional Worksites and workers and reporting this to the DWD on the “Worksite Listing”
- Directing any programmatic questions not addressed in policy to the DWD
- Verifying workers are following the required processes
- Entering Job Orders
- Provide DRJP Participant and Employer Orientations
- Provide photographs of Worksites before and after work is completed
- Recruiting Worksites and workers
- Procuring physicals, tetanus shots, and safety training

Missouri National Guard (MONG)

The Missouri National Guard is involved in various DRJP processes depending on the need of the WIB. The DWD may contract with the MONG to provide certain services after State Emergency Duty (SED) has expired. The MONG can provide valuable insight on inventory processes, routing participants through processes, safety training, etc.

Monitoring & Oversight

Monitoring must be conducted by the WIB to ensure that the participants, Worksites, and related activities are consistent with the provisions of applicable Federal statutes, regulations, and the terms and conditions of this grant award letter.

The monitoring must include a review of all of the WIB responsibilities listed above. In addition, the on-site monitoring process must include questionnaires and procedures for interviewing participants, Employer of Record, and Worksite supervisors, and must include on-site visits to Worksites. At each review, it must be verified that every Worksite is conducting disaster-related work only. It is recommended the “Disaster Recovery Jobs Program Debris Worker On-Site Monitoring” and “Disaster Recovery Jobs Program Humanitarian Worksite On-Site Monitoring” forms be used. (These forms are to be retained locally and not sent to the DWD.) The Worksite monitoring must be conducted monthly and the first review must begin within two weeks of the first participant beginning employment at the job.

After each review cycle where all Worksites have been monitored, a report must be compiled and maintained locally. This report must include:

1. Name of Reviewer(s)
2. Date(s) of Visit
3. Listing of Counties and City/Town’s Monitored
4. Worksite Locations Monitored and Number of Participants at Each Site

5. Verification all Worksite Agreements are in place and understood by the Worksite
6. Verification all work is disaster-related only
7. Success stories and program progress
8. Any items found not in compliance with the DRJP (i.e. no Worksite orientation, no supervision on-site, lack of safety equipment, etc.) by Worksite
9. Corrective action necessary
10. Follow-up necessary

If there are any items not in compliance at the Worksite (#8 from above), the region must forward this report to the State NEG Coordinator and QA Unit.

It is imperative the regions maintain regular contact with the State NEG Coordinator. At the beginning of the project and during the planning phase, this contact may be daily. At any point there are changes to the project (i.e. number of Worksites/participants changed), a new "Worksite Listing" must be emailed.

The "DRJP Monitoring Tool Employed" and "DRJP Monitoring Tool Unemployed" is required to be in each new participant file beginning May 23, 2012. In addition, all Regions were required to sample 20% of previous files and determine if they needed to monitor all files.

Fish and Wildlife Service (FWS)

In order to ensure compliance with the National Environmental Policy Act (NEPA) and the Endangered Species Act (ESA) and to protect valuable habitats and endangered species, all disaster projects where participants will be entering or impacting natural areas must ensure that activities are not negatively affecting endangered species or their habitats. NEPA and ESA require NEG projects to either affirm to FWS that there are no endangered species or habitats within the project area, or to consult with FWS to mitigate negative impacts where there are endangered species or protected habitats before beginning any work in those areas. For more information, contact a local FWS field office visit www.fws.gov/offices/.

Financial

Budgets are developed and updated on the "Disaster Recovery Jobs Program" budget form. The initial budgets are often underestimated as the work is just developing. The local budgets are rolled into the total State budget. In addition, all line items on this form are reported on the CPR to the DWD Financial Unit. The DWD uses this budget form to complete all of the required items in the grant modifications (including requests for additional funding) and contract with local WIBs. Therefore, it is imperative these kept up-to-date as the Worksite's needs develop.

Accruals must be reported on the CPR. Calculating accruals will include contacting vendors who have not submitted invoices to verify what the costs are and/or extrapolating the costs based on the agreement. In addition, the payroll costs must be reported each time. Accrual reporting is required by US DOL and failure to report accruals could result in the DWD not requesting additional funding in a timely manner.

The DWD will conduct monitoring visits at least quarterly. Prior to the visit, the Region will be requested to produce payroll and other records. If costs that are not associated with DRJP are identified at that time, these will have to be reallocated to the appropriate funding source and/or repaid to the grant.

US DOL Reports & Grant Modifications

The US DOL requires bi-weekly, monthly and quarterly reports. The Regions within the NEG are required to compile and report information for these reports.

Regions will provide the “Bi-Weekly Reports” form to the State NEG Coordinator beginning from the time the grant is awarded through the first three months of the project. After the completion of three months, the regions will then provide monthly reports through the end of the temporary job component of this grant. Regions will provide accrued expenditures to DWD Financial on a bi-weekly basis until notified differently.

For quarterly reports, the DWD must report Fiscal expenditures and participants. For Fiscal expenditures, all information required is reported on the CPR and the NEG Coordinator will use this information.

The US DOL requires grant modifications for a variety of reasons including: changing the number of participants; adding a Workforce Development component (Intensive and Training Services); requesting additional time; requesting additional funding; adding a Project Operator; etc. The modifications are very detailed to the participant level. The Regions are requested to provide information very quickly to the DWD as the DWD must review, edit and compile multiple Regions information and submit in the modification according to US DOL requests.

DRJP Forms

Section

Required DRJP forms are not allowed to be modified and must contain the DRJP logo. (Adding a clarification statement (i.e. Sign in “blue ink”, “Do not use whiteout”, etc.) and local contact information are not considered modifications.)

Worksite Listing

This form is used for State tracking and for modifying participant numbers in grants.

Instructions for Counts:

Total Worksites:	3
Positions Currently Needed:	39
<i>Debris Positions:</i>	37
<i>Humanitarian Positions:</i>	2
Total Positions Needed:	74

1. “Total Worksites” is a count of all of the Worksites in the second column.
2. “Positions Currently Needed” is a count of this column
3. “Debris Positions” is a count of all participants that meet the debris definition out of the “Positions Currently Needed” column
4. “Humanitarian Positions” is a count of all participants that meet the humanitarian definition out of the “Positions Currently Needed” column
5. “Total Positions Needed” is a count of this column

Instructions for Columns:

County	Worksites	Position Name	Starting Wage	Positions Currently Needed	Total Positions Needed
---------------	------------------	----------------------	----------------------	-----------------------------------	-------------------------------

1. “County” is the County where the work is being performed.
2. “Worksite” is the name of who is responsible for the work and is a public or non-profit entity. This is the same entity that signs the Worksite Agreement. Examples include: levee district, road & bridge district, Red Cross,
3. “Position Name” matches the Job Description and Toolbox Job Order. These must match the actual work under the position.
4. “Starting Wage” matches the Job Description and Toolbox Job Order. This is the wage for the position and must match like positions at the Worksite or if unavailable, local LMI data.
5. “Positions Currently Needed” is the number of participants needed at Worksites now. This is just a count on how many active positions the Region has and is not the number of participants working. A participant is defined as 1040 hours; therefore, if participants are moved from site to site, these should be counted as partial positions.
6. “Total Positions Needed” is the total number of participants needed at Worksites. Certain Worksites may refill positions to continue disaster cleanup. Therefore, each position they have at 1040 hours is considered one position. (i.e. 10 workers needed for 6 months and another 10 workers needed for the next 6 months. In this situation, this would be “total participants” of 20 and “current participants” of 10). This column also takes into account attrition; therefore, any participants that left the program prior to completion and were replaced by another participant must be counted in this column.

Worksite Listing Example with Full Positions

OZARK REGION WORKSITES & PARTICIPANTS

Total Worksites: 3
 Positions Currently Needed: 39
Debris Positions: 37
Humanitarian Positions: 2
 Total Positions Needed: 74

County	Worksites	Position Name	Starting Wage	Positions Currently Needed	Total Positions Needed
Polk	Polk County Road District	Laborers	\$9.25	10	20
Taney	Taney County Road District	Laborers	\$10.00	2	2
		Equipment Operators	\$10.00	1	1
		Clerks	\$10.00	1	1
Webster	Webster County Road District	Laborers	\$10.50	10	20
		Flagman	\$10.50	2	4
		Supervisors	\$11.00	2	4
		Drivers	\$10.50	8	16
		Equipment Operators	\$10.50	2	4
		Clerks	\$10.00	1	2

Stone Opted out.
 Christian Opted Out (Have letter)

Worksite Listing Example with Partial Positions

NORTHWEST REGION WORKSITES & PARTICIPANTS

Total Worksites: 11
 Positions Currently Needed: 21
Debris Positions: 20
Humanitarian Positions: 1
 Total Positions Needed: 21

County	Worksite	Position Name	Starting Wage	Positions Currently Needed	Total Positions Needed
Holt	Big Lake State Park	Laborer II	\$11.50	4.50	4.50
	Village of Big Lake	Laborer I	\$11.53	0.31	0.31
	South Union Road District	Laborer I	\$12.00	1.38	1.38
		Laborer II	\$14.00	0.46	0.46
	Big Tarkio Drainage District	Laborer I	\$12.00	0.69	0.69
Supervisor		\$14.00	0.23	0.23	
	City of Craig	Laborer I	\$11.50	1.38	1.38
Buchanan	Rosecrans Memorial Airport	Laborer I	\$15.12	0.15	0.15
		Supervisor	\$22.62	0.15	0.15
		Driver	\$18.69	0.31	0.31
		Equipment Operator	\$18.69	0.15	0.15
	Riverfront Memorial Airport	Laborer I	\$11.83	3.08	3.08
		Supervisor	\$16.86	0.77	0.77
	Mo-Kan	Case Manager	\$12.00	1.46	1.46
Lewis and Clark State Park	Laborer I	\$11.50	4.62	4.62	
	Concrete Laborer	\$14.50	0.62	0.62	
	Electrician	\$0.00	0.00	0.00	
	City of St. Joseph- Mud Lake Rd	Laborer I	\$14.71	0.92	0.92
Atchison	North Nishnabotana Drainage District	Laborer I	\$16.00	0.08	0.08

*These are partial positions as the participants go from Worksite to Worksite as projects are completed.

Disaster Recovery Jobs Program Budget

REGION:

	<u>Total Amount</u>	<u>Percentage of Total Allocation</u>
Administration	\$ -	0%
Participant Wages	\$ -	0%
Supportive Services - Jobs	\$ -	0%
Supportive Services - Workforce	\$ -	0%
Needs-Related Payments	\$ -	0%
Needs-Related Payments Processing	\$ -	0%
Intensive Services	\$ -	0%
Training Services	\$ -	0%
Other - Facilities	\$ -	0%
Other - Program Staff Wages	\$ -	0%
Other - Office Supplies	\$ -	0%
Other - Outreach	\$ -	0%
Other - Assessment Testing	\$ -	0%
Other - Equipment Purchase	\$ -	0%
Other - Job-Related Supplies	\$ -	0%
Other - Safety Training	\$ -	0%
Other - Transportation Lease	\$ -	0%
Other - Heavy Equipment Lease	\$ -	0%
Other - Small Equipment Lease	\$ -	0%
Other - Workers Compensation	\$ -	0%
Other - Pre-Employment	\$ -	0%
TOTAL	\$ -	0%

DRJP BUDGET INSTRUCTIONS

Administration

As defined in WIA regulations at 20 CFR 667.220:

The definition is function-based; therefore, only the costs associated with performing the activities or functions listed in the regulations and ones that are not related to the direct provision of workforce investment services are considered to be administrative costs.

- o Accounting, financial, cash management, budget activities, procurement, personnel, payroll, property management, audit, and general legal services functions are administrative in nature, as are coordinating the resolution of findings arising from audits, reviews, investigations, and incident reports and developing systems and procedures, including information systems, required for these administrative functions.

- o Oversight and monitoring activities are classified depending on whether the activity being monitored is administrative or programmatic in nature.

- o The costs of supplies and equipment used for administrative functions or activities and the cost of staff that perform and/or supervise administrative functions or activities are considered administrative costs.

- o This definition of administrative costs is different from facilities and administration costs referred to in OMB Circular A-21.

- o If the cost of a function or activity in question is not listed as an administrative cost in 20 CFR 667.220, then such cost can be considered a program cost and is not counted against the 8 percent limit.

Participant Wages (including FUTA/SUTA & FICA)

This is the participant wages paid and includes only those items actually within the temporary employees pay checks. The pay includes: wages, FUTA/SUTA, and FICA. If the employer of record also allows for fringe benefits (i.e. sick days, annual leave, etc.) for temporary employees this will be recorded within this line item. If the employer of record allows for any retirement benefits for temporary employees, this is not allowable under the NEG.

Supportive Services - Jobs

This includes Supportive Services during the temporary job assignment as outlined in the "DRJP Handbook". While fitted gear for debris cleanup is considered expendable and does not count toward the \$1,800 limit, it is still considered a Supportive Service and is recorded in Service Notes.

Supportive Services - Workforce

This includes Supportive Services during the workforce development component as outlined in the "DRJP Handbook". (After the temporary job has been successfully completed.)

Needs-Related Payments

Needs-related payments are to be provided to DRJP participants who successfully completed the temporary work in the program and exhausted their UI benefits. These payments will enable the participant to start or continue training; and may also be provided to a participant who will begin a training program within (30) calendar days.

DRJP BUDGET INSTRUCTIONS

Eligibility requirements for Adults:

- Must be unemployed;
- Not qualify for, or ceased qualifying for Unemployment Insurance (UI) compensation; and
- Be enrolled in an eligible WIA training service.

Eligibility requirements for Dislocated Workers:

- Must be unemployed;
- Not qualify for, or ceased qualifying for UI compensation or Trade Readjustment Allowance under Trade Adjustment Assistance; and
- Be enrolled in an eligible WIA training service by:
 - o The end of the thirteenth (13th) week after the most recent layoff that resulted in unemployment; or
 - o After the thirteenth (13th) week, but by the end of the eighth (8th) week after being informed the short-term layoff will exceed six (6) months.

Needs-related payments for DRJP participants is equal to the weekly UI compensation level previously received or \$175 whichever is less.

Needs-Related Payments Processing

This is the cost associated with processing needs-related payments and is required to be charged at \$3 per payment to the DRJP.

Intensive Services

Intensive services are allowable only after the unemployed person is unable to obtain employment through core services and are determined to be in need of more intensive services in order to obtain employment.

Intensive services as defined in DWD issuance 03-2000, Change 1 includes: Comprehensive Assessment, Full Development of an Individual Employment Plan, Group Counseling, Individual Counseling, Short-Term Prevocational Services, Out-of-Area Job Search Expenses, Relocation Expenses, Internships and Work Experience. DRJP employment is not defined as Work Experience. Definitions are included within this issuance. Intensive services are not allowable until the grant modification (which is after the initial application) has been approved by the US DOL and the DWD have notified all Regions in the grant that this is allowable.

Training Services

Training services are allowable after (s)he has met the eligibility requirements for intensive services and is unable to obtain or retain employment through such services and after an interview, evaluation, or assessment, and case management it has been determined (s)he is in need of training services and have the skills and qualifications to successfully participate in the selected program and (s)he selects a program of training services that are directly linked to employment opportunities in the local area or in another area in which the adults or dislocated workers receiving such services are willing to relocate.

DRJP BUDGET INSTRUCTIONS

In addition, to be eligible for Training Services paid for through the NEG, (s)he must have successfully completed the temporary employment assignment, except in rare cases where documented health reasons prohibit this and (s)he cannot be reassigned to other temporary work assignments. Intensive services are not allowable until the grant modification (which is after the initial application) has been approved by the US DOL and the DWD has notified all Regions in the grant that this is allowable.

Other - Facilities

This is the cost allocated to the NEG based on approved cost allocation plan. It includes items such as: rent and utilities, phones, Internet, etc.

Other - Program Staff Wages

This includes any staff wages that are considered program. This includes WIB program staff time and contracted staff time (i.e. subcontracted staff costs). This does not include any DWD staff time as this is taken out of the percentage allowable for state costs. This also includes allowable travel costs per local policy for staff.

Other - Office Supplies

This is general office supplies such as: staff computers (when necessary for NEG-related functions and allocated based on cost allocation plan), mailing supplies, pens, paper, cell phone usage attributable to the grant, etc.

Other - Outreach

This is NEG-related program outreach. It does not include any outreach that is not targeted at the population eligible to participate in the grant. If only a portion of the outreach (i.e. a job fair) is for the NEG, then this cost must be allocated appropriately.

Other - Assessment Testing

This is testing fees associated with a specific "humanitarian" position to obtain the temporary job. This is not any testing fees that are not related to the position.

Other - Equipment Purchase

This is any purchase where the per item cost exceeds \$5,000. These purchases must be submitted to the DWD director. In addition, this must be approved by the US DOL, so it cannot be purchased until after approval is made. This request must be accompanied by justification of lease vs. purchase. This includes fuel for the purchased equipment and maintenance.

Other - Job-Related Supplies

This includes items such as: chainsaws, rakes, shovels, computers for specific temporary employee positions, non-fitted gear (i.e. gloves, safety vests, protective eyewear, etc.)

Other - Safety Training

This is the cost for the safety training for debris and restoration temporary jobs (i.e. OSHA training, Skid-Loader Training, required safety training, etc.)

Other - Transportation Lease

This is the cost for any transportation leased regardless of the cost. This includes fuel for the transportation and maintenance not covered under the contract. All transportation leased is included with the "US DOL Heavy Equipment Request".

DRJP BUDGET INSTRUCTIONS

Other - Heavy Equipment Lease

This is the cost for any heavy equipment leased. All heavy equipment requires approval by the US DOL. (i.e. bulldozers, dump trucks, excavators, etc.) This includes the fuel for heavy equipment leased and maintenance not covered by the contract.

Other - Small Equipment Lease

This is the cost for any small equipment leased (i.e. power washer, concrete mixer, etc.) This includes fuel for the small equipment leased and maintenance not covered under the contract.

Other - Workers Compensation

This is the amount of workers compensation paid on behalf of the participants.

Other - Pre-Employment Costs

This includes any pre-employment costs including: physicals, background checks tetanus shots and drug screening. It also includes Supportive Services required to enable the participant to attend pre-employment activities (i.e. transportation reimbursement).

Worksite Worksheet

Worksite: _____

Type of Project: _____ Point of Contact: _____

Email: _____ Phone: _____

Personnel	# of people	Man hours	Pay
Labors			
Flagman			
Supervisors			
Drivers			
Equipment Operators			
Clerks			

Personal Protective Equipment (PPE)	Minor Equipment	# Needed
<input type="checkbox"/> Helmet	Shovels	_____
<input type="checkbox"/> Goggles	Rakes	_____
<input type="checkbox"/> Safety Vests	Chain Saw	_____
<input type="checkbox"/> Boots, Steal Toe		
<input type="checkbox"/> Gloves		

Major Equipment Required (Attach Justification)

Training Requirements:

MO 34 Worksite Worksheet



DISASTER JOBS INTEREST

LAST NAME, FIRST NAME, MIDDLE INITIAL			
MIGRANT SEASONAL FARMWORKER <input type="checkbox"/> YES <input type="checkbox"/> NO	UNEMPLOYED WORKER <input type="checkbox"/> YES <input type="checkbox"/> NO	WORK AUTHORIZATION <input type="checkbox"/> U.S. CITIZEN OR NATURALIZED CITIZEN <input type="checkbox"/> LAWFULLY ADMITTED ALIEN OR REFUGEE	SELECTIVE SERVICE <input type="checkbox"/> REGISTERED <input type="checkbox"/> NOT REGISTERED <input type="checkbox"/> NOT APPLICABLE
ADDRESS		APARTMENT NUMBER	
CITY	STATE	ZIP CODE	COUNTY
TELEPHONE NUMBER	EXTENSION	ALTERNATE TELEPHONE	EXTENSION
REASON FOR DISLOCATION/JOB LOSS (CIRCLE ALL THAT APPLY) Disaster IMPACTED JOB LOSS, LIST NAME OF EMPLOYER: _____ TEMPORARY OR PERMANENT LAID OFF TERMINATED/UNEMPLOYED UNEMPLOYED, PREVIOUSLY SELF-EMPLOYED OTHER – EXPLAIN: _____ _____			
CIRCLE JOB(s) OF INTEREST HUMANITARIAN AIDE SOCIAL SERVICES AIDE OTHER (SPECIFY) _____ DRIVER DEBRIS CLEAN-UP _____ OFFICE WORKER CONSTRUCTION _____			
RELEVANT WORK EXPERIENCE _____ _____ _____			
ATTESTATION I hereby certify, to the best of my knowledge, the above information is true. I agree and understand any willful misstatement of facts may cause forfeiture of my status in the DRJP and could be cause for legal action. I understand the information is subject to verification and agree to provide such documentation as required within 45 days.			
SIGNATURE		DATE	
COMMENTS			

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.



Disaster Recovery Jobs Program (DRJP)

Missouri Career Center Checklist

- Verified DRJP Eligibility
- Membership screens completed (*Verified Automatically Enrolled in WIA Adult Core Service*)
- Matched DRJP participant with _____ position at _____ Worksite
- Position and/or Worksite require drug testing: ____ Yes ____ No
- Enrolled in NEG in Toolbox
- Completed W-4 and I-9
- Participant completed Medical Disclaimer, Media Release, and Emergency Contact Form
- If Applicable for Debris Cleanup/Restoration:* Shoe Size _____ Shirt Size _____ Pants Size _____

Signature of DRJP Staff

Date

Referral

- Completed Physical
 - Able to participate in the DRJP Unable to participate in this DRJP position

If unable to participate, refer back to the Career Center for other services.
- Tetanus Shots
- Completed Drug Testing (*If required by the Worksite as indicated above*)
 - Able to participate in the DRJP Unable to participate in the DRJP

If unable to participate, refer back to the Career Center for other services.
- Completed Safety Training
 - Able to participate in the DRJP Unable to participate in the DRJP

If unable to participate, refer back to the Career Center for other services.

Signature of Authorized Representative

Date



Disaster Recovery Jobs Program

Self-Attestation

Name: _____ Social Security Number: _____

List All Employers & Dates of Employment for the Previous 7 Months: _____

COMPLETE ALL THAT APPLY:

Affected by Disaster

- I hereby certify that I have temporarily or permanently lost employment due to the disaster on _____ . I was employed at _____ .

Lost Documentation/Identification

- I do not have the required documentation due to the disaster and I understand that I must provide This documentation within 30 days to be eligible to participate in the DRJP.

List all missing documentation

Unemployed/Dislocated Worker

- I certify that I was terminated or laid off due to no fault of my own and qualified for unemployment insurance, or worked in a job that was not covered by unemployment insurance.

Long-Term Unemployed

- I certify that I have been unemployed for fifteen (15) or more of the last twenty-six (26) weeks and have been looking for work the whole time.

Signature of Potential DRJP Participant

Date



**MISSOURI DISASTER RECOVERY JOBS PROGRAM (DRJP)
WORKSITE AGREEMENT**

This Agreement is made between _____ hereafter called **AGENCY**, and _____ hereafter called **EMPLOYER**. These parties agree that the **EMPLOYER** shall provide work experience and supervision to Disaster Recovery Jobs Program (DRJP) participants at Worksites in accordance with the General Assurances which are part of this contract.

EMPLOYER INFORMATION	Company Name:			
	Federal Employer ID Number (FEIN)			
	Address			
	City, State, Zip Code			
	Telephone Number			
	Contact Person			
	Collective Bargaining Agent (If Applicable)			
	Worksite is: () Government () Private Non-Profit			
WORKSITE INFORMATION	WORKSITE POSITION TITLES	NUMBER OF POSITIONS	SUPERVISOR NAME	
Signature of Employer/Authorized Representative		Type/Print Name	Title	Date
Authorized Agency Signature		Type/Print Name	Title	Date



MISSOURI Disaster Recovery Jobs Program (DRJP) WORKSITE AGREEMENT General Assurances

- **AUTHORITY:** This Agreement is executed pursuant to the Workforce Investment Act, 29 U.S.C. 2801, *et seq.*, as amended (“WIA”), and Final Regulations, 20 C.F.R. Part 652, *et al.*
- **WORK DESCRIPTION:** An individual served under this Agreement will be referred to as “DRJP participant”. A Job Description will be provided to each DRJP participant served under this Agreement. The DRJP participant will not start work until all required parties have signed the “Worksite Agreement”. The EMPLOYER and AGENCY shall work together to determine the most efficient process for collection of timesheets to ensure prompt payment to DRJP participants.
- The EMPLOYER agrees to provide work experience for the Disaster Recovery Jobs Program (DRJP) participant as follows and ensure that:
 - No DRJP participant exceeds 1,040 hours or 6 months of employment, whichever occurs first.
 - Wages which are determined through the EMPLOYER and are paid through the AGENCY are comparable to wages paid to other employees with commensurate skills and experience.
 - Each EMPLOYER Worksite supervisor shall be provided a Supervisor Orientation for the program.
 - The EMPLOYER shall provide the DRJP participant with an orientation to the requirements of the job, work rules, expectations, hours of work, and any other special requirements of the EMPLOYER.
 - The EMPLOYER will provide a sufficient quantity of work to fully occupy DRJP participant.
 - The EMPLOYER Worksite shall notify DRJP program staff of DRJP participant terminations.
 - The EMPLOYER agrees to provide the instruction, supervision of employees, equipment tools, etc. that are necessary for the DRJP participant to conduct their job duties.
 - The EMPLOYER will agree to absorb all financial liability for any costs that may result from damage caused by the DRJP participant.
 - The EMPLOYER will ensure that accurate time and attendance records are completed on a daily basis and that the hours recorded will only reflect the hours the DRJP participant worked.
 - The EMPLOYER will treat DRJP participants in the same manner as other employees in regards to disciplinary action.
 - The EMPLOYER will ensure that the tasks the DRJP participant performs are calculated to repair results of the disaster and are performed within the disaster area.
 - The EMPLOYER will notify the AGENCY when all tasks have been completed at the Worksite.
 - The EMPLOYER will ensure that no DRJP participant will be involved in any sectarian or political activities.
 - The EMPLOYER will retain an “Emergency Contact” form for each DRJP participant.
 - The EMPLOYER will retain all tools purchased through the DRJP at the end of the project.
 - The EMPLOYER will make appropriate contact with the Department of Natural Resource to ensure activities are not negatively impacting endangered species or their habitats.
- **MONITORING:** The employer understands that the Agency, Division of Workforce Development, U.S. Department of Labor, or other such related agencies may monitor this Worksite to ensure compliance with rules and regulations.
- **EMPLOYEE DISPLACEMENT/REPLACEMENT:** No DRJP participants shall displace (including a partial displacement, such as a reduction in the hours of non-overtime work, wages, or employment benefits) any currently employed employee (as of date of participation). A DRJP participant in a program or activity may not be employed in or assigned to a job if:
 - (1) Any other individual is on layoff from the same or any substantially equivalent job;
 - (2) The employer has terminated the employment of any regular, unsubsidized employee or otherwise caused an involuntary reduction in its workforce with the intention of filling the vacancy so created with the DRJP participant; or
 - (3) The job is created in a promotional line that infringes in any way on the promotional opportunities of current employed workers.
- **4) Regular employees and DRJP participants alleging displacement may file a complaint under the applicable grievance procedures found at 20 C.F.R. Part 667.600. (WIA Section 181)**
- **WORKERS COMPENSATION:** The AGENCY is responsible for job related injuries to the DRJP participant and will provide insurance through Workers Compensation or other adequate medical and accident insurance. The EMPLOYER/Worksite supervisor MUST contact the AGENCY immediately upon a workplace injury of a DRJP participant and complete the necessary forms.
- **HEALTH AND SAFETY:** The DRJP participant will complete the same type of job duties as other regular employees. DRJP participants employed or trained in inherently dangerous occupations shall be assigned to work in accordance with reasonable safety practices.
- The EMPLOYER agrees to maintain sanitary facilities, safe working conditions, within a drug-free workplace and compliance with the OSHA and Child Labor Laws and age laws of the Fair Labor Standards Act (FLSA) provided to the training site by the program staff.
- **INAPPROPRIATE ACTIVITIES:** The EMPLOYER will not place DRJP participants in unapproved activities. If DRJP participants are assigned to unapproved activities, DRJP participant(s) will be immediately removed from the work site.
- **NEPOTISM:** No DRJP participant may be placed in an employment activity of a member of that person’s immediate family is directly supervised by or directly supervises that individual.
- **UNION COMPLIANCE:** The EMPLOYER/AGENCY will ensure this work experience will not impair existing contracts for services or collective bargaining agreements. When a program or activity authorized under title 1 of WIA would be inconsistent with a collective bargaining agreement, the appropriate labor organization and employer must provide written concurrence before the program or activity begins. (29 C.F.R. Part 667.270(b))
- **DISCLOSURE OF CONFIDENTIAL INFORMATION:** The EMPLOYER agrees to maintain the confidentiality of any information regarding applicants and trainees, or their families, which may be obtained through application forms, interviews, tests, and reports from public agencies, counselors or any other source.
- **EQUAL OPPORTUNITY:** The EMPLOYER agrees not to discriminate against any DRJP participant because of age, race, creed, color, religion, political belief or affiliation, sex, national origin, ancestry or disability. The EMPLOYER further agrees that it will take affirmative action to ensure that applicants are employed, and that employees are treated without discrimination during employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or terminations; rates of pay or other forms of compensation and selection for training, including apprenticeship. (WIA Section 188)
- **AMERICAN WITH DISABILITIES ACT:** The EMPLOYER shall comply with the Americans with Disabilities Act of 1991, Public Law 101-336, or as amended and associated code of federal regulations published in the Federal Register as applicable to the EMPLOYER directly or indirectly as recipients of contracted funds for the State of Missouri.
- The EMPLOYER will perform its duties in accordance with the Workforce Investment Act and the regulations, procedures and standards promulgated thereunder, as well as any subsequent legislation, regulations, procedures and standards enacted in substitution or in addition thereto.
- **RELATIONSHIP OF PARTIES:** The EMPLOYER does not become the agent of the AGENCY for any purpose pursuant to this contract and will make no representation of any such agency. In agreeing to employ and provide training for the DRJP participant, the EMPLOYER understands that this does not make the DRJP participant an employee or agent of the AGENCY.
- **TERMINATION OF AGREEMENT:** The AGENCY may terminate, effective immediately, performance of work under this Agreement if, for any reason, the AGENCY determines that such termination is in the best interest of the program. The AGENCY may also cancel this Agreement if it determines that the EMPLOYER has failed to provide any of the training specified or failed to comply with any of the other provisions contained in the Agreement or any other program requirement.
- **AVAILABILITY OF FUNDS:** This contract is predicated on the continuing availability of funds from the Division of Workforce Development.

UNION CONCURRENCE STATEMENT

For

DISASTER RECOVERY JOBS PROGRAM PLACEMENT

Work Site: _____

Temporary Job Positions: _____

As an authorized official of the labor union representing workers at the site listed above, I verify that I am aware of the DRJP placement(s) through the Workforce Investment Act (WIA) at this Worksite. I further verify that there are no individuals laid off in the job category(s) in which the WIA participants are placed, and that there is no conflict with the placement(s) and the current labor agreement.

(Signature)

(Date)

(Labor Union)

(Title)

As an authorized representative of the Worksite listed above, I verify that the job category(s) in which the WIA participants are placed are NOT covered by a collective bargaining agreement.

(Signature)

(Date)



DRJP

Private Property Access Permission Form

The undersigned, referred to as "Owner" herein, represents that they are the owner or owner's authorized manager of real property (the "Property") located at:

_____ (Street address, including unit number if applicable, City, State, and Zip code)

By signing this form, the owner grants Disaster Recovery Jobs Program (DRJP) participants to pass through their property in order to locate the Worksite located at:

_____ (Street address, including unit number if applicable, City, State, and Zip code)

PERMISSION

Owner hereby gives the DRJP participants permission to walk through/on Property and bring work equipment onto the Property for the purpose of cleaning up the Worksite referenced above. The owner represents that there are no concealed hazards on the property that DRJP participants will be passing through and that they will have safe access to the areas necessary to clean up and restore damaged area on public property.

RELEASE

Owner does hereby release and hold harmless the DRJP Participants acting under the permission granted herein, from any and all claims, costs, expenses, damages, suits and liabilities of any kind arising from damage or injury to property or person occurring as a result of the services provided under the Emergency Public Jobs Program.

Signed this _____ day of _____, 2011

_____ Title _____ Phone (area code) _____
(Signature of Owner)

_____ (Print Owner's name) NOTE: if you are signing as the authorized agent or manager for the Owner of the Property, include your title.



Medical Disclaimer

The Disaster Recovery Jobs Program (DJRP) will not be held liable for medical costs resulting from any pre-existing or undisclosed medical issues that arise while at a Worksite.

Signature of Participant: _____ Date: _____

DRJP Staff: _____ Date: _____



Missouri Disaster Recovery Jobs Program (DRJP)

Timesheet



Participant Name: _____

Worksite: _____ Last 4 digits of Social Security #: _____

Pay Period From: _____ to _____

Date:									
Time in	Time out								
Total hours		Total hours		Total hours		Total hours		Total hours	

Date:		Date:		Date:		Date:		Date:	
Time in	Time out	Time in	Time in		Time out	Time in	Time out	Time in	Time out
Total hours		Total hours		Total hours		Total hours		Total hours	

Date:		Date:		Date:		Date:		Date:	
Time in	Time out								
Total hours		Total hours		Total hours		Total hours		Total hours	

Date:		Date:	
Time in	Time out	Time in	Time out
Total hours		Total hours	

TOTAL HOURS FOR Pay Period: _____

I certify that I have reviewed this timesheet and verify that I have worked the hours reported above.

Participant Signature Printed Name of Participant Date

I certify that the hours recorded on this timesheet are accurate.

Supervisor Signature Printed Name of Supervisor Date

The Missouri Disaster Recovery Jobs Program is an equal opportunity employer/program. Auxiliary aids and services are available on request to individuals with disabilities.

For Office Use Only

Total Hours Paid:	Date Paid:
Check Number:	

**Disaster Recovery Jobs Program (DRJP) Participant
Emergency Contact Form**

Name _____
Worksite/Employer Name _____

Personal Contact Info:

Home Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____
Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____
Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____
Address _____
City, State, ZIP _____
Home Telephone # _____ Cell # _____
Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name _____ Phone # _____
Dentist Name _____ Phone # _____

I have voluntarily provided the above contact information and authorize the Worksite and its representatives to contact any of the above on my behalf in the event of an emergency.

DRJP Participant Signature _____ Date _____



**DISASTER RECOVERY JOBS PROGRAM (DRJP) PARTICIPANT
MEDIA CONSENT FOR RELEASE OF INFORMATION**

Consent to Use Written Statements, Photographs, or Quotes

I understand the Missouri Division of Workforce Development is undertaking initiatives to promote the Division and its programs. I wish to assist in these efforts and hereby grant the Division permission as follows:

1. I hereby give the Missouri Division of Workforce Development and its authorized agents, the right to use, reproduce and distribute, in any medium, in whole or in part, written statements or quotes that I/my child may provide to the Division about the Division and its services.
2. I also give the Division the right to identify me/my child by name, and such other identifying information as the company I/my child work(s) for, my/my child's business title, and/or occupation, and I give the Division the right to use, reproduce and distribute photographs of me/my child, in connection with the use, reproduction, or distribution of my/my child's written statements or quotes.

In signing this Consent, I understand and acknowledge that:

- My/my child's photograph, name, title, and/or statement/quotes may be used by the Division in publications, multimedia productions, internet pages, displays, educational material, or advertisements for the Division of Workforce Development.
- I/my child will not receive any compensation for the use of my/my child's name, title, photograph, or written/oral statement.
- To the extent necessary to allow the Department to use, reproduce, and distribute my/my child's name, title, photograph, and statement, I waive any confidentiality rights or privileges that would otherwise prevent such use, reproduction or distribution.
- I release and forever discharges the Division of Workforce Development, it agents, and employees for any and all claims and demands arising out of or in connection with the use of my/my child's name, title, photograph, and statements.
- Said material shall be the sole property of the Division of Workforce Development or its assignees.
- I am over 18 years of age and otherwise legally competent to sign this Consent.
- I have read this Consent in its entirety and understood it prior to executing it.

SIGNATURE: _____
Participant (if 18 or over) **OR** Parent or Legal Guardian

NAME (Printed): _____

DATE: _____ ADDRESS: _____

PHONE: _____



**Missouri Disaster Recovery Jobs Program (DRJP)
Participant Orientation**

An initial orientation to the DRJP must be explained at the time of enrollment before the DRJP work experience begins. The items to be included in the orientation are:

1. Purpose of the DRJP
2. Work is temporary, which means 1,040 hours
3. Wages are the same as other employees in like positions at the Worksite that is commensurate with experience and skills
4. Work will be supervised through the Worksite and is treated as any other “regular” employment
5. Timesheets are completed by the Worksite and will be turned in to the “Employer of Record” and pay frequency
6. Disciplinary action will follow that of any other full-time employees
7. Safety equipment items (i.e. clothing, boots, goggles, etc.) must be worn as required by the Worksite and the participant is responsible for keeping track of these items
8. Safety training must be successfully completed and tetanus shots are required
9. A physical is required prior to placement at any Worksite and the physical must be “passed” to begin work
10. Complaint and grievance information
11. “Media Consent for Release of Information” form
12. DRJP staff contact person

By signing this I am attesting that program staff has reviewed the above information with me and I understand my roles and responsibilities as a program participant.

DRJP Participant Signature _____ Date _____



**Missouri Disaster Recovery Jobs Program (DRJP)
Worksite Supervisor Orientation**

As the Worksite supervisor of one or more participants, a representative has provided me with information in the following areas, and I understand and agree to:

1. Purpose of the DRJP, including but not limited to:
 - a. Work is temporary at 1,040 hours
 - b. Safety equipment issued to the participant must be tracked by the participant
 - c. No DRJP participant can begin work without proper safety training, tetanus shots, and a physical examination
 - d. DRJP participants are to be treated as any other full-time employees with regards to dress, disciplinary actions, attendance, etc. and the individual Worksite's requirements must be relayed to the participant
2. Worksite Agreement and General Assurances
3. Requirement for reporting Worksite injuries of DRJP participants
4. Responsibility to follow participant's payroll procedures
 - a. Daily recording of work hours
 - b. Timesheet completion
 - c. Timesheet submission
 - d. Payroll processing (check delivery)
5. Confidentiality
6. Complaint and grievance procedures
7. Program monitoring and my responsibilities

Program Staff Contact: _____ Phone # _____

By signing this I am attesting that program staff has reviewed the above information with me and I understand my roles and responsibilities as a Worksite supervisor.

Worksite Supervisor _____ Date _____



DRJP Participant File Review – EMPLOYED (Revised 10-31-12)

Participant Name: _____ APPID: _____

INSTRUCTIONS:

Corrections = Highlight & Individual that completes the correction dates/initials by line.
Service Notes: Use “DRJP Note” - Start with “LATE NOTE” - Reference Original Date.
Do not modify this form & Retain the original in EACH file.

Paper File:

1. Are all of the Following Forms in the Paper File with Signatures & Dates?

Participant Orientation	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____
Media Release	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____
Medical Disclaimer	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____
Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____

For above, if the participant is no longer enrolled in the DRJP, indicate “No longer employed” on “Date Corrected”.

I-9	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____
W4	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____
E-Verify Copy	<input type="checkbox"/> Yes <input type="checkbox"/> No ⇨ Date Corrected: _____

For above, if participant is no longer enrolled in the DRJP, all efforts (phone, letter, etc.) must be made and documented to collect the I-9, W4 and E-Verify. If these forms cannot be collected, consult DWD Fiscal and QA.

2. Did you remove all medical documentation and place in correct file? Yes

**Toolbox: Click on Seeker Histories (Blue Books) & Click on Core Info Tab OR
Click on Seeker & Click on Find Seeker (Binoculars)**

3. Is there a Missouri Drivers License or Missouri Non-Drivers License entered OR “Checklist A” documents in the file? Yes No ⇨ Date Corrected: _____
4. Is “Self-Entered” on Vrfy Cur Emplmt, Verify Low Inc., Vrfy Recd QA TANF, Vrfy Rcvd GA/RCA/FS/SSI? Yes No ⇨ Date Corrected: _____

Toolbox: Click on Eligibility (\$) & Click on Eligibility Tab

5. Is the NEG Employer: STORMS AND FLOODING 2011 – DISASTER NATIONAL EMERGENCY GRANT **OR** NW MO FLOODING 2011 – DISASTER NATIONAL EMERGENCY GRANT?
 Yes No ⇨ Date Corrected: _____
6. Was the participant Male AND Born On or After January 1, 1960?
 Yes No ⇨ Strike through #7 & #8
7. Is there a Selective Service Registration Number/grayed box OR DD-214/applicant statement in the paper file? Yes ⇨ Strike through #8 No
8. Is there a Selective Service Registration Number listed on www.sss.gov?
 Yes ⇨ # _____ Entered on “Other” Tab No ⇨ Date Corrected: _____
9. Is US Citizen “Yes”? Yes ⇨ Strike through #10 & #11 No

10. If US Citizen “No”, is the Alien Registration number entered? Yes ⇨ Strike through #11 No
11. If US Citizen “No”, is the Alien Documentation in the file? Yes No ⇨ Date Corrected: _____
12. Is there more than one Eligibility Record? Yes No ⇨ Strike through #13
13. Is the Eligibility Record tied to the Enrollment correct? Yes No ⇨ Date Corrected: _____

Toolbox: Click on Employment Plan (Paper/Pen) & Click on Closures Tab, Then Click Show Closed

14. Is there a DW Core Enrollment OR “Checklist B” documentation in the paper file?
 Yes ⇨ Strike through #15 - #18 No

Paper File: “Self Attestation” Form

15. Is the “Self Attestation” form complete with date and signature? Yes No ⇨ Date Corrected: _____
16. Does the “Self Attestation” form indicate long-term unemployed? Yes ⇨ Strike through #17 & #18 No
17. Is “AFFECTED BY DISASTER” checked? Yes No ⇨ Strike through #18
18. Is the required documentation date on or prior to 60 calendar days from the DRJP employment start date?
 (Documentation = Bank statement, Chamber List, DUA printout, “Affected Employer” Service Note with name of business and date employment ended which must = business close date due to disaster)
 Yes No ⇨ Date Corrected: _____

“NO” ON #14, #16 & #17 = Participant is Not Eligible for DRJP & Consult DWD Fiscal and QA

Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab

Paper File: Worksite Orientation/Safety Training Sign-In Sheet AND Earliest Timesheet

19. Did the position require a Background Check? Yes No ⇨ Strike through #20
20. Is the Background Check Service Noted during timeframe paperwork was being processed?
 Yes No ⇨ Date Corrected: _____
21. Did the position require a Drug Test? Yes No ⇨ Strike through #22
22. Is the Drug Test Service Noted with the date administered? Yes No ⇨ Date Corrected: _____
23. Did the position require a Tetanus Shot? Yes No ⇨ Strike through #24
24. Is the Tetanus Shot Service Noted with the date administered? Yes No ⇨ Date Corrected: _____
25. Did the position require a Physical? Yes No ⇨ Strike through #26
26. Is the Physical Service Noted with the date administered? Yes No ⇨ Date Corrected: _____
27. Enter the Date from the Safety Training Sign-In Sheet OR Worksite Orientation Sign-In Sheet whichever occurs first: _____
Note: There are humanitarian positions that do not require safety training and there is not a Worksite Orientation sign-in sheet. In this situation, enter the first day off the earliest timesheet.
28. Does the first day of work on the earliest Timesheet match the Date in #27?
 Yes No ⇨ Date Corrected: _____

Toolbox: Click on Employment Plan (Paper/Pen) & Click on Closures Tab, Then Click Show Closed

29. Does the DRJP Employment Service date match the Date in #27? Yes No ⇨ Date Corrected: _____

30. Did the position require Safety Training? Yes No ⇒ Strike through #31 & #32
31. Is the Safety Training Service Noted with date attended? Yes No ⇒ Date Corrected: _____
32. Does the Safety Training Service Date match the Date in #27? Yes No ⇒ Date Corrected: _____

**Toolbox: Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then Click on NEG Payroll Tab
Paper File: Keep Out Worksite Orientation/Safety Training Sign-In Sheet & All Timesheets – PUT IN ORDER**

33. Are the Timesheets complete with participant and supervisor signatures and dates?
 Yes ⇒ Strike through Remainder of #33 No ⇒ Date Corrected: _____

Flag Timesheet & List Timesheet Period(s) Missing Signature and/or Date To Be Corrected AND Participant/Supervisor Will Need to Be Contacted to Correct:

Begin Date _____ End Date _____ Begin Date _____ End Date _____
Begin Date _____ End Date _____ Begin Date _____ End Date _____

34. Do the Timesheet hours match the Payroll Screen?
 Yes ⇒ Strike through Remainder of #34 No ⇒ Date Corrected: _____

Flag Timesheet & List Timesheet Period(s) Start Date and Hours to Change AND Prepare a Change Request OR Fix on Toolbox Screen (If it can be edited):

Date: _____ Current Hours: _____ Hours to Change To: _____ Date: _____ Current Hours: _____ Hours to Change To: _____

35. Is the Payroll Tab screen at or below 1040 hours? Yes
 No ⇒ Enter Service Notes explaining & Email DWD DRJP coordinator with name, APPID, reason occurred and local process change to ensure it doesn't reoccur

Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab

36. Did the participant receive expendable items? Yes No ⇒ Strike through #37 AND #38
(Expendable = No useful life at end of employment. I.e. Boots, Jeans, Shirts for Debris Removal Positions)

37. Do the Service Notes List Each Expendable Item, Date Received and the Cost?
 Yes ⇒ Strike through Remainder of #37 No ⇒ Date Corrected: _____

List Item(s) to Service Note AND Service Note:

Item _____ Cost _____ Date Participant Received _____
Item _____ Cost _____ Date Participant Received _____

38. Was the Supportive Service Open On Day of OR Prior to Receiving Item(s)?
 Yes No ⇒ Date Corrected: _____

Toolbox: Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then on Supportive Services Tab

39. Are there any Expendable Items included on the Supportive Services Tab?
 Yes ⇒ Date Corrected: _____ No

Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab AND Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then on Supportive Services Tab

Paper File: Pull Out “Supportive Service” Form(s)

40. Are there any Service Notes, “Supportive Service” Forms, AND/OR “Supportive Service” tab entries referencing transportation reimbursement, rent, utilities, child care, car repairs or car insurance?

Yes ⇒ Complete “Non-Expendable Supportive Service” Form No

41. Are there any Needs Related Payments in the File or in Service Notes?

Yes ⇒ Complete “Needs Related Payments” Form No

Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab AND Click on Employment Plan (Paper/Pen) & Click on Closures Tab, Then Click Show Closed

Paper File: Pull Out Training Form(s)

42. Are there any Service Notes, Intensive or Training DRJP Services or Training Forms indicating participant received Intensive/Training Services?

Yes ⇒ Complete “Intensive and Training Services” Form No

43. Is the participant complete with all NEG Services and the final payroll been entered?

Yes No ⇒ Highlight 44 – 47 and Complete When Participant Completes ALL DRJP Services & the Final Payroll has been entered

44. Do all DRJP Services (that should have been entered) have an Outcome other than “Service in Error”?

Yes No ⇒ Date Corrected: _____

45. Is the NEG enrollment ended?

Yes No ⇒ Close Enrollment

46. Is the NEG Enrollment Outcome Anything Other than “Did Not Enroll” or “Enrolled in Error”?

Yes No ⇒ Date Corrected: _____

47. Is the Exit Snapshot Data Complete?

Yes No ⇒ Date Corrected: _____

48. Did You Clear the Toolbox Screen Using the “Green Door”? Yes

Original Reviewer First & Last Name – Printed

Date of Review

*Correction Processor First & Last Name – Printed

Date of Review

After mass review, send the results of consistent issues and future resolutions to the DWD NEG Coordinator & DWD QA.

**Only if changes were not completed by the “Original Reviewer”.*

NON-EXPENDABLE SUPPORTIVE SERVICES

INSTRUCTIONS:

- = Transportation Reimbursement, Rent, Utilities, Child Care, Car Repairs or Car Insurance
- Corrections = Highlight & Individual that completes the correction dates/initials by line.
- Service Notes: Use "DRJP Note" - Start with "LATE NOTE" - Reference Original Date.
- Do not modify this form & Retain the original in EACH file.

Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab

Paper File: "Supportive Service" Form(s) – PUT IN ORDER

1. Are all "Supportive Service" Forms Signed and Dated?

Yes ⇨ Strike through Remainder of #1 No ⇨ Date Corrected: _____

Flag Sheet AND List Payment Period(s) AND Participant Will Need to Be Contacted to Correct:

Begin Date _____ End Date _____ Begin Date _____ End Date _____

Begin Date _____ End Date _____ Begin Date _____ End Date _____

2. Do the "Supportive Service" Forms match the Service Notes with ALL of the following: Type of Service (i.e. transportation), Financial Assessment Statement, Timeframe for Payment, Lack of Other Community Resources and Necessary to Go Work OR Intensive/Training Service?

Yes ⇨ Strike through Remainder of #2 No ⇨ Date Corrected: _____

Flag Sheet AND List Payment Period(s):

Begin Date _____ End Date _____

Note: May require a Change Request, Service Notes and/or Contacting the Participant.

3. Do all Service Notes have a "Supportive Service" Form(s)?

Yes ⇨ Strike through Remainder of #3 No ⇨ Date Corrected: _____

List Date of Service Note Payment Indicated & Locate Form:

Date of Service Note: _____ Date of Service Note: _____

Toolbox: Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then on Supportive Services Tab

File: Keep Out All "Supportive Service" Form(s)

4. Does each payment match the "Supportive Service" tab?

Yes ⇨ Strike through Remainder of #4 No ⇨ Date Corrected: _____

Flag Sheet AND List Payment Period(s) AND Prepare a Change Request OR Fix on Screen (If it Allows):

Date: _____ Current Amount: _____ Change To: _____

Date: _____ Current Amount: _____ Change To: _____

5. Are there any transportation reimbursement payments? Yes No ⇨ Strike through #6 AND #7

6. Are all transportation reimbursements = \$0.35 a mile? Yes No ⇨ Date Corrected: _____

7. Is there a MapQuest printout for the first transportation payment? Yes No ⇒ Date Corrected: _____
8. Are there any Child Care payments? Yes No ⇒ Strike through #9 AND #10
9. Is there proof in the file of Child Care payment denial or co-payment authorization from FSD?
 Yes No ⇒ Date Corrected: _____
10. Are the payments equal to FSD co-payment OR equal to need (which must be equal to or less than allowable WIA payment amount)?
 Yes No ⇒ Date Corrected: _____
11. Are there any rent, utilities, car repairs and/or car insurance payments?
 Yes No ⇒ Strike through #12 - #14
12. Is there a Service Note or documentation in the paper file indicating: development of a budget, credit counseling or debt management?
 Yes No ⇒ Date Corrected: _____
13. Is there a car repair? Yes No ⇒ Strike through #14
14. For car repair, is the vehicle title/registered to participant and current insurance in file?
 Yes No ⇒ Date Corrected: _____
15. Is the total on the Supportive Service tab under \$1,800? Yes No ⇒ Date Corrected: _____
16. Are the supportive services in Service Notes under the \$1,800 limit?
 Yes No ⇒ Date Corrected: _____
17. Did you close Supportive Service if participant is no longer receiving? Yes
18. Was Supportive Service Open On Day of or Prior to Receiving Any Service?
 Yes No ⇒ Date Corrected: _____

Original Reviewer First & Last Name – Printed

Date of Review

*Correction Processor First & Last Name – Printed

Date of Review

**Only if changes were not completed by the "Original Reviewer".*

NEEDS-RELATED PAYMENTS (NRP)

INSTRUCTIONS:

Corrections = Highlight & Individual that completes the correction dates/initials by line.
Service Notes: Use "DRJP Note" - Start with "LATE NOTE" - Reference Original Date.
Do not modify this form & Retain the original in EACH file.

Toolbox: Click on Employment Plan (Paper/Pen) & Click on Closures Tab, Then Click Show Closed Paper File: "Supportive Service" Form(s) – PUT IN ORDER

1. Is there an Adult OR Dislocated Worker Enrollment?
 Yes No ⇒ Strike through remainder of form and consult with DWD QA & Fiscal
2. For Dislocated Worker Enrollment, was the participant enrolled in a DRJP training program by the end of the 13th week of the DRJP employment ending?
 Yes No ⇒ Strike through remainder of form and consult with DWD QA & Fiscal
3. Is the participant enrolled in a DRJP training service?
 Yes No ⇒ Enroll in DRJP Training Service and Send Change Request to Change Enrollment Date
4. Did the payments begin after being accepted into a training program AND within 30 days prior to or on training program start date?
 Yes No ⇒ Consult with DWD QA & Fiscal on Any Payments Not Meeting These Criteria
5. Are the payments equal to \$175 or the established need, whichever is less?
 Yes No ⇒ Consult with DWD QA & Fiscal on Any Payments that Exceed this Amount
6. Has the \$3 processing fee been charged (to the grant, not the participant)?
 Yes No ⇒ Region must retroactively charge fee for each payment
7. Was MO Claims checked to verify the balance is \$0?
 Yes No ⇒ Verify no UI payments and if there are payments consult DWD QA & Fiscal
8. Was training attendance verified prior to payment (i.e. grade printout, attendance sheet, email communication with professor on assignment, etc.)?
 Yes No ⇒ Verify attendance for specified payment(s) and document OR if participant did not attend, consult DWD QA & Fiscal

**Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab
Paper File: Pull Out "Supportive Service" Form(s) – PUT IN ORDER**

9. Are all "Supportive Service" Forms Signed and Dated?
 Yes ⇒ Strike through Remainder of #9 No ⇒ Date Corrected: _____
Flag Sheet AND List Payment Period(s) AND Participant Will Need to Be Contacted to Correct:
Begin Date _____ End Date _____ Begin Date _____ End Date _____
Begin Date _____ End Date _____ Begin Date _____ End Date _____

10. Do the “Supportive Service” Forms match the Service Notes with ALL of the following: Type of Service = Needs-Related Payment, Financial Assessment Statement, Timeframe for Payment, Lack of Other Community Resources and Necessary to Attend Training?

Yes ⇨ Strike through Remainder of #10 No ⇨ Date Corrected: _____

Flag Sheet AND List Payment Period(s):

Begin Date _____ End Date _____

Note: May require a Change Request, Service Notes and/or Contacting the Participant.

11. Do all Service Notes have a “Supportive Service” Form(s)?

Yes ⇨ Strike through Remainder of #11 No ⇨ Date Corrected: _____

List Date of Service Note Payment Indicated & Locate Form:

Date of Service Note: _____ Date of Service Note: _____

Toolbox: Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then on Supportive Services Tab

12. Are there any NRPs included on the Supportive Services Tab? Yes ⇨ Date Corrected: _____ No

Original Reviewer First & Last Name – Printed

Date of Review

*Correction Processor First & Last Name – Printed

Date of Review

**Only if changes were not completed by the “Original Reviewer”.*

INTENSIVE & TRAINING SERVICES

INSTRUCTIONS:

Corrections = Highlight & Individual that completes the correction dates/initials by line.
Service Notes: Use "DRJP Note" - Start with "LATE NOTE" - Reference Original Date.
Do not modify this form & Retain the original in EACH file.

Toolbox: Click on Employment Plan (Paper/Pen) & Click on Closures Tab, Then Click Show Closed Paper File: Training Form(s) – PUT IN ORDER

1. Did the participant successfully complete the DRJP employment (= Reached 1,030 hours or the Worksite closed)?
 Yes No ⇒ Strike through remainder of form and consult with DWD QA & Fiscal
2. Was the Intensive Service recorded as a DRJP Service? (Includes: DRJP Comprehensive Assessment, DRJP Full Development of an Individual Employment Plan, DRJP Group Counseling, DRJP Individual Counseling, DRJP Short-Term Prevocational Services and DRJP Internships)
 Yes No ⇒ Date Corrected: _____

Toolbox: Click on Eligibility (\$) & Click on Application Tab

3. Does the Eligibility screen have "Yes" on "Unable to Obtain Employment through Core Service"?
 Yes ⇒ Strike through #4 No
4. Do the Service Notes and/or file indicate "Unable to Obtain Employment through Core Service"?
 Yes ⇒ Change Eligibility Screen to "Yes" No ⇒ Date Corrected: _____

Toolbox: Click on Employment Plan (Paper/Pen) & Click on Employment Plan

5. Was the employment plan updated so the Intensive Service is justified?
 Yes No ⇒ Date Corrected: _____
6. Did the participant receive a Training Service paid through the DRJP? Yes No ⇒ Strike through #7-13
7. Was the employment plan updated so the Training Service is justified?
 Yes No ⇒ Date Corrected: _____
8. Was the Service recorded as a DRJP Service? (Includes: DRJP Occupational Skills Training, On-the-Job Training, DRJP Workplace Training and Cooperative Education, DRJP Entrepreneurial Training, DRJP Job Readiness Training, DRJP Adult Education and Literacy, DRJP private Sector Training Programs and DRJP Customized Training.) Yes No ⇒ Date Corrected: _____

Toolbox: Click on Eligibility (\$) & Click on Appropriateness Tab

9. Does the Appropriateness Tab indicate "Is the customer unsuccessful though intensive services and is in need of training services?" Yes No ⇒ Date Corrected: _____
10. Do the Service Notes and/or file indicate "Unable to Obtain Employment through Intensive Services?"
 Yes ⇒ Service Note (If applicable) No ⇒ Date Corrected: _____
11. Is there local LMI data in the file indicating an employment opportunity OR is there a letter from an employer guaranteeing hiring? Yes No ⇒ Date Corrected: _____
12. Was the employment plan updated so the Training is justified? Yes No ⇒ Date Corrected: _____
13. Is the training cost paid out of DRJP at or below \$10,000? Yes No ⇒ Date Corrected: _____

Original Reviewer First & Last Name – Printed

Date of Review

*Correction Processor First & Last Name – Printed

Date of Review

**Only if changes were not completed by the "Original Reviewer".*

Checklist A: Use if no MO id

SOCIAL SECURITY NUMBER (1 item from this list)

- DD-214, Report of Transfer or Discharge
- Driver's License
- Employment Records
- IRS Form Letter 1722 (See Section V)
- Pay Stub

- Social Service Agency
- Social Security Benefits
- Social Security Card
- W-2 Form

CITIZENSHIP / ALIEN STATUS (1 item from this list)

- Alien Registration Card indication Right to Work (INS Form I-151, I-94, I-688A)
- Baptismal Certificate (If Place of Birth is Shown)
- Birth Certificate
- DD-214, Report of Transfer or Discharge (If Place of Birth is Shown)
- Food Stamp Records (If Place of Birth is Shown)

- Foreign Passport Stamped Eligible to Work
- Hospital Record of Birth
- I-9
- Naturalization Certification
- Public Assistance Records (If Place of Birth is Shown)
- U.S. Passport

BIRTHDATE / AGE (1 item from this list)

- Alien Registration Card indication Right to Work
- Baptismal Record
- Birth Certificate
- DD-214, Report of Transfer or Discharge Paper
- Driver's License
- Federal, State, or Local Government Identification Card

- Foreign Passport Stamped Eligible to Work
- Hospital Record of Birth
- U.S. Passport
- School Records / Identification Card
- Social Service Agency

Checklist B: ONLY 1 Category required

DISLOCATED WORKER ACCEPTABLE DOCUMENTATION	
ELIGIBILITY CRITERIA	
<p>CATEGORY 1: Permanently Laid-Off Individual (All Three Items needed) 1. Lay-Off Status / Terminated 2. Unemployment Insurance Status 3. Unlikely to Return (UTR) to previous occupation or industry <input type="checkbox"/> N / A</p>	<p><input type="checkbox"/> (1) Employer Phone Contact (case note) <input type="checkbox"/> (1) Employer Lay-Off Letter / Termination Letter <input type="checkbox"/> (2) Unemployment benefits print out or check stub <input type="checkbox"/> (2) UI Determination Letter (3) NO DOCUMENTS NEEDED DUE TO UNEMPLOYMENT RATE</p>
<p>CATEGORY 2: Permanent Closure or Substantial Lay-Off (Document 1 of the following) 1. Permanently laid off (due to closure) 2. Permanently laid off (due to substantial lay-off) <input type="checkbox"/> N / A</p>	<p><input type="checkbox"/> (1) Employer Phone Contact (case note) <input type="checkbox"/> (1) Employer Lay-Off Letter or notice <input type="checkbox"/> (2) Employer Phone Contact (case note) <input type="checkbox"/> (2) Employer Lay-Off Letter or notice</p>
<p>CATEGORY 3: Dislocated Self-Employed (document each) 1. Evidence of Self-Employment 2. Evidence of Business Failure <input type="checkbox"/> N / A</p>	<p><input type="checkbox"/> (1) Business License or Business Tax Return <input type="checkbox"/> (1) Other Legal Document Showing Self-Employment <input type="checkbox"/> (2) Bankruptcy or Foreclosure Papers <input type="checkbox"/> (2) Bank Loan Denial (inability to secure capital) <input type="checkbox"/> (2) Disaster Declaration <input type="checkbox"/> (2) Insurance Records <input type="checkbox"/> (2) Applicant Statement</p>

DRJP Participant File Review – NOT EMPLOYED (Created 5/17/12)

Participant Name: _____ APPID: _____

INSTRUCTIONS:

Corrections = Highlight & Individual that completes the correction dates/initials by line.
Service Notes: Use “DRJP Note” - Start with “LATE NOTE” - Reference Original Date.
“CR” = Change Request. Do not modify this form & Retain the original in EACH file.

After mass review, send the results of consistent issues and future resolutions to the DWD NEG Coordinator.

1. IF “YES” ON ANY OF BELOW, USE “DRJP PARTICIPANT FILE REVIEW - EMPLOYED”

- File: Is there a timesheet? Yes No
- File: Is there a Worksite Orientation or Safety Training Sign-In Sheet? Yes No
- Toolbox: Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then on NEG Payroll Tab
 - Is there Payroll on the “Payroll” Tab? Yes No
- Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab
 - Do Service Notes Indicate Employment (Including Safety Training)? Yes No

2. Toolbox: Click on Employment Plan (Paper/Pen), Closures Tab & Then Show Closed

- Is Enrollment Closed as “Did Not Enroll” OR “Enrollment in Error”? Yes No CR
(No \$ = Enrollment in Error & \$ = Did Not Enroll)
- Are Services Closed as “Service in Error”? Yes No CR
- Is there a DW enrollment? (Toolbox = Same as #2) Yes No
 - If Yes: Is there also a DW core enrollment or Checklist B in the file?
 Yes No Date Corrected: _____

3. Did you remove all medical documentation and place in correct file? Yes

4. Did You Clear the Toolbox Screen Using the “Green Door”? Yes

Original Reviewer - Printed First & Last Name Date of Review Correction Processor – Printed First & Last Name Date of Review

DRJP Participant File Review – NOT EMPLOYED (Created 5/17/12)

Participant Name: _____ APPID: _____

INSTRUCTIONS:

Corrections = Highlight & Individual that completes the correction dates/initials by line.
Service Notes: Use “DRJP Note” - Start with “LATE NOTE” - Reference Original Date.
“CR” = Change Request. Do not modify this form & Retain the original in EACH file.

After mass review, send the results of consistent issues and future resolutions to the DWD NEG Coordinator.

5. IF “YES” ON ANY OF BELOW, USE “DRJP PARTICIPANT FILE REVIEW - EMPLOYED”

- File: Is there a timesheet? Yes No
- File: Is there a Worksite Orientation or Safety Training Sign-In Sheet? Yes No
- Toolbox: Click on Employment Plan (Paper/Pencil), Click on Progress Tab & Then on NEG Payroll Tab
 - Is there Payroll on the “Payroll” Tab? Yes No
- Toolbox: Click on Seeker Histories (Blue Books) & Click on Notes Tab
 - Do Service Notes Indicate Employment (Including Safety Training)? Yes No

6. Toolbox: Click on Employment Plan (Paper/Pen), Closures Tab & Then Show Closed

- Is Enrollment Closed as “Did Not Enroll” OR “Enrollment in Error”? Yes No CR
(No \$ = Enrollment in Error & \$ = Did Not Enroll)
- Are Services Closed as “Service in Error”? Yes No CR
- Is there a DW enrollment? (Toolbox = Same as #2) Yes No
 - If Yes: Is there also a DW core enrollment or Checklist B in the file?
 Yes No Date Corrected: _____

7. Did you remove all medical documentation and place in correct file? Yes

8. Did You Clear the Toolbox Screen Using the “Green Door”? Yes

Original Reviewer - Printed First & Last Name Date of Review Correction Processor – Printed First & Last Name Date of Review

Disaster Recovery Jobs Program (DRJP)

Bi-Weekly Report

1. Total cumulative participants enrolled in the project, to date:
2. Total participants currently working in temporary jobs:
3. Significant changes in impact, as determined by the State, not previously reported:
4. Types of activities and services being provided by participants in temporary jobs:
5. Any significant event that occurred during the reporting period:
6. Total expenditures to date:
7. The number of grantee monitoring visits to local Worksites:

HEAVY EQUIPMENT EXAMPLE

West Central Region

Justification: Heavy equipment must be leased or purchased in order to complete debris cleanup. The Counties in these areas do not have the equipment necessary to complete these projects. If the Counties do have some of the equipment, it is being used for regular maintenance and repair and not flood work. Therefore, without this equipment, these counties will not be able to complete flood work and utilize the Disaster Recovery Jobs Program (DRJP). FEMA is not reimbursing these equipment costs and if FEMA could provide the equipment with a match by the County, the counties cannot afford the up-front costs. There will not be duplication with FEMA as the Workforce Investment Board (WIB) and not the county will procure the equipment. The DWD is requesting the WIBs be granted the ability to procure the equipment listed below through the NEG.

Procurement: The West Central Region Workforce Investment Board solicited bids from vendors per local procurement policies. Murphy Tractor Co., Victor L. Phillips Co., and Fabick Cat Rental were the three vendors originally chosen to supply the equipment based upon availability and price. As supply and demand changes for equipment other vendors may be necessary to ensure we receive all the equipment necessary. The costs associated with these items may vary slightly due to current estimates of fuel and repairs.

Worksite	Work	Heavy Equipment Needs		Comments
Cherry Valley Levee District	Flood & Storm Cleanup	Skid steer tracked loader	\$5,296.00	Project Complete
		Skid steer tracked loader	\$5,296.00	
		Bulldozer	\$8,134.00	
		Dump truck 20 ton	\$11,322.00	
Wakenda Levee District	Flood & Storm Cleanup	Tracked Excavator	\$13,098.00	
		Track Skid Steer Loader	\$9,930.00	
		25 Ton Articulating Dump Truck	\$20,293.00	
		25 Ton Articulating Dump Truck	\$20,293.00	
Malta Bend Levee District	Flood & Storm Cleanup	Tracked Excavator	\$7,828.00	
		Tracked Excavator	\$7,828.00	
		Bulldozer	\$8,134.00	
		Bulldozer	\$8,134.00	
Saline/Lafayette Levee District	Flood & Storm Cleanup	Tracked Excavator	\$28,708.00	Need additional time to complete project.
		Tracked Excavator	\$28,708.00	
		Dump truck 20 ton	\$25,700.00	
		Dump truck 20 ton	\$25,700.00	
		Dump truck 20 ton	\$25,700.00	
		Dump truck 20 ton	\$25,699.00	
City of Waverly	Flood & Storm Cleanup	Tracked Excavator	\$10,828.00	Project Complete
		Dump truck 20 ton	\$11,322.00	
		Wheeled high loader	\$7,749.00	
			\$315,700.00	

HEAVY EQUIPMENT EXAMPLE

Kansas City Region

Justification: Heavy equipment must be leased or purchased in order to complete debris cleanup. The Counties in these areas do not have the equipment necessary to complete these projects. If the Counties do have some of the equipment, it is being used for regular maintenance and repair and not flood work. Therefore, without this equipment, these counties will not be able to complete flood work and utilize the Disaster Recovery Jobs Program (DRJP). FEMA is not reimbursing these equipment costs and if FEMA could provide the equipment with a match by the County, the counties cannot afford the up-front costs. There will not be duplication with FEMA as the Workforce Investment Board (WIB) and not the county will procure the equipment. The DWD is requesting the WIB be granted the ability to procure the equipment listed below through the NEG.

Procurement: The Full Employment Council (FEC) solicited bids from vendors per local procurement policies. ADH, PRS, Hertz, John Deere and United Rental were the three vendors originally chosen to supply the equipment based upon availability and price. As supply and demand changes for equipment other vendors may be necessary to ensure we receive all the equipment necessary. The costs associated with these items may vary slightly due to current estimates of fuel and repairs.

Worksite	Work	Heavy Equipment Needs		Remarks
English Landing Park (Platte County)	Flood Cleanup & Restoration	Skid Loader(s) w/Attachments	\$ 25,700.00	
		Dingo(s) with attachments	\$ 16,680.00	
Platte Landing Park (Platte County)	Flood Cleanup & Restoration	Skid Loader(s) w/ Attachments	\$ 11,920.00	<i>new worksite</i>
		Dump Truck(s)	\$ 16,170.00	<i>new worksite</i>
Kenney Creek (Ray County)	Flood & Storm Cleanup	Track Hoes	\$ 75,920.00	
		Skid Loader w/ Attachment(s)	\$ 45,236.00	
		1 Dump Trucks	\$ 30,636.00	
		12" Wood Chipper	\$ 12,160.00	
		15 passenger van	\$ 12,285.00	
Crooked River (Ray County)	Flood & Storm Cleanup	1 Track Hoe	\$ 22,980.00	<i>new worksite</i>
		1 Skid Loader/Bucket	\$ 14,853.60	<i>new worksite</i>
		1 Dump Truck [14 CU]	\$ 11,232.00	<i>new worksite</i>
		12" Wood Chipper	\$ 6,080.00	<i>new worksite</i>
			\$301,852.60	

Wages over \$12,000 Example

NORTHWEST REGION POSITIONS EXCEEDING \$12,000

County	Worksite	Position Name	Starting Wage	Total Positions Needed	Justification
Holt	South Union Road District	Laborer I	\$12.00	1.38	With the exception of the clerks, these positions are necessary for direct debris cleanup functions. The wages are based on what the County employees in like-positions are earning at entry level. For the clerks, these positions are assisting with flood-related debris cleanup coordination.
		Laborer II	\$14.00	0.46	
	Big Tarkio Drainage District	Laborer I	\$12.00	0.69	
Supervisor		\$14.00	0.23		
Buchanan	Rosecrans Memorial Airport	Laborer I	\$15.12	0.15	
		Supervisor	\$22.62	0.15	
		Driver	\$18.69	0.31	
		Equipment Operator	\$18.69	0.15	
	Riverfront Memorial Airport	Laborer I	\$11.83	3.08	
		Supervisor	\$16.86	0.77	
Mo-Kan	Case Manager	\$12.00	1.46		
Lewis and Clark State Park	Concrete Laborer		\$14.50	0.62	
City of St. Joseph- Mud Lake Rd	Laborer I		\$14.71	0.92	
Atchison	North Nishnabotana Drainage District	Laborer I	\$16.00	0.08	

These are partial positions as the participants go from Worksite to Worksite as projects are completed.

WORKSITE AGREEMENT CHECKLIST

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| 1. *Employer Information Completed? | YES | NO | N/A |
| a. Company Name: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. FEIN: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Address: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. City, State, Zip: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Telephone Number: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Contact Person: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Collective Bargaining Agent (if Applicable): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If Worksite is government or private non-profit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Worksite Information Completed? | YES | NO | N/A |
| a. Position Titles: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Number of Positions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Supervisor Titles: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employer/Authorized Representative Signature Block Complete? | YES | NO | N/A |
| a. Signature: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Type/Print Name: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Title: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Authorized Agency Signature Block Complete? | YES | NO | N/A |
| a. Signature: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Type/Print Name: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Title: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Where the "General Assurances" explained to the Worksite/Employer? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| 6. Was the Worksite/Employer signatory appropriate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

Reviewer Comments:

*Also referred to as the Worksite.

OVERALL WORKSITE REVIEW

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is there adequate supervision of the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the crew leaders receive orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the crew leaders available to the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an effective working relationship between the Worksite supervisors, crew leads, participants, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are task assignments effective in providing continuous and meaningful work for the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do the participants have adequate tools to do the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are time sheets being submitted correctly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do crew leads and participants sign the time sheets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there an accident report completed each time a participant is involved in an accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all participants dressed appropriately (crew members and crew leads)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there evidence of discrimination experienced by the participants at the Worksite? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have there been any complaints filed by participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the equipment at the Worksite safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are safety procedures being followed such as wearing safety glasses, gloves, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the following available: | | |
| Drinking water? | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Kit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are daily site inspections being completed prior to work beginning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is any of the personal protective equipment (PPE) being used defective or damaged? | <input type="checkbox"/> | <input type="checkbox"/> |

MONITOR'S OBSERVATIONS _____

WORKSITE SUPERVISOR INTERVIEW

Date: _____ Person interviewed: _____

1. What type of work are you doing with the DRJP Program? _____

2. What are the work duties of the crew members? _____

3. Are the crew members doing the type of work originally planned
in the Worksite Agreement? YES NO

4. Are the crew members able to perform the work being scheduled? YES NO

5. Are you familiar with any special needs the crew members may have? YES NO

Comments: _____

6. Do you feel objectives can be achieved at this Worksite? YES NO

Comments: _____

7. Do the crew members follow instructions? YES NO

8. Do the crew members work well together? YES NO

9. Do crew members receive feedback on their progress from you? Verbal Formal NO

10. How is attendance? _____

11. Does the work begin on time? YES NO

12. Are crew members receiving their breaks as scheduled? YES NO

13. As a supervisor do you sign and approve the crew member's time sheets? YES NO

14. Are the timesheets up-to-date? YES NO

15. Are all safety requirements being met? YES NO

16. What is your perception of the program thus far? _____

17. Any additional comments? _____

CREW MEMBER SURVEY

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you pass a physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive a tetanus shot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you receive a Worksite Orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the Worksite Orientation include the following: | | |
| Attendance Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Expectations on the Job | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

CREW MEMBER SURVEY

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you pass a physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive a tetanus shot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you receive a Worksite Orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the Worksite Orientation include the following: | | |
| Attendance Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Expectations on the Job | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

CREW MEMBER SURVEY

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you pass a physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive a tetanus shot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you receive a Worksite Orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the Worksite Orientation include the following: | | |
| Attendance Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Expectations on the Job | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

CREW MEMBER SURVEY

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you pass a physical? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did you receive a tetanus shot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you receive a Worksite Orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the Worksite Orientation include the following: | | |
| Attendance Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Expectations on the Job | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

CREW MEMBER INTERVIEW

1. What type of work are you doing with the DRJP? _____

2. How has your attendance been? _____

3. Do you receive feedback on progress? Verbal Formal NO

YES NO

4. Are you currently looking for employment?

5. Are you able to perform the work being scheduled?

6. Do you have any special needs that need to be addressed?

Comments: _____

7. Do you feel the objectives can be achieved at this Worksite?

Comments: _____

8. Has your crew leader been available to you?

9. Do you have any problems with fellow crew members?

If yes, please explain: _____

10. How has your attendance been? _____

11. Does the work begin on time?

12. Are you receiving your breaks as scheduled?

13. Do you sign and verify your time sheet daily?

14. Do you feel safety requirements are being met?

15. Do you feel you are able to communicate with your supervisor?

16. Do you have a clear understanding of your responsibilities being
involved in this program?

17. Do you have any questions or concerns about your participation? _____

18. What is your perception of the program thus far? _____

COMMENTS: _____

WORKSITE AGREEMENT CHECKLIST

- | | | | |
|---|--------------------------|--------------------------|-----------------------------|
| 1. *Employer Information Completed? | YES | NO | N/A |
| a. Company Name: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. FEIN: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Address: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. City, State, Zip: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Telephone Number: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Contact Person: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Collective Bargaining Agent (if Applicable): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. If Worksite is government or private non-profit: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Worksite Information Completed? | YES | NO | N/A |
| a. Position Titles: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Number of Positions: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Supervisor Titles: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employer/Authorized Representative Signature Block Complete? | YES | NO | N/A |
| a. Signature: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Type/Print Name: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Title: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Authorized Agency Signature Block Complete? | YES | NO | N/A |
| a. Signature: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Type/Print Name: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Title: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Date: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Where the "General Assurances" explained to the Worksite/Employer? | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Was the Worksite/Employer signatory appropriate? | YES | <input type="checkbox"/> | NO <input type="checkbox"/> |

Reviewer Comments:

*Also referred to as the Worksite.

OVERALL WORKSITE REVIEW

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is there adequate supervision of the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the Worksite supervisor receive orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the supervisor available to the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an effective working relationship between the Worksite supervisors, participants, other employees etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are task assignments effective in providing continuous and meaningful work for the participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do the participants have adequate supplies/resources to do the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are time sheets being submitted correctly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do the supervisor and participant sign the time sheets? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there an accident report completed each time a participant is involved in an accident? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all participants dressed appropriately? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there evidence of discrimination experienced by the participants at the Worksite? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have there been any complaints filed by participants? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are safety procedures being followed? (If applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the following available: | | |
| Drinking water? | <input type="checkbox"/> | <input type="checkbox"/> |
| Restrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Kit? | <input type="checkbox"/> | <input type="checkbox"/> |

MONITOR'S OBSERVATIONS _____

WORKSITE SUPERVISOR INTERVIEW

Date: _____ Person interviewed: _____

1. What type of work are you doing with the DRJP Program? _____

2. What are the work duties of the participants? _____

3. Are the crew members doing the type of work originally planned
in the Worksite Agreement? YES NO

4. Are the participants able to perform the work being scheduled? YES NO

5. Are you familiar with any special needs the participants may have? YES NO

Comments: _____

6. Do you feel objectives can be achieved at this Worksite? YES NO

Comments: _____

7. Do the participants follow instructions? YES NO

8. Do the participants work well together? YES NO

9. Do participants receive feedback on their progress from you? Verbal Formal NO

10. How is attendance? _____

11. Does the work begin on time? YES NO

12. Are participants receiving their breaks as scheduled? YES NO

13. As a supervisor do you sign and approve the crew member's time sheets? YES NO

14. Are the timesheets up-to-date? YES NO

15. Are all safety requirements being met? YES NO

16. What is your perception of the program thus far? _____

17. Any additional comments? _____

PARTICIPANT SURVEY

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did you receive a Worksite Orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the Worksite Orientation include the following: | | |
| Attendance Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Expectations on the Job | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you being treated in the same manner as other employees? | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

PARTICIPANT SURVEY

Name: _____ Employment Start Date: _____

Hours Worked Per Day: _____ Hours Worked Per Week: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Did you receive a Worksite Orientation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the Worksite Orientation include the following: | | |
| Attendance Policy | <input type="checkbox"/> | <input type="checkbox"/> |
| Grievance Procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| Dress Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplinary Code | <input type="checkbox"/> | <input type="checkbox"/> |
| Expectations on the Job | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you being treated in the same manner as other employees? | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: _____

PARTICIPANT INTERVIEW

1. What type of work are you doing with the DRJP? _____

2. How has your attendance been? _____

3. Do you receive feedback on progress? Verbal Formal NO

4. Are you currently looking for employment? YES NO

5. Are you able to perform the work being scheduled?

6. Do you have any special needs that need to be addressed?

Comments: _____

7. Do you feel the objectives can be achieved at this Worksite?

Comments: _____

8. Has your Worksite supervisor been available to you?

9. Do you have any problems with fellow participants or other employees?

If yes, please explain: _____

10. How has your attendance been? _____

11. Does the work begin on time?

12. Are you receiving your breaks as scheduled?

13. Do you sign and verify your time sheet daily?

14. Do you feel safety requirements are being met?

15. Do you feel you are able to communicate with your supervisor?

16. Do you have a clear understanding of your responsibilities being
involved in this program?

17. Do you have any questions or concerns about your participation? _____

18. What is your perception of the program thus far? _____

COMMENTS: _____

“US DOL Quarterly Report” Example



U.S. Department of Labor
Employment and Training Administration

OMB Approval No. 1205-0439
Expiration date: 07/31/2013

Quarterly Report Form

Grantee: Missouri Division of Workforce Development
Grant: EM-21501-11-60-A-29
Project Type: Disaster - Temp. Jobs
Project ID: MO-34
Project Name: Severe Storms, Tomadoes & Flooding 2011
Grant Quarter: 1
Performance Period Covered by this Report: 05/23/2011 through 06/30/2011

Receiving Intensive Services	0
Enrolled In NEG-Funded Training	0
Receiving NEG-Funded Supportive Services	14
Receiving Needs-Related Payments	0
Employed In Temp. Disaster Relief Asst.	285
Exits	0
Entering Employment At Exit	0
Total Participants	285
NRPs	\$0
Supportive Services	\$0
Program Management & Oversight	
Admin Excluding NRP Processing*	\$15,680
NRP Processing	\$0
Other	\$77,202
Total -- Program Management and Oversight	\$92,882
Indirect	\$0
Other	\$0
Total Expenditures: Grantee Level	\$92,882
Participant Wages	\$95,178
Participant FBs	\$0
Core and Intensive Services	\$0
NEG-Funded Training	\$0
NEG-Funded Supportive Services	\$3,718
NRPs	\$0
Program Management & Oversight	
Administration, excl. NRP Processing	\$1,676
Other	\$0
	\$1,676

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US DOL Quarterly Report Example (cont...)

Other	\$48,938
Total Expenditures: Project Operator Level	\$149,508
Total Expenditures: Grantee and Project Operator	\$242,390

This report certified by: Julie Gibson
Accepted by DOL (10/14/2011)

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control number. Respondents' obligation to complete this form is required to obtain or retain benefits (PL: 107-210). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate to the U.S. Department of Labor, Office of National Response, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

ETA Form 9104(March 2004)
Previous versions usable