





REVISED AGENDA

Orange County Workforce Development Board Youth Committee Meeting

February 2, 2023 9:00 A.M.

workforce.ocgov.com

*Pursuant to Government Code Section 54953(e)(1), as amended by AB 361, this meeting will be held by zoom. Members of the public may observe and address the meeting telephonically. To attend the meeting via teleconference please call:

Dial (for higher quality, dial a number based on your current location):
US: +1 720 707 2699 or +1 253 215 8782 or +1 346 248 7799 or +1 646 558 8656 or +1 301 715 8592 or +1 312 626 6799

Webinar ID: 841 6722 0672 / Link to meeting: https://us06web.zoom.us/j/84167220672

**In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify the Orange County Community Services office 72 hours prior to the meeting at (714) 480-6500.

The Board encourages your participation. If you wish to speak you may do so during Public Comment. To speak during Public Comment, press *9 following the Chair's invitation from the public to speak. Once acknowledged and prompted by the Chair, you may begin to speak. Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Council, please state your name for the record prior to providing your comments.

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing in the agenda. Members of the public that wish to send comments or speak on an item(s) may send a completed Speaker Request Form(s) identifying the items and send them to <a href="https://occ.org/commons.

Materials/handouts can be requested up to 72 hours in advance of the meeting by visiting https://www.occommunityservices.org/cid/oc-workforce-development-board

This WIOA Title I financially assisted program or activity is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY users, please call the California Relay Service (800) 735-2922 or 711. If you need special assistance to participate in this program, please contact 714-480-6500 at least 72 hours prior to the event to allow reasonable arrangements to be made to ensure program accessibility.

AGENDA February 2, 2023

AGENDA:

- 1. CALL TO ORDER: Chair John Luker
- 2. PLEDGE OF ALLEGIANCE
- 3. BOARD MEMBER ROLL CALL: OC Community Services Representative

4. PUBLIC COMMENT:

At this time, members of the public may address the Youth Committee regarding any items within the subject jurisdiction, provided that no action is taken on off-agenda items unless authorized by law. (Comments shall be limited to three (3) minutes, unless the Chair pre-identifies a different time at the start of meeting for all public speakers).

ACTION ITEM(S):

5. OCWDB WORK EXPERIENCE POLICY

Recommendation: Review and approve OCWDB Work Experience Policy for submission to the Executive Committee and OC Workforce Development Full Board for review and final approval.

6. OCWDB SUPPORT SERVICES POLICY

Recommendation: Review and approve OCWDB Support Services Policy for submission to the Executive Committee and OC Workforce Development Full Board for review and final approval.

7. YOUTH PROGRAM SPECIAL INITIATIVE

Recommendation: Review and approve Youth Program Special Initiative for submission to the Executive Committee and OC Workforce Development Full Board for review and final approval.

INFORMATION ITEM(S):

- 8. PROGRAM PERFORMANCE
 - A. READY SET OC QUARTER 2 PERFORMANCE REPORT
 - B. SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS)

 QUARTER 2 PERFORMANCE REPORT
- YOUTH PROGRAM STAFF UPDATES
 - A. YOUTH WITH IMPACT
 - B. 2-1-1 OC
 - C. FINANCIAL LITERACY
 - D. SUMMER TRAINING AND EMPLOYMENT PROGRAM FOR STUDENTS (STEPS)
 - E. JUSTICE INVOLVED YOUTH (MOB, Probation, Parole)
- 10. LOCATION UPDATES
 - A. ORANGEWOOD FOUNDATION
 - B. MANCHESTER OFFICE BUILDING

- C. GARDEN GROVE ONE-STOP
- D. ORANGE COUNTY ONE-STOP MOBILE UNIT
- 11. SUCCESS STORIES
- 12. REGIONAL INITIATIVES & COMPREHENSIVE ECONOMIC DEVELOPMENT STRATEGY (CEDS) OVERVIEW
 - A. Regional 4.0 Grant Report
 - B. Orange Workforce Alliance
 - C. Community Economic Resilience Fund (CERF)
 - D. Orange County Industry Sector
 - E. Comprehensive Economic Development Strategy (CEDS)
- 13. GRANT MATRIX
 - A. OCWDB Subgrant Agreement(s) PY21/22, PY22/23
 - i. AA111023
 - ii. AA211023
 - iii. AA311023
 - B. WIOA Summary of Expenditures (October December 2022)
 - i. October 2022
 - ii. November 2022
 - iii. December 2022
 - C. CA Microbusiness COVID-19 Relief Grant
 - D. Career DLW Financial Report
- 14. EDD COMPLIANCE / AUDIT UPDATES
- 15. DISCUSS PY 24/25 PROCUREMENT COST REIMBURSEMENT VS. P4P VS. PERFORMANCE BASED CONTRACTS
- 16. OPEN DISCUSSION

At this time, members of this Subcommittee may comment on agenda or non-agenda matters provided that NO action may be taken on off-agenda items unless authorized by law.

ADJOURNMENT

DISCLAIMER: No member of the Orange County Workforce Development Board (OCWDB) shall sign a letter or make a statement purported to represent the position of OCWDB as a body. Letters or verbal statements of support or opposition on any issue shall only be made or signed by the Chair of OCWDB and shall be submitted to the Board for approval. The policy of the Board of Supervisors does not allow OCWDB or its Chair to sign a letter of position on any matters pertaining to legislation. OCWDB members may write personal letters or speak as individuals stating personal positions but may not do so as representing the position or opinion of OCWDB.



DYLAN WRIGHT
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1300 SOUTH GRAND BLDG. B, FIRST FLOOR SANTA ANA, CA 92705 PHONE: 714.480.6500 FAX: 714.567-7132

CCCommunity Resources

Revised: PENDING OCWDB Approval

August 21, 2020 Effective: July 24, 2019

To: All WIOA Subrecipients of the Orange County

Development Board

From: Carma Lacy

Director of Workforce Development

Subject: Work Experience Policy

Information Notice No. 22-OCWDB-06

Supersedes Information No. 17-OCDB-21, 20-OCWDB-10,

20-OCWDB-13

PURPOSE

This policy provides guidance on paid and unpaid Work Experience (WEX) for the Adult, Dislocated Worker and Youth programs under Title I of the Workforce Innovation and Opportunity Act (WIOA) and specialized programs.

EFFECTIVE DATE

This policy is effective on the date of issuance.

REFERENCES

- WIOA, Pub. L. 113-128, Sections 129, 134, 181 and 188
- 20 CFR 200 Parts 603, 681.590, 681.600 and 681.610
- Fair Labor Standards Act of 1938, 52 Stat. 1060, 29 U.S.C. 201 et seq.
- CA Education Code (EDC) 49100 49200
- CA Labor Code 1286 (c), 1294.1(b), 1299, 1391-1392
- USDOL, Training and Employment Guidance Letter (TEGL) No. 12-09, Joint Guidance for States Seeking to Implement Subsidized Work-Based Training Programs for Unemployed Workers (January 29, 2010)
- DOL TEGL No. 23-14, WIOA Youth Program Transition (March 26, 2015)
- USDOL, U.S. Secretary's Commission on Achieving Necessary Skills, A SCANS Report for America 2000, (June 1991)
- I.R.S. Revenue Ruling 75-246, 1975-1 C.B. 24, Scenarios distinguish between amounts paid in connection with trainingexcludable under general welfare exception-and amounts paid in connection with services

BACKGROUND

A Work Experience (WEX) is a planned, structured, contractual learning experience in a workplace for a limited period of time. A Work Experience is a career service that provides participants with opportunities for career exploration and skill development, must include academic and occupational education concurrently or sequentially, and is linked to a potential career choice.

Definitions

<u>Incentive</u> - Remuneration to participants for successful participation and achievement of expected outcomes as defined in the Individual Education/Employment Plan (IEP).

<u>Individual Employment Plan (IEP)</u> - An individualized career service that is developed jointly by the participant and career planner. The plan is an ongoing strategy to identify employment goals, achievement objectives, and an appropriate combination of services for the participant to achieve the employment goals.

<u>Internship</u> - A system of gaining on-the-job experience by placement in a work environment for a period of time with the goal to build technical and job awareness skills. Internships may be paid or unpaid.

<u>Job shadowing</u> - A short-term unpaid activity which introduces a participant to the workplace and provides exposure to occupational areas of interest to increase career awareness.

On-the-job training (OJT) - Training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- Provides knowledge or skills essential to the full and adequate performance of the job;
- 2. Is made available through a program that provides reimbursement to the employer of a percentage of the wage rate of the participant; and
- 3. Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, prior work experience of the participant, and the service strategy for the participant.

<u>Transitional Jobs</u> – Transitional jobs are a type of paid work-experience that are time-limited and are designed to enable an individual to establish a work history, demonstrate work success in an employee-employer relationship, and develop the skills that lead to unsubsidized employment. These jobs can be in the public, private, or nonprofit sectors.

Policy and Procedures

A Work Experience must be related to the participant's long-term employment goal. The assessment process and development of the Individual Employment Plan (IEP) helps to identify appropriate worksites for each participant. Work experience should help the participant gain the competencies and experience needed to meet local employer demands. In determining an appropriate length of time, consideration should be given to the skill requirement of the position, the academic and occupational skills level of the participant, prior work experience, and the participant's IEP. The assessment process may identify concerns or issues that should be addressed prior to, or concurrently with a Work Experience. Service Provider Case Managers must make appropriate referrals if such issues are identified.

Work Experience is designed to promote the development of good work habits and basic work skills for individuals who have never worked, have very limited occupational exposure or have been out of the labor force for an extended period of time. Work Experiences should enable

adults, dislocated workers, and youth to gain exposure to the working world and its requirements.

Work Experience is paid or unpaid and may include, but is not limited to, internship and job shadowing. It may be in the private for-profit sector, the non-profit sector or the public sector. It is not designed to replace an existing employee or position. Work Experience wages are paid directly to the Work Experience participant and not the Work Experience employer. Employers are not monetarily compensated. Work experience, including internships, in the private for-profit sector must be structured so as not to appear to be subsidizing private for-profit operations. The work of the participant should not materially impact the profit margin of a private-for-profit company.

Participant Eligibility

All Work Experience participants must meet WIOA program eligibility requirements, be enrolled into the respective WIOA program, and have received an assessment resulting in the development of an IEP that documents the participant's need and benefit of having Work Experience. A Work Experience is not intended for long-term skill building within the occupation, but rather as an entry step for the participant to explore the occupation, develop their skills, gain work history and references. A likely candidate for work experience is a participant who is appropriate for long term employment in a particular industry or occupation but does not have all of the skills or the experience to qualify for entry-level employment in the field. The education component must be documented on the Training Plan, Individual Employment Plan (IEP) and in CalJOBs for those programs that utilize it.

Non-WIOA Funded participants must adhere to the participant eligibility standards as identified by the funding source.

Determining "Trainee" versus "Employee"

Work experience may be paid or unpaid. It is expected that work experience will be paid in most cases and the federal Fair Labor Standards Act (FLSA) will apply in any situation where an employer/employee relationship exists. WIOA participants are subject to the requirements of the FLSA to the extent that the activities performed in the work experience constitute employment.

According to the Wage and Hour Division of the U.S. Department of Labor, Employment Standards Administration, if <u>all</u> of the following six (6) items exist, the work experience can be considered a "training" situation and an employment relationship does not exist under the FLSA:

- 1. The training, even though it includes actual operation of the facilities of the work experience provider is essentially a training experience similar to a vocational school;
- 2. The participant is primarily the beneficiary of the experience;
- 3. Regular employees are not displaced, and the experience is closely supervised/observed:
- 4. The work experience provider that hosts the experience derives no immediate or significant advantage (and may even be adversely impacted);
- 5. The participant is not guaranteed a job at the conclusion of the experience; and
- 6. There is mutual understanding between the participant and the host agency that the participant is not entitled to wages for this time because the activity is essentially a training experience.

If the participant is a "trainee" and an employment relationship does not exist under the FLSA, the FLSA's minimum wage and overtime provisions do not apply to the participant.

If the participant is engaged in the primary operations of the work experience provider and is performing productive work (for example, filing, performing other clerical work, or assisting customers), then the participant is receiving some benefits in the form of a new skill or improved work habits and is unlikely a trainee. If the worksite uses the participant as a substitute for regular full time or part time employees, it is more likely that the participants are employees as opposed to trainees. Also, if the work experience provider would have needed to hire additional employees or require overtime had the participants not performed the work, then the participants are likely employees.

Unpaid Work Experience

Unpaid work experience activity exposes participants to the working environment and an individual does not expect payment for tasks performed. An employer and employee relationship must not exist, which means that all six conditions listed in the Determining "Trainee" versus "Employee" section of this policy letter must be met. The use of unpaid work experience should be limited.

Unpaid work experience may include job shadowing. A participant experiences the work environment to increase career awareness, observe models of behavior on the job through examples, and receives help in making career decisions. Job shadowing can reinforce the link between classroom learning and work requirements. Job shadowing is limited and allows participants to observe only.

If the employer is providing job shadowing opportunities whereby the participant learns certain functions under the close and constant supervision of regular employees, but performs no or minimal work, this type of activity is more likely to be a bona fide training program. However, if the participant receives the same level of supervision as employees, this would suggest an employment relationship.

General Work Experience Requirements

- Worksites
 - OC Workforce Development Board's (OCWDB) Business Solutions are to select worksites based on Orange County's in-demand industry sectors;
 - OCWDB Business Solutions shall develop and maintain a pool of worksites that provide a wide range of training opportunities to the participants and enhance their skills development;
 - The list of worksites shall include the following information:
 - Name and address of employer/worksite
 - o Name, position title, email address and phone number of supervisor
 - Status: Active, In Progress, or Inactive
 - For active worksites: name of participants placed, cumulative number of actual hours completed, actual start date and anticipated/actual end date
 - Worksites must follow all labor standards in any Work Experience with an employee/employer relationship, as defined by the Fair Labor Standards Act or applicable State law;
 - OCWDB Business Solutions will identify and evaluate worksites to determine
 the appropriateness of utilizing the employer for work experiences. The
 evaluation components should include provisions of the worksite agreement
 such as safety, labor law requirements, status of layoffs, etc. In addition, it
 should evaluate age appropriateness and level of exposure to work readiness
 and job skills, type of supervision available, as well as review the previous
 work experience placements at the same location.

Potential worksite employers should also demonstrate a commitment to helping participants receive the experience and training needed to meet their goals. As part of participation, these employers should be willing to work closely with OCWDB Business Solutions, especially since participants have barriers to employment. Proper worksite supervision should be one of the factors that are reviewed prior to placement of the participant in the activity.

Individuals who have been hired by a worksite and subsequently referred to OCWDB Business Solutions are not to be considered for the Work Experience activity. The worksite should commit to the individual training with the belief that the individual is fully capable of performing the tasks required with little or no assistance.

A Work Experience agreement must not be executed with an employer who has received payments under previous work-based services and the employer has exhibited a pattern of failing to provide a positive Work Experience. This includes those employers for On-the-Job Trainings (OJT) where a participant was not provided continued long-term employment, wages, benefits, and working conditions that are not equal to those provided to similarly situated employees.

2. Worksite Agreement & Work-Based Training Plan

- A worksite agreement shall be fully executed between worksite, Service Provider Site Manager, OCWDB staff, Employer of Record representative and participant before a participant is allowed to start.
- A worksite agreement template (Attachment I) provided by the OCWDB shall be used.
- A copy of the signed Worksite Agreement (Attachment I), Work-Based Training Plan (Attachment II) and timesheets (See Attachment III: Model Timesheet) will be kept in the participant file (hard copy and electronically).
- At minimum, the work site agreement shall provide the following:
 - Names and contact information of all parties
 - Names and titles of all employer staff authorized to sign the participant's timesheet
 - Responsibilities and expectations of the participant, the Worksite/Employer and Provider staff
 - The job title, wage, detailed list of specific skills to be learned, timeline and benchmarks to be achieved, weekly schedule, and number of hours to be completed with the participant as outlined in the Work-Based Training Plan (See Attachment II).
 - Worksite will regularly submit timesheet of participants
 - Worksite will provide regular written evaluation of participants
 - Worksite will provide a written job description and responsibilities to participant
 - Identification of the legal requirements that must be met, including worksite safety requirements
 - Statement informing the worksite that they may be subject to worksite monitoring by both the local and State representatives, as well as regular visitations by OCWDB Business Solutions
 - Provision of termination of the agreement/contract for non-performance or failure to meet the requirements of the agreement/contract
 - Non-discrimination and equal opportunity clauses
 - Statement that the activity will not displace employees

- Statement that participants must not be engaged in sectarian activities
- Other information, relative to the specific activities
- Signatures and dates from the worksite, Service Provider Site Manager,
 OCWDB staff, Employer of Record representative, and participant

3. Wages and Hour Limits

(These requirements apply to all programs except for the Youth Program and special grant programs as described in the sections below.)

- Worksite placement is limited to a timeframe of three weeks to twelve weeks.
 The exact duration will be based on appropriation for the participant's employment goals, background and skill level as reflected in the IEP.
- OCWDB Business Solutions shall allow for at least fifteen hours a week of work, but no more than 30 hours and not to exceed 120 hours per month. More than 120 hours in a month will require approval from the Orange County Director of Workforce Development.
- Pay an hourly wage at a rate of pay that meets at least the California minimum hourly wage and at the same rates as similarly situated employees or trainees, subject to the Fair Labor Standards Act
- The maximum allotment for a participant's wage is \$6,200.00. If it is determined necessary for a participant to receive hours or wages exceeding the maximum allotment, the OCWDB Business Solutions must request advance approval from the Orange County Director of Workforce Development.
- Service Providers may only use up to 10 percent of adult and dislocated worker formula funds for Work Experience and Transitional Jobs.
- Availability of additional funding may also be cause for changes and/or exemptions to this policy.

4. Worksite Monitoring

- OCWDB Business Solutions will conduct worksite monitoring with each active
 worksite at least twice per program year and complete WEX Desk Procedure
 Attachment III: Worksite Monitoring Form. Active worksites shall be monitored
 by OCWDB staff and the OCWDB Business Solutions to ensure compliance
 with the Worksite Agreement & Training Plan.
- OCWDB Business Solutions will conduct an annual on-site visit to complete the Initial Worksite Evaluation Form to ensure they remain in compliance
- Results of the monitoring review shall be documented, filed and made available to the OCWDB, state, or federal staff upon request.
- Any worksite that demonstrates a pattern of non-compliance shall not continue as a worksite.
- Where a waiver of any OCWDB policy provisions is needed, a formal waiver request must be approved by the Orange County Director of Workforce Development before any Worksite Agreement is executed.

5. Timesheets

- Participants in a work experience will be hired and compensated by the County of Orange Contracted Employer of Record and/or by Third-Party Employer of Record
- County of Orange Contracted Employer of Record and/or Third-Party Employer
 of Record covers a participant's wages, Federal Insurance Contributions Act
 (FICA) and workers compensation. Work Experience participants do not receive

- benefits such as health care, 401K, paid-time off, overtime, etc. The employer of record will be responsible for paying all taxes.
- Payroll must be strictly based on timesheets completed by the participants, reviewed and signed by the Supervisor and duly approved by designated Service Provider Staff for payment. (See Attachment III - Model Timesheet).
- All timesheets must be kept in the participant's file (hard copy and electronically).

6. Work-Based Training Plan

A Work-Based Training Plan shall be completed for every participant prior to starting any Work Experience assignment and will accompany the Worksite Agreement. All Work-Based Training Plan documents will be kept in the participants' file.

Requirements specific to WIOA youth programs

A Work Experience is one of the 14 Youth service elements that must be made available to all registered participants and should be offered throughout the program year. Work Experiences are arranged in conjunction with OCWDB Business Solutions, and businesses in the community. A Work Experience is established on an individual basis.

The primary intent of Work Experience is to help the participant(s) understand proper workplace behavior and what is necessary in order to attain and retain employment. Work Experiences should help participants(s) acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. Work Experience can serve as a stepping-stone to unsubsidized employment and is an important step in the process of developing a career pathway. All Work Experiences should expose participant(s) to realistic working conditions and task as much as possible. OCWDB Business Solutions are encouraged to identify a worksite mentor that the participant can meet with on a structured basis, to assist with answering questions and addressing concerns. The mentor should be someone who is comfortable offering guidance, support and encouragement to develop the competence and characteristics of the participant.

Earn and Learn opportunities

An Earn and Learn program is a specialized occupational skills training program that includes elements required in the WIOA youth program. The program may be done in-person or through a virtual platform. The participant earns a stipend when participating in the "live" classes and when completing projects required for the program. A participant is expected to have a "product" upon completion of the Earn and Learn program. In line with general youth experience guidelines, participants must not exceed thirty (30) hours per week and may not exceed \$550.00 per week paid at \$17 per hour.

Youth Work Experience Funding Requirements

Service Providers must spend at least 30% of their overall WIOA youth funding, after subtracting the administrative costs, on Work Experience (WEF) activities, including participant wages as well as staffing costs associated with the development and management of Work Experience, even if the Work Experience is unpaid. Allowable expenditures beyond wages may include the following:

- 1. Staff time spent identifying potential work experience opportunities.
- 2. Staff time working with employers to develop the work experience.
- 3. Staff time spent working with employers to ensure a successful work experience.
- 4. Staff time spent evaluating the work experience.
- 5. Classroom training or the required academic education component directly related to the work experience.
- 6. Orientation sessions for participants and employers.

WEF expenditures shall coincide with specific WEF budgeted line items and shall be tracked and reported on the monthly Service Provider invoices.

The duration of the WEX shall begin with 12 weeks. If a modification/extension is needed, OCWDB Business Solutions will review on a case-by-case basis and complete a Modification Form (Attachment V) which must be signed by all parties for proper approval. Extensions may not exceed 10 months and/or 600 hours. A tracking sheet shall be maintained by the Provider to ensure that actual WEX hours do not exceed the allowable limit.

WEX participants must be paid at a rate that meets at least the California minimum hourly wage.

The OCWDB Business Solutions and Service Provider must ensure compliance with child labor laws and ensure that youth participants under 18 years old obtain a work permit (unless not required to have one). The employer must possess a valid Permit to Employ and Work and comply with all applicable federal and state child labor laws if the participant is less than 18 years of age. Proof of age and parental consent must be given for both paid and unpaid work experience. See Youth Employment Summary Chart (Attachment IV) for additional information.

Special projects may require an exemption to both WEX limitations on hours and wage levels for some or all participants. The Orange County Director of Workforce Development may approve WEX waivers. Waiver request must be submitted in writing. Participants may not exceed the 600 hour limit PRIOR to the date of waiver approval.

Special Grant Work Experience

Special grant programs may be implemented that require different Work Experience hours and funding levels. If staff are providing case management for a non-WIOA funded Work Experience services (ex. Social Services Agency (SSA) Employment Preparation Program (EPP), Work Experience (WEX) or Vocational Training Program (VTR) funded work experience), it is appropriate to follow the grant requirements and document in the participant case file the staff related cost and the non-WIOA funded contractual requirements.

SSA durational guidelines include:

- 1. EPP: Paid work experience may not exceed one year; this includes one initial 6-month term, with the option to extend for two additional 3-month terms.
- 2. WEX: Paid work experience may not exceed a total of 4 months; this includes one 3-month term, with the option to renew for one additional one-month term.
- 3. VTR: Unpaid work experience may not exceed 12 months; there is no option to renew with VTR.

Case File

Documentation will be kept in the participant's file (hard copy and electronically), which should include, at a minimum, the following items:

- 1. An assessment and IEP indicating a need for Work Experience;
- 2. A copy of the agreement between the participant, the worksite or host site and the OCWDB, including the Work-Based Training Plan, and any other attachments to the agreement:
- 3. Time sheets, attendance sheets and performance records, as appropriate; and
- 4. Documentation of supportive services received by the participant.

MIS CalJOBS Requirements

Activities must be coded in CalJOBS using the most appropriate activity codes and indicating corresponding start and end dates. Applicable Measurable Skills Gains must be recorded in CalJOBS upon successful completion of activities.

ACTION

Bring this policy to the attention of all affected staff and all relevant parties.

INQUIRIES

If you have any questions regarding this policy, please contact your Contract Administrator at (714) 480-6500.

ATTACHMENTS

Attachment I: Worksite Agreement

Attachment II: Work-Based Training Plan

Attachment III: Model Timesheet

Attachment IV: Youth Employment Summary Chart

Attachment V: Modification Form





ATTACHMENT I County of Orange OCCR/OCCS

WORKSITE AGREEMENT

| Service Provider: | Phone Number: | |
|---|-------------------------------------|-------------------------|
| The term of this agreement is | , 20() through | , 20(). |
| This agreement is funded by: UNIOA Temporary Assistance For Needy Families (State of California County of Orange | | |
| ☐City of | | |
| □Other | | |
| and authorized through | . (0000)(0000) | _ (Funding Source), |
| Orange County Community Resources - Community S | Services (OCCR/OCCS), and | _ (Service Provider). |
| agreement, the parties agree to the terms and condition One agreement must be filled out for each worksite or do provide attached pages with information from section I's including FEIN number. I. Worksite Organization/Company | epartment, if there are multiple po | equired for completion, |
| Company: | Department Name: | |
| Address: | Address: | |
| City, State Zip: | City, Sate, Zip: | |
| Contact Person: | | |
| Title: | Participant Name: | |
| Phone: | FEIN: required | |
| Email: | | |
| III. Type of Organization ☐ Non-Profit ☐ Government | ent Agency □ Private Business | o □ Other |

IV. Position Information

| Position/Title | Days/Week | Hours | Supervisor | Phone # |
|----------------|-----------|-------|------------|---------|
| | | | | |
| | | | | |

| Description: The duties to be performed by the program participant, and the skills to be taught for the position listed above. | | | | | |
|--|------------------|-------------------------------|--|--|--|
| Duties to perform: | | | | | |
| Skills to be taught: | | | | | |
| Any special requirements to ful | fill employment | expectations (be specific) | : | | |
| V. Union Concurrence □ Non-A | Applicable | ☐ Applicable (if applicable | e, complete the section below) | | |
| labor organizations and employer | . The undersigne | d representative of the colle | exist must have written concurrence of the ctive bargaining agency concurs in the use articipants through the OCCR/OCCS. | | |
| As the representative of Local # / the OCCR/OCCS Worksite. | Union Name | | I hereby submit my concurrence to | | |
| Representative Name | Repres | sentative Signature | Date | | |

IV. The Organization and Department(s) named on page 1, agree to the following assurances and conditions:

- 1. The OCWDB Business Solutions shall provide orientation to each worksite supervisor covering the program elements including policy, payroll, and worker's compensation requirements prior to the program participant referral or the actual program participant beginning work on the site.
- 2. The service provider shall review all standards and program guidelines with the participant prior to the start of their work experience.
- 3. The worksite shall provide job orientation to all program participants as related to work policies, job safety, and job expectations. The work policies, job safety, and job expectations for program participants must be the same as for non-program workers at the site.
- 4. Each worksite supervisor shall maintain an accurate record of time and attendance of each program participant to be recorded on the time sheet. The worksite supervisor shall complete the section under Worksite Supervisor Rating of Employee Performance. The time sheets will be signed by both the program participant and the worksite supervisor and submitted to the employer of record each pay period. Electronic timesheet signatures are acceptable.
- 5. The Employer of Record shall pay a wage to the program participant. The wage to be paid will be the state minimum wage rate. Exceptions to the minimum pay wage will be considered based on specific program policies. This is a training position for which the intent is to provide work experience and exposure to the world of work.
- 6. The worksite shall provide sufficient work to occupy the program participant's work hours and shall provide sufficient equipment and/or materials to enable the program participant to carry out the work assignments.
- 7. Program participants will be paid only for actual hours worked.

| • | Youth Program participants are limited to nomore than total program hours ages 14-17, and no more than total program hours if they are between includes the amount of time a participant spent in paid-work readiness and finance. | the ages of 18-24. This |
|---|--|--------------------------|
| • | WIOA Adult/DW program participants are limited to no more thanexperience training. | total hours of paid-work |
| • | SSA WEX/ EPP program participants are limited to no more thanexperience training. | total hours of paid-work |
| • | Other/ special program participants are limited to no more than experience training. | total hours of paid-work |

Worksite supervisors will be expected to track time worked. Participant time worked in excess of the agreed hours will be paid by or reimbursed by the worksite. The Service Provider and worksite shall ensure that participant does not exceed the total contracted hours of employment as listed. Failure to do so will result in the Service Provider assuming both legal and financial responsibility for the payment of wages, taxes and all other employment related matters for hours worked beyond contracted terms. This is a training position; therefore, no pay will be given for holidays. Overtime work is not allowed.

- 8. Program participants are covered under the Worker's Compensation policy of the OCCR/OCCS Employer of Record during the contracted hours. On the job injury reports will be completed by the program participant, supervisor, and authorized worksite official and submitted to the OCWDB Business Solutions and OCCR/OCCS payroll provider. All job injuries must be reported within 24 hours of the injury occurrence to the OCWDB Business Solutions and payroll provider in order for medical claims to be processed for worker's compensation and to OCCR/OCCS within 48 hours of the injury occurrence.
- 9. Worksite supervisors and/or Service Provider shall provide counseling to those program participants who may be experiencing unsatisfactory performance. The worksite supervisor shall notify OCWDB Business Solutions prior to any disciplinary action.
- 10. The worksite shall assure that all work is conducted in a safe and sanitary drug free environment and shall assure that all program participants are supervised on a full-time basis by a qualified supervisor.
- 11. OCCR/OCCS, OCWDB Business Solutions, Employer of Record and the worksite shall adhere to all applicable Federal, State, and Local labor laws, including minor labor laws if the participant is less than 18 years old.
- 12. OCCR/OCCS's Employer of Record will maintain general liability insurance coverage and will hold harmless OCCR/OCCS and worksites except to the extent that damage is caused by the willful misconduct of either OCCR/OCCS or worksites.
- 13. The Service Provider shall inform the program participant of grievance procedures, equal pay, and nondiscrimination assurances prior to worksite placement. The worksite shall not, in any manner or for any reason, discriminate against any program participant.
- 14. The worksite shall, upon request of the OCWDB Business Solutions and/or OCCR/OCCS, release the program participant for attendance at labor market orientations, career orientations, job readiness training, or other program activities.
- 15. The worksite assures that any program participant will not displace currently employed workers. The participants' work experience cannot result in a reduction of hours for permanent employees.
- 16. The worksite must provide a safe, healthy work environment for all program participants. The OCCR/OCCS and the payroll provider reserve the right to deny a worksite based upon unsafe work environment and/or assigned job duties.

- 17. The OCWDB Business Solutions in partnership with the worksite shall ensure that program participants will not be placed at worksites dealing with the maintenance or upkeep of religious institutions or where religious activities are conducted at any time. Instruction and participation in religious activities are also prohibited.
- 18. The OCWDB Business Solutions in partnership with the worksite shall ensure that program participants do not engage in political/lobbying, union or fundraising activities during work hours.
- 19. The OCWDB Business Solutions in partnership with the worksite shall prohibit program participants from being supervised by a member of their family, or anyone with a direct or conflicting relationship with the participant.
- 20. The OCWDB Business Solutions and Service Provider in partnership with the worksite shall make all worksite records and personnel available for onsite monitoring by Federal, State and OCCR/OCCS and will retain the records in accordance with federal and state regulations.
- 21. The OCWDB Business Solutions in partnership with the worksite shall provide and obtain acknowledgement ensuring a work environment free from harassment or discrimination of any kind.
- 22. The OCWDB Business Solutions in partnership with the worksite shall clearly post Work Permits and Emergency Contact Information in the program participants' work areas, as well as display all federally regulated postings. Copies of the Emergency Contact Information must accompany the program participant when they work off-site.
- 23. The terms of this agreement shall not be waived, altered, modified, supplemented, or amended in any manner whatsoever, except by written instrument/notification from the OCCR/OCCS and signed by all parties.
- 24. If the worksite is negligent in responsibilities agreed to in this document, the site:
 - a. May not be used at a future date, and
 - May be held legally and financially responsible for disallowed costs identified by government auditors or monitors.
- 25. Service Provider and OCWDB Business Solutions must maintain a copy of this worksite agreement for each participant who works at the site.

<u>Supervision</u>: Each program participant must have a designated supervisor and alternate supervisor. These supervisors shall be identified on the worksite agreement prior to the first day of work.

All worksite supervisors must be experienced in the work to be performed. Worksite supervisors are to encourage good working habits and positive attitudes about work. Supervisors are required to complete the participant timesheet and evaluation, review with the participant and submit to the employer of record each pay period.

It is the responsibility of OCWDB Business Solutions to orient each worksite supervisor to the program requirements; assure his/her attendance at a supervisor's orientation prior to the placement of participants at the worksite and to provide the supervisor with a copy of the WEX Supervisor Handbook and a copy of this agreement.

<u>Program Eligibility</u>: The program participant must be determined eligible and suitable for participation as required by the funding source, awarding agency and by OCCR/OCCS prior to beginning the work experience.

We have read the worksite agreement and agree to abide by all applicable assurance and conditions.

| Name of Authorized Signer for Worksite | Signature of Authorized Signer for Worksite | Date | |
|--|---|------|--|
| Name of Service Provider Site Manager | Signature of Service Provider Site Manager | Date | |
| Name of OCWDB Staff | Signature of OCWDB Staff | Date | |
| Name of Authorized Employer of Record Representative | Signature of Authorized Employer of Record Representative | Date | |
| Name of Participant | Signature of Participant | | |

Attachment A:

Employer of Record Agreement

(Employer of Record Name), will serve as the employer of record for the above stated program; and as employer of record, will assume all insurance and tax withholding liabilities including Workers' Compensation, Unemployment Insurance, General Liability, Federal. State, and Local tax withholding for the youth participants.

As the employer of record (Employer of Record Name), requires the following information for each worksite: Name, address, contact person, contact number, FEIN, worksite description, participant job description, and tentative working schedule.

As a worksite you agree to adhere to all Federal, State, and local labor laws, the standards outlined in the agreement with the respective community-based service provider, the standards outlined by OCCR/OCCS to maintain safe working conditions, and to report within 24 hours any known injuries or incidents to the respective community-based service provider/vendor and OCWDB Business Solutions involving participants being paid by (Employer of Record Name).

| Furthermore, | (Worksite) assumes and agrees to indemnify and hold |
|--|--|
| | companies, parent companies, subsidiaries, divisions and all |
| | d employees from any and all liability and expenses (including |
| | ands, causes of action, suits, losses, liabilities and/or lawsuits |
| | (including cash or other valuables) or injury to any person by |
| | ding specifically but without limitation, employees of (Employer |
| | s for which client performs work, and members of the general |
| | ord Name), temporary employees who were referred by Client. |
| 11,7 | pensation and/or unemployment claims filed by (Employer of |
| Record Name). | |
| | |
| Authorized Worksite Representative Signature | Date |
| Service Provider Signature | Date |
| Colvido i Tovidor Signataro | |
| | |

Employer of Record Signature

Date







ATTACHMENT II WORK-EXPERIENCE (WEX) TRAINING PLAN

| Participant: | _ EMPLOYER: | | |
|---|---|------------------|--------------|
| SUPERVISOR(S): (AUTHORIZED TO SIGN TIME SHEETS) | PHONE #: OCCUPATION: | | |
| | O*NET CODE: | | |
| | WAGE: \$ HOURS | S PER WE | EK: |
| Work Experience START DATE: | Work Experience END DATE: | | |
| List work elements, skills, duties and tasks for which the clie the hours listed above. Use additional pages if required. | ent will receive training or perform during | Initial : Yes | Skills No |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |

INSTRUCTIONS: Complete each section of summary by providing appropriate information. Worksite supervisor(s) please list all individuals that have authorization to sign the time sheets. Job duties should relate to the actual duties, work elements and skills required of that job that the client will be doing. Use only those lines necessary to list the actual job duties; not all lines need to be used. Mark Initial Skills yes or no depending on the client's skill level at the time the client is placed at the worksite. Initial Skills are provided to assist the Administering Agency in tracking job specific skills competency attainment. Attach one copy of the training summary to the Work Experience agreement. Give one copy to the supervisor and place one copy in the client's file. If more than one supervisor is identified, photocopies of the training summary may be made and distributed accordingly.



CCommunity Services





ATTACHMENT III: Model Timesheet

| Participant's Name | Worksite Name | |
|--------------------|--------------------|-------|
| Address | Address | |
| ID Number | Supervisor's Nam | le |
| Program Name/Code | Phone Number | |
| Hourly Pay Rate | Alt Supervisor's N | lame* |
| Job Title | Phone Number | |

^{*} Additional employer representatives authorized to sign this timesheet

| Start Date | End Date | |
|-----------------------|---------------------|--|
| Pay Period Start Date | Pay Period End Date | |

| Column A | В | С | D | E | F | G |
|-------------|------|------------|----------|--------------------|-----------------|--|
| Day of Week | Date | Time In | Time Out | Number of Hours | Break (meal) | Total Hours Worked: (Column E minus F) |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

| Worksite Supervisor Rating of Employee Performance | | | | | |
|--|---------|---------|----|---|---|
| Please circle the appropriate ra Poor (P) Fair (F) Good (G) Ex | Satisfa | ctory (| S) | | |
| Job Knowledge | Р | F | S | G | Е |
| Work Quality | Р | F | S | G | Е |
| Attendance | Р | F | S | G | Е |
| Dependability | Р | F | S | G | Е |
| Communication/Listening Skills | Р | F | S | G | Е |

| Worksite Supervisor |
|--|
| Please comment on your work experience participant's |
| progress and performance on the job |

| Terms and Conditions: All parties certify that the number of hours worked are listed correctly; and that employer has reported any areas of concern to the Provider representative. |
|--|
| Worksite Supervisor Signature and Date: |
| Service Provider Staff Signature and Date: |
| Participant Signature and Date: |

Rev 10/13/22









Attachment IV YOUTH EMPLOYMENT SUMMARY CHART

| | Ages 16 and 17 | Ages 14 and 15 |
|------------|------------------------------------|-------------------------------------|
| | Must have completed 7th grade to | Must have completed 7th grade to |
| | work while school in session. | work while school in session |
| | 4 hours per day on any schoolday** | 3 hours per schoolday outside |
| | | of school hours |
| | 8 hours on any non-schoolday or on | |
| | any day preceding a non-schoolday. | 8 hours on any non-schoolday |
| SCHOOL | | |
| IN | 48 hours per week | 18 hours per week and must be |
| SESSION* | · | outside school hours. |
| | Work Experience Education (WEE) | |
| | students may work more than 4 | WEE students may work during |
| | hours on a schoolday, but never | school hours and up to 23 hours |
| | more than 8. | per week. |
| SCHOOL | 8 hours per day | 8 hours per day |
| NOT IN | | |
| SESSION | 48 hours per week | 40 hours per week |
| | 5 a.m. – 10 p.m. | 7 a.m. – 7 p.m., except that from |
| | However, until 12:30 a.m. on any | June 1 through Labor Day, until 9 |
| SPREAD OF | evening preceding a non-schoolday. | p.m. |
| HOURS | | |
| | WEE students, with permission, | |
| | until 12:30 a.m. on any day | |
| SCHOOL | Not required if a high school | Must attend school full-time unless |
| ATTENDANCE | graduate or has a certificate of | a high school graduate |
| | proficiency. | or equivalent. |
| WORK | Required unless a high school | Required unless a high school |
| PERMIT | graduate or equivalent | graduate or equivalent. |

The U.S. Department of Labor considers the phrase "when school is in session" to mean the scheduled schooldays of the public school system in the county where the minor resides. A school week under federal standards is any week during which school is in session for at least one day. Thus, school is considered in session during any week that has at least one scheduled schoolday. Since the school session is derived from the schedule for the county's public schools, school may be considered in session for a minor who attends a private school that is closed during the summer if the public schools are in session at that same time.

^{**}A "schoolday" is any day that the minor is required to attend school for 240 minutes or more.

^{*}State of California Department of Industrial Relations – Minors Summary Chart, https://www.dir.ca.gov/dlse/MinorsSummaryCharts.pdf





Attachment V WORK-EXPERIENCE (WEX) MODIFICATION FORM WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

| PARTICIPANT AND WORKSITE INFORMATION | | | | | |
|--------------------------------------|------------------------|--------------|---------------------------|-----------------------|--|
| Participant Name | | | | | |
| WIOA Application | | | | | |
| Service Provider | | | | | |
| Worksite Name | | | | | |
| Supervisor | | | | | |
| Contact / Title | | | | | |
| Facility Address | | | | | |
| Start Date | E | nd Date | | Weekly Hours | Position/Title |
| | | | | | |
| | | □ МО | DIFICATION | ON EXTEN | SION |
| REASO! MODIFICATION | | NSION | | | |
| State, and local policies | s and as r lemented | equired by a | ppropriate d except by | laws. The terms of th | herein are in accordance with all Federal ne Worksite Agreement shall not be waived s listed in this WEX Modification Form after |
| Print Authorized Sigr | ner for W | Vorksite | | Authorized S | igner for Worksite Signature and Date |
| Print Name of Servic | e Provid | der Site Mar | nager | Service Prov | der Site Manager Signature and Date |
| Print Name of Count | y of Ora | nge Repres | entative | County of Oran | ge Representative Signature and Date |
| Print Name of Emplo | yer of R | ecord | | Er | nployer of Record Signature and Date |
| Print Name of Partic | ipant | | | | Participant Signature and Date |



DYLAN WRIGHT
DIRECTOR
OC COMMUNITY RESOURCES

CYMANTHA ATKINSON
ASSISTANT DIRECTOR
OC COMMUNITY RESOURCES

JULIE LYONS
DIRECTOR
ADMINISTRATIVE SERVICES

ANDI BERNARD DIRECTOR OC ANIMAL CARE

JULIA BIDWELL
DIRECTOR
OC HOUSING & COMMUNITY
DEVELOPMENT

RENEE RAMIREZ
DIRECTOR
OC COMMUNITY SERVICES

TOM STARNES DIRECTOR OC PARKS

JULIE QUILLMAN
COUNTY LIBRARIAN
OC PUBLIC LIBRARIES



1300 SOUTH GRAND BLDG. B, FIRST FLOOR SANTA ANA, CA 92705 PHONE: 714.480.6500 FAX: 714.567-7132

CCCommunity Resources

Effective Revised: PENDING OCWDB Approval

Date: August 21, 2020

OCWDB Approval Date Effective: July 24, 2019

To: _-All WIOA Subrecipients of the Orange County

_Development Board

From: _- Carma Lacy

Director of Workforce Development

Subject: Work Experience Policy

Information Notice No. 220-OCWDB-0613

Supersedes Information No. 17-OCDB-21, 20-OCWDB-10,

20-OCWDB-13

PURPOSE

This policy provides guidance on paid and unpaid Work Experience (WEX) for the Adult, Dislocated Worker and Youth programs under Title I of the Workforce Innovation and Opportunity Act (WIOA) and specialized programs.

EFFECTIVE DATE

This policy is effective on the date of issuance.

REFERENCES

- WIOA, Pub. L. 113-128, Sections 129, 134, 181 and 188
- 20 CFR 200 Parts 603, 681.590, 681.600 and 681.610
- Fair Labor Standards Act of 1938, 52 Stat. 1060, 29 U.S.C. 201 et seq.
- CA Education Code (EDC) 49100 4918349200
- CA Labor Code 1286 (c), 1294.1(b), 1299, 1391-1392
- USDOL, Training and Employment Guidance Letter (TEGL) No. 12-09, Joint Guidance for States Seeking to Implement Subsidized Work-Based Training Programs for Unemployed Workers (January 29, 2010)
- DOL TEGL No. 23-14, WIOA Youth Program Transition (March 26, 2015)
- USDOL, U.S. Secretary's Commission on Achieving Necessary Skills, A SCANS Report for America 2000, (June 1991)
- I.R.S. Revenue Ruling 75-246, 1975-1 C.B. 24, Scenarios distinguish between amounts paid in connection with trainingexcludable under general welfare exception-and amounts paid in connection with services

BACKGROUND

A Work Experience (WEX) is a planned, structured, contractual learning experience in a workplace for a limited period of time. A Work Experience is a career service that provides participants with opportunities for career exploration and skill development, must include academic and occupational education concurrently or sequentially, and is linked to a potential career choice.

Definitions

<u>Incentive</u> - Remuneration to participants for successful participation and achievement of expected outcomes as defined in the Individual Education/Employment Plan (IEP).

<u>Individual Employment Plan (IEP)</u> - An individualized career service that is developed jointly by the participant and career planner. The plan is an ongoing strategy to identify employment goals, achievement objectives, and an appropriate combination of services for the participant to achieve the employment goals.

<u>Internship</u> - A system of gaining on-the-job experience by placement in a work environment for a period of time with the goal to build technical and job awareness skills. Internships may be paid or unpaid.

<u>Job shadowing</u> - A short-term unpaid activity which introduces a participant to the workplace and provides exposure to occupational areas of interest to increase career awareness.

On-the-job training (OJT) - Training by an employer that is provided to a paid participant while engaged in productive work in a job that:

- 1. Provides knowledge or skills essential to the full and adequate performance of the job;
- 2. Is made available through a program that provides reimbursement to the employer of a percentage of the wage rate of the participant; and
- 3. Is limited in duration as appropriate to the occupation for which the participant is being trained, taking into account the content of the training, prior work experience of the participant, and the service strategy for the participant.

<u>Transitional Jobs</u> – Transitional jobs are a type of paid work-experience that are time-limited and are designed to enable an individual to establish a work history, demonstrate work success in an employee-employer relationship, and develop the skills that lead to unsubsidized employment. These jobs can be in the public, private, or nonprofit sectors.

Policy and Procedures

A Work Experience must be related to the participant's long-term employment goal. The assessment process and development of the Individual Employment Plan (IEP) helps to identify appropriate worksites for each participant. Work experience should help the participant gain the competencies and experience needed to meet local employer demands. In determining an appropriate length of time, consideration should be given to the skill requirement of the position, the academic and occupational skills level of the participant, prior work experience, and the participant's IEP. The assessment process may identify concerns or issues that should be addressed prior to, or concurrently with a Work Experience. Service Provider Case Managers must make appropriate referrals if such issues are identified.

Work Experience is designed to promote the development of good work habits and basic work skills for individuals who have never worked, have very limited occupational exposure or have been out of the labor force for an extended period of time. Work Experiences should enable

adults, dislocated workers, and youth to gain exposure to the working world and its requirements.

Work Experience is paid or unpaid and may include, but is not limited to, internship and job shadowing. It may be in the private for-profit sector, the non-profit sector or the public sector. It is not designed to replace an existing employee or position. Work Experience wages are paid directly to the Work Experience participant and not the Work Experience employer. Employers are not monetarily compensated. Work experience, including internships, in the private for-profit sector must be structured so as not to appear to be subsidizing private for-profit operations. The work of the participant should not materially impact the profit margin of a private-for-profit company.

Participant Eligibility

All Work Experience participants must meet WIOA program eligibility requirements, be enrolled into the respective WIOA program, and have received an assessment resulting in the development of an IEP that documents the participant's need and benefit of having Work Experience. A Work Experience is not intended for long-term skill building within the occupation, but rather as an entry step for the participant to explore the occupation, develop their skills, gain work history and references. A likely candidate for work experience is a participant who is appropriate for long term employment in a particular industry or occupation but does not have all of the skills or the experience to qualify for entry-level employment in the field. The education component must be documented on the Training Plan, Individual Employment Plan (IEP) and in CalJOBs for those programs that utilize it.

Non-WIOA Funded participants must adhere to the participant eligibility standards as identified by the funding source.

Determining "Trainee" versus "Employee"

Work experience may be paid or unpaid. It is expected that work experience will be paid in most cases and the federal Fair Labor Standards Act (FLSA) will apply in any situation where an employer/employee relationship exists. WIOA participants are subject to the requirements of the FLSA to the extent that the activities performed in the work experience constitute employment.

According to the Wage and Hour Division of the U.S. Department of Labor, Employment Standards Administration, if <u>all</u> of the following six (6) items exist, the work experience can be considered a "training" situation and an employment relationship does not exist under the FLSA:

- 1. The training, even though it includes actual operation of the facilities of the work experience provider is essentially a training experience similar to a vocational school;
- 2. The participant is primarily the beneficiary of the experience;
- 3. Regular employees are not displaced, and the experience is closely supervised/observed;
- 4. The work experience provider that hosts the experience derives no immediate or significant advantage (and may even be adversely impacted);
- 5. The participant is not guaranteed a job at the conclusion of the experience; and
- 6. There is mutual understanding between the participant and the host agency that the participant is not entitled to wages for this time because the activity is essentially a training experience.

If the participant is a "trainee" and an employment relationship does not exist under the FLSA, the FLSA's minimum wage and overtime provisions do not apply to the participant.

If the participant is engaged in the primary operations of the work experience provider and is performing productive work (for example, filing, performing other clerical work, or assisting customers), then the participant is receiving some benefits in the form of a new skill or improved work habits and is unlikely a trainee. If the worksite uses the participant as a substitute for regular full time or part time employees, it is more likely that the participants are employees as opposed to trainees. Also, if the work experience provider would have needed to hire additional employees or require overtime had the participants not performed the work, then the participants are likely employees.

Unpaid Work Experience

Unpaid work experience activity exposes participants to the working environment and an individual does not expect payment for tasks performed. An employer and employee relationship must not exist, which means that all six conditions listed in the Determining "Trainee" versus "Employee" section of this policy letter must be met. The use of unpaid work experience should be limited.

Unpaid work experience may include job shadowing. A participant experiences the work environment to increase career awareness, observe models of behavior on the job through examples, and receives help in making career decisions. Job shadowing can reinforce the link between classroom learning and work requirements. Job shadowing is limited and allows participants to observe only.

If the employer is providing job shadowing opportunities whereby the participant learns certain functions under the close and constant supervision of regular employees, but performs no or minimal work, this type of activity is more likely to be a bona fide training program. However, if the participant receives the same level of supervision as employees, this would suggest an employment relationship.

General Work Experience Requirements

- 1. Worksites
 - Service Providers OC Workforce Development Board's (OCWDB) Business
 Solutions are to select worksites based on Orange County's in-demand
 industry sectors;
 - Service Providers OCWDB Business Solutions shall develop and maintain a
 pool of worksites that provide a wide range of training opportunities to the
 participants and enhance their skills development;
 - The list of worksites shall include the following information:
 - Name and address of employer/worksite
 - o Name, position title, email address and phone number of supervisor
 - o Status: Active, In Progress, or Inactive
 - For active worksites: name of participants placed, cumulative number of actual hours completed, actual start date and anticipated/actual end date
 - Worksites must follow all labor standards in any Work Experience with an employee/employer relationship, as defined by the Fair Labor Standards Act or applicable State law;
 - OCWDB Business Solutions in conjunction with Service Providers will identify
 and evaluate worksites to determine the appropriateness of utilizing the
 employer for work experiences. The evaluation components should include
 provisions of the worksite agreement such as safety, labor law requirements,
 status of layoffs, etc. In addition, it should evaluate age appropriateness and
 level of exposure to work readiness and job skills, type of supervision

available, as well as review the previous work experience placements at the same location.

Potential worksite employers should also demonstrate a commitment to helping participants receive the experience and training needed to meet their goals. As part of participation, these employers should be willing to work closely with Service-ProviderOCWDB Business Solutionsstaff, especially since participants have barriers to employment. Proper worksite supervision should be one of the factors that are reviewed prior to placement of the participant in the activity.

Individuals who have been hired by a worksite and subsequently referred to Service Provider OCWDB Business Solutions are not to be considered for the Work Experience activity. The worksite should commit to the individual training with the belief that the individual is fully capable of performing the tasks required with little or no assistance.

A Work Experience agreement must not be executed with an employer who has received payments under previous work-based services and the employer has exhibited a pattern of failing to provide a positive Work Experience. This includes those employers for On-the-Job Trainings (OJT) where a participant was not provided continued long-term employment, wages, benefits, and working conditions that are not equal to those provided to similarly situated employees.

Worksite Agreement & Work-Based Training Plan

- A worksite agreement shall be fully executed between <u>worksite</u>, <u>Service Provider Site Manager</u>, <u>OCWDB staff</u>, <u>Employer of Record representative and OCWDB</u>, <u>Service Provider</u>, the host employer, the employer of record and the eligible participant before a participant is allowed to start.
- A worksite agreement template (Attachment I) provided by the OCWDB shall be used.
- A copy of the signed <u>W</u>worksite <u>Aagreement (Attachment I)</u>, <u>W</u>work-<u>B</u>based <u>T</u>training <u>P</u>plan (<u>Attachment II)</u> and timesheets (<u>See Attachment III: Model Timesheet</u>) (hard copy and electronically) will be kept in the participant file (hard copy and electronically).
- At minimum, the work site agreement shall provide the following:
 - Names and contact information of all parties
 - Names and titles of all employer staff authorized to sign the participant's timesheet
 - Responsibilities and expectations of the participant, the Worksite/Employer and Provider staff
 - The job title, wage, detailed list of specific skills to be learned, timeline and benchmarks to be achieved, weekly schedule, and number of hours to be completed with the participant as outlined in the Work-Based Training Plan (See Attachment II).
 - Worksite will regularly submit timesheet of participants
 - Worksite will provide regular written evaluation of participants
 - Worksite will provide a written job description and responsibilities to participant
 - Identification of the legal requirements that must be met, including worksite safety requirements
 - Statement informing the worksite that they may be subject to worksite monitoring by both the local and State representatives, as well as regular visitations by Service ProviderOCWDB Business Solutions-staff

- Provision of termination of the agreement/contract for non-performance or failure to meet the requirements of the agreement/contract
- o Non-discrimination and equal opportunity clauses
- Statement that the activity will not displace employees
- o Statement that participants must not be engaged in sectarian activities
- Other information, relative to the specific activities
- Signatures and dates from the worksite, <u>Service Provider Site</u> <u>Manager, participant OCWDB staff, Employer of Record representative,</u> and <u>participantProvider staff</u>
- Where a waiver of any OCWDB policy provisions is needed, a formal waiver request from the Provider must be approved by the Orange County Director of Workforce Development before any Worksite Agreement is executed.

3. Wages and Hour Limits

(These requirements apply to all programs except for the Youth Program and special grant programs as described in the sections below.)

- Worksite placement is limited to a timeframe of three weeks to twelve weeks.
 The exact duration will be based on appropriation for the participant's employment goals, background and skill level as reflected in the IEP.
- Service Providers OCWDB Business Solutions shall allow for at least fifteen hours a week of work, but no more than 30 hours and not to exceed 120 hours per month. More than 120 hours in a month will require approval from the Orange County Director of Workforce Development.
- Pay an hourly wage at a rate of pay that meets at least the California minimum hourly wage and at the same rates as similarly situated employees or trainees, subject to the Fair Labor Standards Act
- The maximum allotment for a participant's wage is \$6,200.005,500.00. If it is
 determined necessary for a participant to receive hours or wages exceeding
 the maximum allotment, the Service ProviderOCWDB Business Solutions
 must request advance approval from the Orange County Director of
 Workforce Development.
- Service Providers may only use up to 10 percent of adult and dislocated worker formula funds for Work Experience and Transitional Jobs.
- Availability of additional funding may also be cause for changes and/or exemptions to this policy.

4. Worksite Monitoring

- Active worksites shall be monitored by OCWDB staff and the Service Provider at least two times each program year to ensure compliance with the Worksite Agreement. OCWDB Business Solutions will conduct worksite monitoring with each active worksite at least twice per program year and complete WEX Desk Procedure Attachment III: Worksite Monitoring Form. Active worksites shall be monitored by OCWDB staff and the OCWDB Business Solutions to ensure compliance with the Worksite Agreement & Training Plan.
- OCWDB Business Solutions will conduct an annual on-site visit to complete the Initial Worksite Evaluation Form to ensure they remain in compliance
- Results of the monitoring review shall be documented, filed and made available to the OCWDB, state, or federal staff upon request.
- Any worksite that demonstrates a pattern of non-compliance shall not continue as a worksite.

 Where a waiver of any OCWDB policy provisions is needed, a formal waiver request must be approved by the Orange County Director of Workforce Development before any Worksite Agreement is executed.

5. Timesheets

- Participants in a work experience will be hired and compensated by the County
 of Orange Contracted Employer of Record and/or-compensated by Third-Party
 Employer of Record, unless the Service Provider for the designated contract term
 has been grandfathered in to use a Third-Party Employer of Record of their
 choice.
- <u>County of Orange Contracted Employer of Record and/or</u> Third-Party Employer
 of Record covers a participant's wages, Federal Insurance Contributions Act
 (FICA) and workers compensation. Work Experience participants do not receive
 benefits such as health care, 401K, paid-time off, overtime, etc. The employer of
 record will be responsible for paying all taxes.
- Payroll must be strictly based on timesheets completed by the participants, reviewed and signed by the Supervisor and duly approved by designated Service Provider Staff for payment. (See Attachment III - Model Timesheet).
- All timesheets must be kept in the participant's file (hard copy and electronically).

6. Work-Based Training Plan

A Work-Based Training Plan shall be completed for every participant prior to starting any Work Experience assignment and will accompany the Worksite Agreement. All Work-Based Training Plan documents will be kept in the participants' file.

Requirements specific to WIOA youth programs

A Work Experience is one of the 14 Youth service elements that must be made available to all registered youthparticipants and should be offered throughout the program year. Work Experiences are arranged in conjunction with OCWDB Business Solutions, Service Providersa, and businesses in the community. A Work Experience is established on an individual basis.

The primary intent of Work Experience is to help the <code>youth-participant(s)</code> understand proper workplace behavior and what is necessary in order to attain and retain employment. Work Experiences should help <code>youth-participants(s)</code> acquire the personal attributes, knowledge, and skills needed to obtain a job and advance in employment. Work Experience can serve as a stepping-stone to unsubsidized employment and is an important step in the process of developing a career pathway. All Work Experiences should expose <code>youth-participant(s)</code> to realistic working conditions and task as much as possible. <code>Service ProvidersOCWDB Business Solutions</code> are encouraged to identify a worksite mentor that the participant can meet with on a structured basis, to assist with answering questions and addressing concerns. The mentor should be someone who is comfortable offering guidance, support and encouragement to develop the competence and characteristics of the participant.

Earn and Learn opportunities

An Earn and Learn program is a specialized occupational skills training program that includes elements required in the WIOA youth program. The program may be done in-person or through a virtual platform. The youth-participant earns a stipendwage when participating in the "live" classes and when completing projects required for the program. A youth-participant is expected to have a "product" upon completion of the Earn and Learn program. Service Providers shall provide participants in the Earn and Learn program up to 600 hours paid at minimum wage, in line with the general youth experience guidelines. In line with general youth experience

guidelines, participants must not exceed thirty (30) hours per week and may not exceed \$550.00 per week paid at \$17 per hour.

Youth Work Experience Funding Requirements

Service Providers must spend at least 30% of their overall WIOA youth funding, after subtracting the administrative costs, on Work Experience (WEF) activities, including participant wages as well as staffing costs associated with the development and management of Work Experience, even if the Work Experience is unpaid. Allowable expenditures beyond wages may include the following:

- 1. Staff time spent identifying potential work experience opportunities.
- 2. Staff time working with employers to develop the work experience.
- 3. Staff time spent working with employers to ensure a successful work experience.
- 4. Staff time spent evaluating the work experience.
- 5. Classroom training or the required academic education component directly related to the work experience.
- 6. Orientation sessions for participants and employers.

WEF expenditures shall coincide with specific WEF budgeted line items and shall be tracked and reported on the monthly Service Provider invoices.

The duration of the WEX shall begin with 12 weeks. not be more than 10 months and shall not exceed 600 hours. A tracking sheet shall be maintained by the Provider to ensure that actual WEX hours do not exceed the allowable limit. If a modification/extension is needed, OCWDB Business Solutions will review on a case-by-case basis and complete a Modification Form (Attachment V) which must be signed by all parties for proper approval. Extensions may not exceed 10 months and/or 600 hours. A tracking sheet shall be maintained by the Provider to ensure that actual WEX hours do not exceed the allowable limit.

WEX participants must be paid at a rate that meets at least the California minimum hourly wage.

The Service Provider

-The OCWDB Business Solutions and Service Provider must ensure compliance with child labor laws and ensure that youth participants under 18 years old obtain a work permit (unless not required to have one). The employer must possess a valid Permit to Employ and Work and comply with all applicable federal and state child labor laws if the participant is less than 18 years of age. Proof of age and parental consent must be given for both paid and unpaid work experience. See Youth Employment Summary Chart (Attachment IV) for additional information.

Special projects may require an exemption to both WEX limitations on hours and wage levels for some or all participants. The Orange County Director of Workforce Development may approve WEX waivers. Waiver request must be submitted in writing. Participants may not exceed the 600 hour limit PRIOR to the date of waiver approval.

Special Grant Work Experience

Special grant programs may be implemented that require different Work Experience hours and funding levels. If staff are providing case management for a non-WIOA funded Work Experience services (ex. Social Services Agency (SSA) Employment Preparation Program (EPP), Work Experience (WEX) or Vocational Training Program (VTR) funded work experience), it is appropriate to follow the grant requirements and document in the participant case file the staff related cost and the non-WIOA funded contractual requirements.

SSA durational guidelines include:

- 1. EPP: Paid work experience may not exceed one year; this includes one initial 6-month term, with the option to extend for two additional 3-month terms.
- 2. WEX: Paid work experience may not exceed a total of 4 months; this includes one 3-month term, with the option to renew for one additional one-month term.
- 3. VTR: Unpaid work experience may not exceed 12 months; there is no option to renew with VTR.

Case File

Documentation will be kept in the participant's file (hard copy and electronically), which should include, at a minimum, the following items:

- 1. An assessment and IEP indicating a need for Work Experience;
- 2. A copy of the agreement between the participant, the worksite or host site and the OCWDB, including the Work-Based Training Plan, and any other attachments to the agreement;
- 3. Time sheets, attendance sheets and performance records, as appropriate; and
- 4. Documentation of supportive services received by the participant.

MIS CalJOBS Requirements

Activities must be coded in CalJOBS using the most appropriate activity codes and indicating corresponding start and end dates. Applicable Measurable Skills Gains must be recorded in CalJOBS upon successful completion of activities.

ACTION

Bring this policy to the attention of all affected staff and all relevant parties.

INQUIRIES

If you have any questions regarding this policy, please contact your Contract Administrator at (714) 480-6500.

ATTACHMENTS

Attachment I: Worksite Agreement Template
Attachment II: Sample Work-Based Training Plan

Attachment III: Model Sample Timesheet

Attachment IV: Youth Employment Summary Chart

Attachment V: Modification Form





ATTACHMENT I County of Orange OCCR/OCCS

WORKSITE AGREEMENT

| Service Provider: | Phone Number: | |
|--|--|--|
| The term of this agreement is | , 20() through | , 20(). |
| This agreement is funded by: UNOA Temporary Assistance For Needy Families (State of California County of Orange City of Other | | |
| and authorized through_ Orange County Community Resources - Community | | (Funding Source), (Service Provider). |
| Worksite training activities are designed to provide proskills and work experience. The worksite agreement experience and the expectations of the parties to the worksite employer, payroll provideremployer of reconstructions. By accepting this worksite agreement, the One agreement must be filled out for each worksite or deprovide attached pages with information from section including FEIN number. | nt should detail the terms and of agreement. The agreement is bord and the program service proparties agree to the terms and coepartment, if there are multiple positions. | conditions of paid work petween the participant, priderOCWDB Business anditions below. |
| I. Worksite Organization/Company | II. Worksite/Department Add section I) | Iress (if different from |
| Company: | Department Name: | |
| Address: | Address: | |
| City, State Zip: | City, Sate, Zip: | |
| Contact Person: | | |
| Title: | # of Trainees RequestedParticipa | nt Name: |
| Phone: | FEIN: required | - |
| Email: | | |

IV. Position Information

| Position/Title # Requested | Days/Week | Hours | Supervisor | Phone # |
|-------------------------------|-----------|-------|------------|---------|
| | | | | |
| | | | | |

| Description: The duties to be performed by | the program participant, and the skil | Is to be taught for the position listed above. |
|---|---|--|
| Duties to perform: | | |
| Skills to be taught: | | |
| Any special requirements to fulfill emplo | yment expectations (be specific): | |
| V. Union Concurrence □ Non-Applicable | ☐ Applicable (if applicable | e, complete the section below) |
| Program using worksite(s) where collective labor organizations and employer. The under of this worksite for the sole purpose of providence of the sole purpose of | ersigned representative of the collec | tive bargaining agency concurs in the use |
| As the representative of Local # / Union Nanthe OCCR/OCCS Worksite. | ne | I hereby submit my concurrence to |
| Representative Name | Representative Signature | Date |
| IV. The Organization and Department(s) | named on page 1, agree to the fol | lowing assurances and conditions: |
| The OCCR/OCCS Service Provider OCV shall provide orientation to each worksit worker's compensation requirements probeginning work on the site. | e supervisor covering the program e | lements including policy, payroll, and |
| The service provider shall review all star work experience. | ndards and program guidelines with t | he participant prior to the start of their |
| The service provider and worksite shall p job safety, and job expectations. The wo be the same as for non-program worker 3. | ork policies, job safety, and job exped | |
| 4. Each worksite supervisor shall maintain be recorded on the time sheet. The wor under Worksite Supervisor Rating of Emparticipant and the worksite supervisor submit a mid-evaluation and final evalumesheet signatures are acceptable. | ksite supervisor must_The worksite iployee Performance. The time shee and submitted to the employer of re | supervisor shall complete the section ets will be signed by both the program ecord each pay period. complete and |

5.—

Ь.

7.5. The OCCR/OCCS payroll provider Employer of Record shall pay a wage to the program participant. The wage to be paid will be the state minimum wage rate. Exceptions to the minimum pay wage will be considered based on specific program policies. This is a training position for which the intent is to provide work experience and exposure to the world of work. Each worksite supervisor shall maintain an accurate record of time and attendance of each

program participant to be recorded on the time sheet. The time sheets will be signed by both the program participant and the worksite supervisor and will be submitted to the service provider weekly. Electronic timesheet signatures are acceptable.

- <u>8.6.</u> The worksite shall provide sufficient work to occupy the program participant's work hours and shall provide sufficient equipment and/or materials to enable the program participant to carry out the work assignments.
- 9.7. Program participants will be paid only for actual hours worked.
 - Youth Program participants are limited to nomore than ___ total program hours if they are between the
 ages 14-17, and no more than ___ total program hours if they are between the ages of 18-24. This
 includes the amount of time a participant spent in paid-work readiness and financial literacy trainings.
 - WIOA Adult/DW program participants are limited to no more than ______ total hours of paid-work experience training.
 - SSA WEX/ EPP program participants are limited to no more than ______ total hours of paid-work experience training.
 - Other/ special program participants are limited to no more than experience training.

Worksite supervisors will be expected to track time worked. Participant time worked in excess of the agreed hours will be paid by or reimbursed by the worksite. The Service Provider and worksite shall ensure that youth-participant does not exceed the total contracted hours of employment as listed. Failure to do so will result in the Service Provider assuming both legal and financial responsibility for the payment of wages, taxes and all other employment related matters for hours worked beyond contracted terms. This is a training position; therefore, no pay will be given for holidays. Overtime work is not allowed.

- 40.8. Program participants are covered under the Worker's Compensation policy of the OCCR/OCCS payroll provider Employer of Record during the contracted hours. On the job injury reports will be completed by the program participant, supervisor, and authorized worksite official and submitted to the Service ProviderOCWDB Business Solutions and OCCR/OCCS payroll provider. All job injuries must be reported within 24 hours of the injury occurrence to the Service ProviderOCWDB Business Solutions and payroll provider in order for medical claims to be processed for worker's compensation and to OCCR/OCCS within 48 hours of the injury occurrence.
- Worksite supervisors and/or Service Provider shall provide counseling to those program participants who may be experiencing unsatisfactory performance. The worksite supervisor shall notify the participants' service providerOCWDB Business Solutions prior to any disciplinary action.
- 12.10. The worksite shall assure that all work is conducted in a safe and sanitary drug free environment and shall assure that all program participants are supervised on a full-time basis by a qualified supervisor.
- 43.11. OCCR/OCCS, OCWDB Business Solutions, the service provider, the payroll provider Employer of Record and the worksite shall adhere to all applicable Federal, State, and Local labor laws, including minor labor laws if the participant is less than 18 years old.
- 14.12. OCCR/OCCS's <u>Employer of Record payroll provider</u> will maintain general liability insurance coverage and will hold harmless OCCR/OCCS_, <u>OCCR/OCCS</u> 's <u>Service Providers</u>, and worksites except to the extent that damage is caused by the willful misconduct of either OCCR/OCCS, its <u>Service Providers</u>, or worksites.
- <u>15.13.</u> The Service Provider shall inform the program participant of grievance procedures, equal pay, and non-discrimination assurances prior to worksite placement. The worksite shall not, in any manner or for any reason, discriminate against any program participant.
- 16.14. The worksite shall, upon request of the Service Provider OCWDB Business Solutions and/or OCCR/OCCS, release the program participant for attendance at labor market orientations, career orientations, job readiness

training, or other program activities.

- <u>17.15.</u> The worksite assures that any program participant will not displace currently employed workers. The participants' work experience cannot result in a reduction of hours for permanent employees.
- 18.16. The worksite must provide a safe, healthy work environment for all program participants. The OCCR/OCCS and the payroll provider reserve the right to deny a worksite based upon unsafe work environment and/or assigned job duties.
- 19.17. The Service ProviderOCWDB Business Solutions in partnership with the worksite shall ensure that program participants will not be placed at worksites dealing with the maintenance or upkeep of religious institutions or where religious activities are conducted at any time. Instruction and participation in religious activities are also prohibited.
- <u>20.18.</u> The <u>Service ProviderOCWDB Business Solutions</u> in partnership with the worksite shall ensure that program participants do not engage in political/lobbying, union or fundraising activities during work hours.
- 21.19. The Service Provider OCWDB Business Solutions in partnership with the worksite shall prohibit program participants from being supervised by a member of their family, or anyone with a direct or conflicting relationship with the participant.
- <u>22.20.</u> The <u>OCWDB Business Solutions and</u> Service Provider in partnership with the worksite shall make all worksite records and personnel available for onsite monitoring by Federal, State and OCCR/OCCS and will retain the records in accordance with federal and state regulations.
- The Service Provider OCWDB Business Solutions in partnership with the worksite shall provide and obtain acknowledgement ensuring a work environment free from harassment or discrimination of any kind.
- 24.22. The Service Provider OCWDB Business Solutions in partnership with the worksite shall clearly post Work Permits and Emergency Contact Information in the program participants' work areas, as well as display all federally regulated postings. Copies of the Emergency Contact Information must accompany the program participant when they work off-site.
- <u>25.23.</u> The terms of this agreement shall not be waived, altered, modified, supplemented, or amended in any manner whatsoever, except by written instrument/notification from the OCCR/OCCS and signed by all parties.
- 26.24. If the worksite is negligent in responsibilities agreed to in this document, the site:
 - a. May not be used at a future date, and
 - b. May be held legally and financially responsible for disallowed costs identified by government auditors or monitors.
- 27.25. Service Provider and OCWDB Business Solutions must maintain a copy of this worksite agreement for each participant who worksed at this the site.

<u>Supervision</u>: Each program participant must have a designated supervisor and alternate supervisor. These supervisors shall be identified on the Participant Roster that will be provided to the program participant on the worksite agreement prior to the first day of work.

All worksite supervisors must be experienced in the work to be performed. Worksite supervisors are to encourage good working habits and positive attitudes about work. Supervisors are required to complete the participant timesheet and evaluation, form prior to the last day of the work experience/internship; review the evaluation with the participant and provide a copy of the evaluation to the service provider and submit to the employer of record each pay period.

It is the responsibility of OCCR/OCCS and/or the Service Provider OCWDB Business Solutions to orient each worksite supervisor to the program requirements; assure his/her attendance at a supervisor's orientation prior to the placement of participants at the worksite and to provide the supervisor with appropriate written materials necessary to perform his/her duties a copy of the WEX Supervisor Handbook and, including a copy of this agreement.

Program Eligibility: The program participant must be determined eligible and suitable for participation as required by the

funding source, awarding agency and by OCCR/OCCS prior to beginning the work experience.

We have read the worksite agreement and agree to abide by all applicable assurance and conditions.

| Name of Authorized Signer for Worksite | Signature of Authorized Signer for Worksite | Date |
|--|---|---|
| Name of Service Provider Site Manager | Signature of Service Provider Site Manager | Date |
| Name of Authorized Service Provider CaseOtDate Manager | CWDB StaffSignature of Authoriz Manager | ed Service Provider Case <u>OCWDB Staff</u> |
| Name of Authorized Employer of Record Representative | Signature of Authorized Employer of Record Representative | Date |
| Name of Participant | Signature of Participant | Date |

Attachment A:

Employer of Record Agreement

(Employer of Record Name), will serve as the employer of record for the above stated program; and as employer of record, will assume all insurance and tax withholding liabilities including Workers' Compensation, Unemployment Insurance, General Liability, Federal. State, and Local tax withholding for the youth participants.

As the employer of record (Employer of Record Name), requires the following information for each worksite: Name, address, contact person, contact number, FEIN, worksite description, participant job description, and tentative working schedule.

As a worksite you agree to adhere to all Federal, State, and local labor laws, the standards outlined in the agreement with the respective community-based service provider, the standards outlined by OCCR/OCCS to maintain safe working conditions, and to report within 24 hours any known injuries or incidents to the respective community-based service provider/vendor and OCWDB Business Solutions involving youth participants being paid by (Employer of Record Name).

| Furthermore, | (Worksite) assumes and agrees to indemnify and hold |
|--|---|
| harmless (Employer of Record Name), relate | d companies, parent companies, subsidiaries, divisions and all |
| of their respective officers, agents, directors ar | d employees from any and all liability and expenses (including |
| attorneys fees) with respect to any claims, den | nands, causes of action, suits, losses, liabilities and/or lawsuits |
| for any and all damages or losses to property | (including cash or other valuables) or injury to any person by |
| whomsoever such claims may be asserted, inclu | iding specifically but without limitation, employees of (Employer |
| · · · · · · · · · · · · · · · · · · · | s for which client performs work, and members of the general |
| | cord Name), temporary employees who were referred by Client. |
| | ppensation and/or unemployment claims filed by (Employer of |
| Record Name). | pendaden ana, et anempleyment diamie med by (=mpieyer et |
| | |
| By signing below. I acknowledge and agree to d | comply with the terms and conditions as described above, |
| | |
| | |
| | |
| | |
| | |
| Authorized Worksite Representative Signature | Date |
| , tationized viernoite itopresentative eignature | Buto |
| | |
| | |
| | |
| Service Provider Signature | Date |
| | |
| | |
| | |

Employer of Record Signature

Date





ATTACHMENT II WORK-EXPERIENCE (WEX) TRAINING PLAN

| Participant: | EMPLOYER: | | |
|--|---|------------------|--------------|
| SUPERVISOR(S): (AUTHORIZED TO SIGN TIME SHEETS) | PHONE #: OCCUPATION: | | |
| | O*NET CODE: | | |
| | WAGE: \$ HOURS | S PER WE | EEK: |
| Work Experience START DATE: | Work Experience END DATE: | | |
| List work elements, skills, duties and tasks for whi the hours listed above. Use additional pages if re- | ch the client will receive training or perform during quired. | Initial S Yes | Skills No |
| 1 | | | |
| 2 | | | |
| 3. | | | |
| 4 | | | |
| 5 | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| | | | |

INSTRUCTIONS: Complete each section of summary by providing appropriate information. Worksite supervisor(s) please list all individuals that have authorization to sign the time sheets. Job duties should relate to the actual duties, work elements and skills required of that job that the client will be doing. Use only those lines necessary to list the actual job duties; not all lines need to be used. Mark Initial Skills yes or no depending on the client's skill level at the time the client is placed at the worksite. Initial Skills are provided to assist the Administering Agency in tracking job specific skills competency attainment. Attach one copy of the training summary to the Work Experience agreement. Give one copy to the supervisor and place one copy in the client's file. If more than one supervisor is identified, photocopies of the training summary may be made and distributed accordingly.









ATTACHMENT III: Model Timesheet

| Participant's Name | Worksite Name | |
|--------------------|------------------------|--|
| Address | Address | |
| ID Number | Supervisor's Name | |
| Program Name/Code | Phone Number | |
| Hourly Pay Rate | Alt Supervisor's Name* | |
| Job Title | Phone Number | |

^{*} Additional employer representatives authorized to sign this timesheet

| Start Date | End Date | |
|-----------------------|---------------------|--|
| Pay Period Start Date | Pay Period End Date | |

| Column A | В | С | D | E | F | G |
|-------------|------|------------|----------|--------------------|-----------------|--|
| Day of Week | Date | Time In | Time Out | Number of Hours | Break (meal) | Total Hours Worked: (Column E minus F) |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

| Worksite Supervisor Rating o | | | Perfor | man | <u>ce</u> |
|--|---------|---------|--------|-----|-----------|
| Please circle the appropriate rate Poor (P) Fair (F) S Good (G) Ex | Satisfa | ctory (| S) | | |
| Job Knowledge | Р | F | S | G | Е |
| Work Quality | Р | F | S | G | Е |
| Attendance | Р | F | S | G | Е |
| Dependability | Р | F | S | G | Е |
| Communication/Listening Skills | Р | F | S | G | Е |

| worksite Supervisor |
|--|
| Please comment on your work experience participant's |
| progress and performance on the job |

| Terms and Conditions: All parties certify that the number of hours | |
|---|--|
| worked are listed correctly; and that employer has reported any | |
| areas of concern to the Provider representative. | |

| Worksite Su | pervisor Signature | and Date |
|-------------|--------------------|----------|
| | | |

| Participant Signature and Date: |
|---------------------------------|
|---------------------------------|









Attachment IV YOUTH EMPLOYMENT SUMMARY CHART

| | Ages 16 and 17 | Ages 14 and 15 |
|------------|---|-------------------------------------|
| | Must have completed 7th grade to | Must have completed 7th grade to |
| | work while school in session. | work while school in session |
| | 4 hours per day on any schoolday** | 3 hours per schoolday outside |
| | | of school hours |
| | 8 hours on any non-schoolday or on | |
| | any day preceding a non-schoolday. | 8 hours on any non-schoolday |
| SCHOOL | | |
| IN | 48 hours per week | 18 hours per week and must be |
| SESSION* | | outside school hours. |
| | Work Experience Education (WEE) | |
| | students may work more than 4 | WEE students may work during |
| | hours on a schoolday, but never | school hours and up to 23 hours |
| | more than 8. | per week. |
| SCHOOL | 8 hours per day | 8 hours per day |
| NOT IN | | 101 |
| SESSION | 48 hours per week | 40 hours per week |
| | 5 a.m. – 10 p.m. | 7 a.m. – 7 p.m., except that from |
| 000540.05 | However, until 12:30 a.m. on any | June 1 through Labor Day, until 9 |
| SPREAD OF | evening preceding a non <u>-</u> schoolday. | p.m. |
| HOURS | NATE attended to the control of the | |
| | WEE students, with permission, | |
| | until 12:30 a.m. on any day | NA ((())) () () |
| SCHOOL | Not required if a high school | Must attend school full-time unless |
| ATTENDANCE | graduate or has a certificate of | a high school graduate |
| WORK | proficiency. | or equivalent. |
| WORK | Required unless a high school | Required unless a high school |
| PERMIT | graduate or equivalent | graduate or equivalent. |

https://www.dir.ca.gov/dlse/MinorsSummaryCharts.pdf

The U.S. Department of Labor considers the phrase "when school is in session" to mean the scheduled schooldays of the public school system in the county where the minor resides. A school week under federal standards is any week during which school is in session for at least one day. Thus, school is considered in session during any week that has at least one scheduled schoolday. Since the school session is derived from the schedule for the county's public schools, school may be considered in session for a minor who attends a private school that is closed during the summer if the public schools are in session at that same time.

**A "schoolday" is any day that the minor is required to attend school for 240 minutes or more.







<u>State California Department of Industrial Relations – Minors Summary Chart, https://www.dir.ca.gov/dlse/MinorsSummaryCharts.pdf</u>





Attachment V WORK-EXPERIENCE (WEX) MODIFICATION FORM

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

| | DADTIQUE AND AND | A DOCIMODICO | |
|--|--|--|--|
| | PARTICIPANT AND CC | ARSEWORKSITE IN | FORMATION |
| Participant Name | | | |
| WIOA Application | | | |
| Service Provider | | | |
| Worksite Name | | | |
| Supervisor | | | |
| Contact / Title | | | |
| Facility Address | | | |
| Start Date | End Date | Weekly Hours | Position/Title |
| | | | |
| | ☐ MODIFICAT | TION EXTENS | SION |
| State, and local policie training program, the T Provider's Refund Policie waived, altered, modifie | re undersigned certify that the s and as required by appropriating Provider agrees to refer at the time of signing the least to the signing the least terms of the signing the signing the signing the signing the signing terms of the signing term | iate laws. Should the Sund the above indicated TA voucher. The terms dexcept by written mo | nerein are in accordance with all Federal, ervice Provider have already paid for the d amount in accordance with the Training s of the Worksite Agreement shall not be difications listed in this WEX Modification |
| D : 4 A 4 : - 1 O: | C. W. J. W. N CD. | -41-1 | Dark dansat |
| | <u>ier for Worksite</u> Name of Pa <u>r Worksite</u> Signature and D | | Participant |
| Authorized Signer for | Signature and D | alc | |
| | | | |
| _ | | | |
| | | | |
| | Manager Service Provider S | <u> Eite Manager</u> — | <u>Case ManagerService</u> |
| Provider Site Manage | er Signature and Date | | |
| | | | |
| | | | |
| _ | | | |
| Print Name of Count | y of Orange Representative | Program Manager | Program |
| | range Representative Sign | | |
| | | | |
| | | | |
| Print Name of Emplo | ver of Record | Fm | ployer of Record Signature and Date |





Attachment V WORK-EXPERIENCE (WEX) MODIFICATION FORM

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

Print Name <u>of Participant</u> and of Training Provider Training Provider <u>Participant</u> Signature and Date



DYLAN WRIGHT
DIRECTOR
OC COMMUNITY RESOURCES

CYMANTHA ATKINSON

ASSISTANT DIRECTOR
OC COMMUNITY RESOURCES

JULIE LYONS DIRECTOR ADMINISTRATIVE SERVICES

ANDI BERNARD
DIRECTOR
OC ANIMAL CARE

JULIA BIDWELL
DIRECTOR
OC HOUSING & COMMUNITY
DEVELOPMENT

RENEE RAMIREZ
DIRECTOR
OC COMMUNITY SERVICES

TOM STARNES DIRECTOR OC PARKS

JULIE QUILLMAN
COUNTY LIBRARIAN
OC PUBLIC LIBRARIES



WORKFORCE & ECONOMIC DEVELOPMENT DIVISION

1300 SOUTH GRAND BLDG. B, FIRST FLOOR SANTA ANA, CA 92705 PHONE: 714.480.6500 FAX: 714.834-7132

CCCommunity Resources

Revised: PENDING OCWDB Approval

November 16, 2022 February 23, 2022 December 30, 2021

June 4, 2021

Effective: August 17, 2020

To: WIOA Subrecipients of the Orange County

Workforce Development Area

From: Carma Lacy

Director of Workforce Development

Subject: Supportive Services Policy

Information Notice No. 23-OCWDB-01

Supersedes Information Notice No. 17-OCDB-21, 20-OCWDB-

14, 22-OCWDB-05

PURPOSE

To provide comprehensive service provisions as it pertains to supportive services under the Workforce Innovation and Opportunity Act (WIOA) for Adult, Dislocated Workers, Youth, and Special Programs of the Orange County Workforce Development Board (OCWDB).

EFFECTIVE DATE

This policy is effective immediately upon issuance.

REFERENCES

- WIOA (Public Law 113-128) Sections 129 (c)(2) and 134(c)(2) and
 (3)
- CFR Title 2 Grants and Agreements: Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards Subpart E – Cost Principles, 200.441
- 20 CFR Sections 680.900-680.970, 681.570, 683.245
- Training and Employment Guidance Letter (TEGL) WIOA No. 19-16
 Operation and Guidance for the Workforce Innovation and Opportunity Act (March 1, 2017)

BACKGROUND

The Workforce Innovation and Opportunity Act (WIOA) provides local Workforce Development Boards (WDBs) the discretion to provide supportive services deemed appropriate to participants who are enrolled in and actively engaged in individualized career services or training activities and coincides with participant's Individual Employment Plans (IEP). Moreover, the legislation provides the highest quality supportive services,

so that participants are successfully able to complete activities, secure and sustain employment and credential attainment, and earn a livable wage. WIOA regulations describe supportive services as "services that are

necessary to enable an individual to participate in activities authorized under WIOA."

Although WIOA gives local WDBs guidelines for supportive services, it also provides the local WBDs with the flexibility to adopt supportive services that positively influence each local area. Supportive services may only be provided to participants who are unable to obtain supportive services through other programs that provide such services. Participants must demonstrate that they have made every attempt to find other resources that could provide the supportive service funding including resources outside of the local area if applicable.

Adult and Dislocated Workers

Supportive services may be provided to WIOA Adult and Dislocated Worker participants to enable an individual to participate in career services and/or training services. WIOA-funded supportive services must be a last resort; referrals to other services are to be done first. Individuals identified as needing ongoing supportive services must still be participating in career services, training activities, or both to continue to receive supportive services. Supportive services are not allowed for adults and/or dislocated workers in follow-up. Referral and linkage to other community resources can be performed during follow-up to address need, however payment for any supportive services using WIOA funding is not allowed.

Youth Program

Supportive services can be provided to WIOA Youth during program participation and during follow-up services. WIOA-funded supportive services must be a last resort; referrals to other services are to be done first. They must be provided based on the needs of the participant as identified in the youth's Individual Service Plan (ISP). During follow-up, youth are eligible for supportive services to ensure success in employment, postsecondary education, and/or training.

WIOA regulations stipulate that in order for exited youth participants to receive follow-up supportive services, "the follow-up services must be conducive of more than just a contact attempt in order to secure documentation, or to report a performance outcome"; supportive services must correlate with performance outcomes and be "determined based on the needs of the individual."

Special/Non-WIOA Programs

OCWDB has administrative oversight of several special and non-WIOA-funded programs. All staff shall adhere to the policies and procedures provided herein, unless specifically noted.

Supportive Services may include, but are not limited to:

- 1. Linkages to community services;
- 2. Assistance with transportation;
- 3. Assistance with child care and dependent care;
- 4. Assistance with housing;
- 5. Needs-related payments;
- 6. Assistance with educational testing:
- 7. Reasonable accommodations for individuals with disabilities;
- 8. Legal aid services;

- 9. Referrals to health care;
- 10. Assistance with uniforms or other appropriate work attire and work-related tools, including such items as protective eye gear;
- 11. Assistance with books, fees, school supplies, and other necessary items for students enrolled in post-secondary education; and
- 12. Payments and fees for employment and training-related applications, tests, and certifications.
- 13. Expenses associated with a participant's entrepreneurship activities:
 - Pay for California Secretary of State business registration
 - Local business registration within Orange County
 - Local permit to operate as a sidewalk vendor within Orange County
 - Purchase equipment (limit less than 3K) following proper procurement and approval procedures
 - Purchase supplies (limit less than 3K) following proper procurement and approval procedures

The purchase of bulk supportive services (i.e bus passes, gas cards) is allowable but must be paid with non-WIOA funds. Once a supportive service has been distributed to a participant, the individual supportive service can be included on the monthly WIOA program invoice for reimbursement.

Disallowed Supportive Services

Supportive services will not be provided for expenses incurred prior to participant's enrollment in WIOA career services and training. Additionally, the following do not qualify for supportive services:

- 1. Fines, penalties, interest payments, traffic violations, late finance charges, damages and other settlements;
- 2. Refundable deposits;
- 3. Taxes;
- 4. Child support payments;
- 5. Membership fees (i.e fitness club, social club, annual fees, etc.)
- 6. Entertainment;
- 7. Auto loan or mortgage payment;
- 8. Alcohol, tobacco or recreational drugs;
- 9. Pet products;
- 10. Plants or plant supplies;
- 11. Items for family members, friends, or anyone who is not the participant;
- 12. Groceries, or other food items; or
- 13. Personal medical/health expenses.

WIOA Title 1 funds must not be spent on employment generating activities, investments in revolving loan funds, capitalization of businesses, investment in contract bidding resource centers, economic development activities, or similar activities, unless they are directly related to training for eligible program participants. For purposes of this restriction, employer outreach and job development activities are directly related to training for eligible participants.

Policy and Procedures

1. Supportive services may only be provided to enrolled individuals, who are active participants in individualized career services and/or training services. The support

- must be necessary to enable the individual to participate in career services or training activities.
- 2. Any participant who is requesting supportive services or training shall have started and have agreed to complete financial literacy training prior to receiving supportive services or training. If a participant has started financial literacy training and receives supportive services prior to completion, secondary supportive services cannot be issued until the participant completes the financial literacy training.
- 3. Supportive services may only be provided to participants who are unable to obtain supportive services through other programs that provide such services. Participants must demonstrate that they have made every attempt to find other resources that could provide the supportive service funding including resources outside of the local area if applicable.
- 4. Supportive services may only be provided when necessary to enable individuals to participate in individualized career service and/or training activities.
- 5. Supportive services provided must be reasonable, necessary, and allowable based on established local, State and Federal guidelines and regulations.
- 6. All supportive service payments must be relevant to the results of the objective assessment of each participant's IEP/ISP and educational goals. The need for, and the extent of, supportive services must be listed in the participant's IEP/ISP. In all cases, staff must review "service notes" prior to making any supportive service payments to avoid duplicate payments.
- 7. Supportive services are not entitlements and are subject to funding availability. All supportive service requests must be supported by demonstration of need.
- 8. Supportive services cannot be provided retroactively.
- A Supportive Services Exploration Form (Attachment I) shall be completed prior to requesting supportive services and kept in each participant's file and uploaded to the participants CalJOBS electronic file. This form shall be completed for each supportive services request.
- 10. Identified resources shall be entered on the Supportive Services Request Form (Attachment II). Provision of supportive services require the completion of the Supportive Services Request Form. The form must be completed in its entirety and signed by the participant and applicable program staff. It shall be kept in each participant's file and uploaded to the participants CalJOBS electronic file. Failure to properly complete the supportive services forms may result in a delay/denial of the reimbursement for supportive services.
- 11. Each request for supportive services must be clearly documented in the case notes. The case note must include the participant's individual needs, how these needs relate to the supportive services request, and should provide detailed information on the payment for the supportive services being authorized. All documentation must support the service dates being paid for.

Example case note language:

"Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service."

- 12. For all participants, the appropriate activity code for supportive services must be opened on the date the cost was incurred, entered in CalJOBS, updated throughout the participation in the program, and closed on the actual end date of service. Costs incurred prior to program enrollment are not allowable. At the time supportive services activities are opened a service note must be entered stating what has been obligated to the participant, including 1) type of service; 2) justification of participant's needs for service; 3) lack of other community resources; 4) total amount; 5) date(s) or date range; and 6) whether it is a one-time payment or a recurring obligation. Once the expense is incurred, a detailed service note must indicate the type of supportive service, date(s), and the amount paid. If a Youth participant receives supportive services in the follow-up period, designated activity codes for follow-up supportive services shall be used and entered in CalJOBS.
- 13. A bill or invoice for a supportive service can be paid directly by the service provider.
- 14. A copy of the supportive service (card, check, etc.) shall be made and placed in the participant's file. The participant shall sign and date the copy upon receipt. This copy must be placed in the participant's file.
- 15. Invoices, statements, and receipts necessary to verify that a supportive service has been provided must be returned to staff. It is the responsibility of the staff who distributed the supportive service to ensure that all support services documentation is collected, added to the participant file, and uploaded into the participants CalJOBS electronic file.
- 16. Returned receipts must indicate that the supportive service was used for its intended purpose. For example, a \$50.00 gas card should display that \$50.00 of gasoline was purchased. If the supportive service was not used for its intended purpose, no additional supportive services will be provided for the participant unless the participant reimburses the difference.
- 17. Gift cards that have remaining balances must be returned by the participant and tracked by the Service Provider.
- 18. A Supportive Service Participant Log shall be kept in each participant's file who receives supportive services (Attachment III).

- 19. If a Participant receives a supportive service and fails to return the appropriate documentation/receipts, no additional supportive services will be provided until such receipts are provided. Supportive services may continue to be provided should the participant return the value of the supportive service in which the receipt was lost.
- 20. An Affidavit of Lost/Stolen/Destroyed Supportive Services (Attachment IV) must be completed by the participant, if a supportive service or a receipt is lost, stolen, or destroyed. Any reported lost/stolen/destroyed supportive service should be immediately recorded and reported to the police, as necessary. No additional supportive services shall be provided until such receipts (or monetary value of the supportive service) are provided or until proper documentation of a lost/stolen/destroyed supportive service is collected to support the circumstance.
- 21. All supportive services shall be tracked for audit purposes on a Supportive Services Master Log (Attachment V). An inventory of all supportive services will be conducted by a designated staff who is responsible for tracking supportive services for the program.
- 22. Total cumulative supportive service payments to any participant <u>may not exceed</u> <u>\$6,000 in a participant's lifetime</u>.
- 23. In justified circumstances, participants may receive supportive services exceeding the \$6,000 maximum. Service Providers and Special Programs must submit a Supportive Services Waiver Request Form (Attachment VI) to the Orange County Director of Workforce & Economic Development for approval. All waivers must be approved prior to issuing the supportive service. Waiver approvals must be uploaded into CALJOBS and documented in the participant's case notes.

ACTION

Bring this policy to the attention of all affected staff and all relevant parties.

INQUIRIES

If you have any questions regarding this policy, please contact your Contract Administrator at 714-480-6500.

ATTACHMENTS

Attachment I: Supportive Services Exploration Form Attachment II: Supportive Services Request Form Attachment III: Supportive Services Participant Log

Attachment IV: Affidavit of Lost/Stolen/Destroyed Supportive Services

Attachment V: Supportive Services Master Log Attachment VI: Supportive Services Waiver Form



DYLAN WRIGHT
DIRECTOR
OC COMMUNITY RESOURCES

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ASSISTANT DIRECTOR
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JULIE LYONS DIRECTOR ADMINISTRATIVE SERVICES

ANDI BERNARD DIRECTOR OC ANIMAL CARE

JULIA BIDWELL
DIRECTOR
OC HOUSING & COMMUNITY
DEVELOPMENT

RENEE RAMIREZ
DIRECTOR
OC COMMUNITY SERVICES

TOM STARNES DIRECTOR OC PARKS

JULIE QUILLMAN
COUNTY LIBRARIAN
OC PUBLIC LIBRARIES



WORKFORCE & ECONOMIC DEVELOPMENT DIVISION

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Revised: PENDING OCWDB Approval

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To: WIOA Subrecipients of the Orange County

Workforce Development Area

From: Carma Lacy

Effective: August 17, 2020

Director of Workforce Development

Subject: Supportive Services Policy

Information Notice No. 22-OCWDB-0523-OCWDB-01

Supersedes Information Notice No. 17-OCDB-21, 20-OCWDB-

14, 22-OCWDB-05

PURPOSE

To provide comprehensive service provisions as it pertains to supportive services under the Workforce Innovation and Opportunity Act (WIOA) for Adult, Dislocated Workers, Youth, and Special Programs of the Orange County Workforce Development Board (OCWDB).

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- 6. Assistance with educational testing;
- 7. Reasonable accommodations for individuals with disabilities;
- 8. Legal aid services;
- 9. Referrals to health care;

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- 10. Assistance with uniforms or other appropriate work attire and work-related tools, including such items as protective eye gear;
- 11. Assistance with books, fees, school supplies, and other necessary items for students enrolled in post-secondary education; and
- 12. Payments and fees for employment and training-related applications, tests, and certifications.
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Policy and Procedures

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- 2. Any participant who is requesting supportive services or training shall have started and have agreed to complete financial literacy training prior to receiving supportive services or training. If a participant has started financial literacy training and receives supportive services prior to completion, secondary supportive services cannot be issued until the participant completes the financial literacy training.
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- 10. Identified resources shall be entered on the Supportive Services Request Form (Attachment II). Provision of supportive services require the completion of the Supportive Services Request Form. The form must be completed in its entirety and signed by the participant and applicable program staff. It shall be kept in each participant's file and uploaded to the participants CalJOBS electronic file. Failure to properly complete the supportive services forms may result in a delay/denial of the reimbursement for supportive services.
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Example case note language:

"Supportive service assistance for (insert type of supportive service) was requested by (insert participant name). All practical alternatives have been exhausted (name attempted resources) in an effort to obtain these supportive services through other resources. (Insert participant's name) requires this assistance in order to complete (his/her) (insert type of activity). The cost for this supportive service is (insert actual amount). Supportive service funds will be used to pay for this supportive service, and the participant has received a total of (\$000.00) in supportive services year-to-date, not including this service."

- 12. For all participants, the appropriate activity code for supportive services must be opened on the date the cost was incurred, entered in CalJOBS, updated throughout the participation in the program, and closed on the actual end date of service. Costs incurred prior to program enrollment are not allowable. At the time supportive services activities are opened a service note must be entered stating what has been obligated to the participant, including 1) type of service; 2) justification of participant's needs for service; 3) lack of other community resources; 4) total amount; 5) date(s) or date range; and 6) whether it is a one-time payment or a recurring obligation. Once the expense is incurred, a detailed service note must indicate the type of supportive service, date(s), and the amount paid. If a Youth participant receives supportive services in the follow-up period, designated activity codes for follow-up supportive services shall be used and entered in CalJOBS.
- 13. A bill or invoice for a supportive service can be paid directly by the service provider.
- 14. A copy of the supportive service (card, check, etc.) shall be made and placed in the participant's file. The participant shall sign and date the copy upon receipt. This copy must be placed in the participant's file.
- 15. Invoices, statements, and receipts necessary to verify that a supportive service has been provided must be returned to staff. It is the responsibility of the staff who distributed the supportive service to ensure that all support services documentation is collected, added to the participant file, and uploaded into the participants CalJOBS electronic file.
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- 17. Gift cards that have remaining balances must be returned by the participant and tracked by the Service Provider.
- 18.A Supportive Service Participant Log shall be kept in each participant's file who receives supportive services (Attachment III).
- 19. If a Participant receives a supportive service and fails to return the appropriate documentation/receipts, no additional supportive services will be provided until such

- <u>receipts are provided</u>. Supportive services may continue to be provided should the participant return the value of the supportive service in which the receipt was lost.
- 20. An Affidavit of Lost/Stolen/Destroyed Supportive Services (Attachment IV) must be completed by the participant, if a supportive service or a receipt is lost, stolen, or destroyed. Any reported lost/stolen/destroyed supportive service should be immediately recorded and reported to the police, as necessary. No additional supportive services shall be provided until such receipts (or monetary value of the supportive service) are provided or until proper documentation of a lost/stolen/destroyed supportive service is collected to support the circumstance.
- 21. All supportive services shall be tracked for audit purposes on a Supportive Services Master Log (Attachment V). An inventory of all supportive services will be conducted by a designated staff who is responsible for tracking supportive services for the program.
- 22. Total cumulative supportive service payments to any participant <u>may not exceed</u> \$6,000 in a participant's lifetime.
- 23.In—exceptional and justified circumstances, participants may receive supportive services exceeding the \$6,000 maximum. Service Providers and Special Programs must submit a Supportive Services Waiver Request Form (Attachment VI) to the Orange County Director of Workforce & Economic Development for approval. All waivers must be approved prior to issuing the supportive service. Waiver approvals must be uploaded into CALJOBS and documented in the participant's case notes. with approval by the Orange County Workforce Development Executive Director or Deputy Director. When supportive services are issued beyond the \$6,000 threshold, a Supportive Services Waiver Form must be completed and filed by the issuing party on behalf of the participant. Exceptional circumstances are defined as:

a. Head of household whose obligational expenses reasonably exceeds the \$6,000 threshold

- Individuals engaged in training programs with a demonstrated engoing need for supportive services which exceeds \$6,000
- Individuals engaged who demonstrate a justified need for financial support which exceeds \$6,000
- 24. In the event that there is a delay in available program funding and supportive services funds are not accessible to meet participant needs in a timely manner, supportive services funds may be leveraged across WIOA and/or other special programs to meet the immediate and urgent needs of a participant enrolled in a corresponding program and with written justification and approval by all involved program managers and the program director.

23.

ACTION

Bring this policy to the attention of all affected staff and all relevant parties.

INQUIRIES

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If you have any questions regarding this policy, please contact your Contract Administrator at 714-480-6500.

ATTACHMENTS

Attachment I: Supportive Services Exploration Form Attachment II: Supportive Services Request Form Attachment III: Supportive Services Participant Log

Attachment IV: Affidavit of Lost/Stolen/Destroyed Supportive Services

Attachment V: Supportive Services Master Log Attachment VI: Supportive Services Waiver Form

Attachment VII: Supportive Services Program Funding Leverage Justification Form









Attachment VI Supportive Services Waiver Request

Under Orange County Workforce Development Board's Supportive Services Policy, Service Providers and Special Programs may request a waiver on behalf of a participant to receive supportive services exceeding the \$6,000 maximum if the request is justifiable.

| Participant Name: | | |
|--|-----------------------------------|----------------|
| Program: | | |
| This waiver request is being sub | omitted for the following reason: | |
| Justification for waiver: | | |
| The additional documentation re 1. Supportive Services Req 2. Supportive Services Part | | aiver request: |
| Case Manager (Print) | Case Manager Signature | - Date |
| Program Manager (Print) | Program Manager Signature | - Date |
| County of Orange Use Only | | |
| OC Director of Workforce Devel | opment Approval: □ Yes □ No | 0 |
| Signature: | | Date: |

Item #7 - ACTION

BACKGROUND:

Under the Workforce Innovation and Opportunity Act law, Local Workforce Development Boards are required to award contracts to youth service providers, using a competitive procurement process. Orange County Workforce Development Board is required to award grants or contracts to youth service providers to carry out youth workforce investment activities, identify youth service providers based on criteria established in the State Plan and take into consideration the ability of the provider to meet performance accountability measures based on the primary indicators of performance for youth programs. Based on the committee's request, staff have been exploring alternative programs and various funding strategies to serve disadvantaged youth. Staff have researched youth demographics in Orange County and shared information with the committee. Staff have also met with Third Sector, a third party vendor to explore alternative programs and different types of contracts. Third Sector provided the committee an overview of different types of contracts. This action item is for the committee to approve moving forward with exploring the opportunity to develop a special program to serve youth with disabilities in Orange County and to seek approval from the Department of Labor (DOL) and State to enter into a performance based contract.

RECOMMENDATION(S):

- 1. Approve moving forward with exploring the opportunity to develop a special program to serve youth with disabilities in Orange County with prior approval from DOL and the State.
- 2. Approve exploring the possibility to pilot a cost reimbursement plus performance based contract for a special program with prior approval from DOL and the State.

ORANGE COUNTY WORKFORCE DEVELOPMENT BOARD



Performance Report

Quarter 2

October 1, 2022 through December 31, 2022

| Status: | Open |
|----------------------|-------------------------|
| Service Provider: | City of La Habra |
| Contract Obligation: | \$545,229.00 |
| Contract Number: | MA-012-20011848 |
| Contract Period: | 07/01/2022 - 06/30/2023 |

| Ready SET OC WIOA Yout | Program Name: |
|------------------------|----------------------|
| WIOA Youth In-Schoo | Funding Stream |
| \$10,000.0 | Leverage Budget: |
| | Total YTD Leverage: |
| | % of Total Leverage: |

Fiscal Activities

| Cost Category | Budget | Q2 Oct '22 - Dec '22 | YTD Expenditures | Balance | % Utilized |
|-----------------------|------------------|-------------------------|------------------|------------------|------------|
| Direct Program Costs | \$ 352,273.98 | \$ 63,215.41 | \$ 63,215.41 | \$ 289,058.57 | 18% |
| Administrative (cost) | \$ 49,566.00 | \$ 8,186.45 | \$ 8,186.45 | \$ 41,379.55 | 17% |
| Supportive Services | \$ 15,000.00 | \$ 213.17 | \$ 213.17 | \$ 14,786.83 | 1% |
| Work Experience | \$ 128,389.02 | \$ 18,435.92 | \$ 18,435.92 | \$ 109,953.10 | 14% |
| TOTAL | \$ 545,229.00 | \$ 90,050.95 | \$ 90,050.95 | \$ 455,178.05 | 17% |



Program Activities | Contract Performance Measures

| Performance Category | Contracted Goal | Q2 Oct '22 - Dec '22 | YTD | % of Performance |
|--|-----------------|-------------------------|-------------|------------------|
| New Enrollments | 150 | 10 | 31 | 21% |
| Carry Forward / Follow-Up | 29 | 0 | 29 | 100% |
| Median Earnings of Participant Employment Placements | \$4,100.00 | \$7,800.00 | \$16,120.00 | 393% |
| Youth Education, Military, Apprenticeship, or Trade Placements | 41 | 5 | 8 | 20% |
| Attainment of Degree/Certificate | 41 | 0 | 1 | 2% |
| Literacy/Numeracy Gain (in program skills gain) | 78 | 1 | 1 | 1% |
| Retention with the Same Employer | 42.12 | 2 | 3 | 7% |
| Work Experience | 45 | 4 | 13 | 29% |
| Program Exit | 54 | 14 | 16 | 30% |

Program Participation

| Trainings | # of Participants | | | |
|---|-------------------------|-----|--|--|
| Participated in their first class/workshop/training: | Q2 Oct '22 - Dec '22 | YTD | | |
| Within 1 week of program enrollment | 10 | 31 | | |
| Between 2 and 4 weeks of program enrollment | 0 | N/A | | |
| Between 1 and 2 months of program enrollment | 0 | N/A | | |
| More than 2 months since program enrollment | 0 | N/A | | |
| Not yet engaged in a service | 0 | N/A | | |
| Training (Please specify type of training completed): | | | | |
| ITA'S | | | | |
| OJT | | | | |

ORANGE COUNTY WORKFORCE DEVELOPMENT BOARD



Performance Report

Quarter 2

October 1, 2022 through December 31, 2022

| Status: | Open |
|----------------------|-------------------------|
| Service Provider: | City of La Habra |
| Contract Obligation: | \$ 1,635,686.00 |
| Contract Number: | MA-012-20011848 |
| Contract Period: | 07/01/2022 - 06/30/2023 |

| Program Name: | Ready SET OC WIOA Youth |
|----------------------|--------------------------|
| Funding Stream | WIOA Youth Out-of-School |
| Leverage Budget: | \$ 10,000.00 |
| Total YTD Leverage: | |
| % of Total Leverage: | |

Fiscal Activities

| | | | | _ | | |
|-----------------------------------|--------------------|------------------------|------------------|----|--------------|------------|
| Cost Category | Budget | Q2 Oct '22- Dec '22 | YTD Expenditures | | Balance | % Utilized |
| Direct Program Costs | \$ 894,430.68 | \$ 121,564.78 | \$ 121,564.78 | \$ | 772,865.90 | 14% |
| Administrative (cost) | \$ 148,698.00 | \$ 14,447.99 | \$ 14,447.99 | \$ | 134,250.01 | 10% |
| Supportive Services | \$ 41,447.32 | \$ | \$ | \$ | 41,447.32 | 0% |
| Individual Training Account (ITA) | \$ 103,500.00 | \$ | \$ | \$ | 103,500.00 | 0% |
| On-the-Job Training (OJT) | \$ 7,860.00 | \$ - | \$ - | \$ | 7,860.00 | 0% |
| Work Experience | \$ 439,750.00 | \$ 22,915.10 | \$ 22,915.10 | \$ | 416,834.90 | 5% |
| TOTAL | \$ 1,635,686.00 | \$ 158,927.87 | \$ 158,927.87 | \$ | 1,476,758.13 | 10% |



Program Activities | Contract Performance Measures

| Performance Category | Contracted Goal | Q2 Oct '22 - Dec '22 | YTD | % of Performance |
|--|-----------------|-------------------------|------------|------------------|
| New Enrollments | 450 | 35 | 118 | 26% |
| Carry Forward / Follow-Up | 89 | 0 | 89 | 100% |
| Median Earnings of Participant Employment Placements | \$4,100.00 | \$6,825.00 | \$5,843.93 | 143% |
| Youth Education, Military, Apprenticeship, or Trade Placements | 122 | 7 | 11 | 9% |
| Attainment of Degree/Certificate | 122 | 15 | 15 | 12% |
| Literacy/Numeracy Gain (in program skills gain) | 234 | 57 | 57 | 24% |
| Retention with the Same Employer/ Education | 126 | 3 | 7 | 6% |
| Work Experience | 135 | 20 | 33 | 24% |
| Program Exit | 162 | 46 | 59 | 36% |

Program Participation

| Trainings | # of Participants | | | | |
|---|-------------------------|-----|--|--|--|
| Participated in their first class/workshop/training: | Q2 Oct '22 - Dec '22 | YTD | | | |
| Within 1 week of program enrollment | 35 | 118 | | | |
| Between 2 and 4 weeks of program enrollment | 0 | N/A | | | |
| Between 1 and 2 months of program enrollment | 0 | N/A | | | |
| More than 2 months since program enrollment | 0 | N/A | | | |
| Not yet engaged in a service | 0 | N/A | | | |
| Training (Please specify type of training completed): | | | | | |
| ITA'S | 7 | 25 | | | |
| OJT | 0 | 0 | | | |

ORANGE COUNTY WORKFORCE DEVELOPMENT BOARD



Performance Report

Overseeing job seekers, youth and business programs and services.

Quarter 2

October 1, 2022 through December 31, 2022

| Status: | Open |
|----------------------|--------------------------------------|
| Service Provider: | Goodwill Industries of Orange County |
| Contract Obligation: | \$ 62,900.00 |
| Contract Number: | MA-012-20011848 |
| Contract Period: | 07/01/2022 - 06/30/2023 |

| Program Name: | | STEPS |
|----------------------|----|-------|
| Funding Stream | | |
| Leverage Budget: | \$ | - |
| Total YTD Leverage: | | |
| % of Total Leverage: | | |

Fiscal Activities

| Q2 | | | | | | | | |
|----------------------|--------------|----|------------------|----|------------------|----|-----------|------------|
| Cost Category | Budget | | Oct '22- Dec '22 | | YTD Expenditures | | Balance | % Utilized |
| Direct Program Costs | \$ 62,900.00 | \$ | 12,199.28 | \$ | 22,335.64 | \$ | 40,564.36 | 36% |
| TOTAL | \$ 62,900.00 | \$ | 12,199.28 | \$ | 22,335.64 | \$ | 40,564.36 | 36% |



Program Activities | Contract Performance Measures

| | | Q2 | | |
|--|-----------------|-------------------|-----|------------------|
| Performance Category | Contracted Goal | Oct '22 - Dec '22 | YTD | % of Performance |
| New Enrollments | 50 | 12 | 20 | 40% |
| Carry Forward / Follow-Up | 3 | 0 | 3 | 100% |
| Workplace Readiness Training | 50 | 12 | 22 | 44% |
| Work Experience | 50 | 2 | 7 | 14% |
| Referrals to the Ready SET OC Program | 25 | 4 | 4 | 16% |
| Placement in Employment/Post-Secondary Education | | 0 | 0 | |
| Program Exit | | 1 | 2 | |

Program Participation

| Trainings | # of Participants | | |
|---|-------------------------|-----|--|
| Participated in their first class/workshop/training: | Q2 Oct '22 - Dec '22 | YTD | |
| Within 1 week of program enrollment | 1 | 8 | |
| Between 2 and 4 weeks of program enrollment | 10 | 11 | |
| Between 1 and 2 months of program enrollment | 0 | N/A | |
| More than 2 months since program enrollment | 0 | N/A | |
| Not yet engaged in a service | 1 | N/A | |
| Training (Please specify type of training completed): | | | |
| ITA'S | | | |
| ОЈТ | | | |

| Grant Name | Funder | Fiscal Agent | Description | OCWDB Role | Targeted Customer(s) | Total Grant | Begin Date | End Date | Match/ Leverage | Subrecipient(s) |
|---|---|------------------|---|--|--|-------------|------------|-----------|--------------------|-------------------------------|
| | | | Grant | s Awarded | | | | | | |
| Orange County's Regional Implementation/Slingshot 5.0 | CA Workforce Development Board/EDD | County of | Efforts will be focused on developing a Post COVID-19 Economic Development Strategy that includes regional and sub-regional workforce and economic development strategies that support equitable recovery efforts and an equitable regional economy; and providing capacity building and training and development opportunities that support RPU staff, providers, and regional partners, to be conducted during the regional collaborative partner meetings. | Administrator / | N/A | \$ 131,250 | TBD | 6/30/24 | 0% | Anaheim WDB/ Santa Ana WDB |
| Regional Equity and Recovery Partnerships (RERP) (Application due 5/6/22) | CA Workforce Development Board | County of Orange | Funding to expand and implement the partnership and service strategies to train individuals with barriers to employment; partnership with the community college system to create system change | Administrator / Regional Planning Lead | English language learners, immigrants, first gen college students | \$1,300,000 | TBD | 9/30/2025 | 0% | Anaheim WDB/ Santa Ana WDB |
| California Microbusiness COVID- 19 Relief Grant Program | CA Office of the Small Business Advocate (CalOSBA) | County of Orange | Funding to distribute \$2,500 grants to eligible microbusinesses that have been impacted by COVID-19 and the associated health and safety restrictions. | Administstrator | MicroBusiness owners | \$3,975,481 | 12/29/2021 | 6/30/23 | 0% | N/A |
| Comprehensive and Accessible Reemploymnet through Equitable Emoloyment Recovery (CAREERS) National Dislocated Worker Grants | Employment and Training Administration | County of Orange | The goal of the CAREER DWG is to help reemploy dislocated workers most affected by the economic and employment fallout from the COVID-19 pandemic. Grant will be a regional effort, in partnership with Anaheim and Santa Ana WDBs. | Administrator / Regional Planning Lead | Dislocated Workers (Marginalized Groups) | \$3,000,000 | 9/24/2021 | 9/23/23 | \$1,500,000 | N/A |

| VEAP 20-21 | EDD | County of Orange | Efforts will be focused on outreach, recruitment, and providing initial assessment and immediate support services to veterans in Orange County. | Administrator / One-Stop Center System | Veterans with significant barriers to employment | \$ 500,000 | 04/01/21 | 3/31/23 | \$1,019,200 (40% required) | N/A |
|---|---|------------------|---|--|--|---------------|----------|---|----------------------------------|-------------------------------|
| Orange County's Regional Implementation/Slingshot 4.0 | CA Workforce Development Board/EDD | County of | Efforts will be focused on developing a Post COVID-19 Economic Development Strategy that includes regional and sub-regional workforce and economic development strategies that support equitable recovery efforts and an equitable regional economy; and providing capacity building and training and development opportunities that support RPU staff, providers, and regional partners, to be conducted during the regional collaborative partner meetings. | Administrator / Regional Planning Lead | N/A | \$ 375,000 | 04/01/21 | 12/31/2022 (no-cost 3 month extension) | 0% | Anaheim WDB/ Santa Ana WDB |
| Summer Training & Employment Program for Students (STEPS) 2022 (pending award approval) | Foundation for CA Community Colleges/ CA Department of Rehabilitation | County of Orange | Funding will be used to serve students with disabilities (SWDs) ages 16-21 by working in cooperation with the Department of Rehabilitation (DOR) to provide workforce services to SWDs, specifically training and paid work experience. Students are coenrolled into the WIOA Youth program. | Administrator | Students with disabilities (SWDs) ages 16-21 | \$ 264,500 | 07/01/22 | 6/30/23 | 0% | Goodwill of Orange County |
| Prison to Employment Initiative (P2E) 2.0 | CA Workforce Development Board/EDD | Santa Ana WDB | Collaborative development of regional partnerships and plans to serve the formerly incarcerated and other justice involved. | Regional Partner | Formerly incarcerated and other justice involved individuals | \$ 884,000 | 01/01/23 | 12/31/25 | 0% | Anaheim WDB/ Santa Ana WDB |
| | | | TOTAL | | l | \$ 10,430,231 | | 1 | 1 | |



Gavin Newsom, Governor California Labor and Workforce Development Agency



December 5, 2022

Ms. Carma Lacy, Workforce Development Director County of Orange 1300 S. Grand Avenue, Building B Santa Ana, CA 90630

Dear Ms. Carma Lacy

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SUBGRANT AGREEMENT AA111023

Enclosed is a copy of modification number fifteen of your WIOA Subgrant Agreement. The purpose of this modification is to deobligate unexpended WIOA Formula funding from Round 2 Dislocated Worker funding in grant code 502 and close this grant code. This modification also deobligates unexpended Rapid Response by Formula funding from grant code 541, and Rapid Response Layoff Aversion funding from grant code 293 and close these grant codes.

If you have any questions, please contact your Regional Advisor.

Sincerely,

/s/Maria McNamara Manager Financial Management Unit

Enclosure

cc: Mr. Doug Chaffee, Chairman Yvette Quevedo, Regional Advisor Michelle Mori, Financial Management Unit

WIOA SUBGRANT AGREEMENT

County of Orange

SUBGRANT NO: AA111023 **MODIFICATION NO: 15** SUBRECIPIENT CODE: ORA UNIQUE ENTITY NO: 073507670 INDIRECT COST RATE: CAP

PASS-THROUGH ENTITY:

State of California

Employment Development Dept.

Central Office Workforce

Services Division

P.O.Box 826880, MIC 69 Sacramento, CA 94280-0001 SUBRECIPIENT: County of Orange

1300 S. GRAND AVENUE,

BUILDING B

SANTA ANA, CA 90630

GOVERNMENTAL ENTITY: Yes

This Subgrant Agreement is entered into by and between the State of California, Employment Development Department, hereinafter the Pass-through Entity, and the County of Orange, hereinafter the Subrecipient. The Subrecipient agrees to operate a program in accordance with the provisions of this Subgrant and to have an approved Workforce Innovation and Opportunity Act (WIOA) Local Plan for the above named Pass-through Entity filed with the Pass-through Entity pursuant to the WIOA. This modification consists of this sheet and those of the following exhibits. which are attached hereto and by this reference made a part hereof:

Funding Detail Chart Rapid Response by Formula Rapid Response Layoff Aversion Dislocated Worker Rd 2

| ALLOCATION(s) The Pass-through Entity agrees to reimburse the Subrecipient not to exceed the amount listed hereinafter 'TOTAL' | PRIOR AMOUNT INCREASE/DECREASE: TOTAL: | \$11,134,265.59 (\$2,574,062.95) \$8,560,202.64 |
|---|--|--|
| TERM OF AGREEMENT From:4/1/2020 To: 3/31/2023 | | Terms of Exhibits are as designated on each exhibit |
| PURPOSE: The purpose of this modification is to dec Dislocated Worker funding in grant code 502 and close unexpended Rapid Response by Formula funding from from grant code 293 and close these grant codes. | this grant code. This modification | n also deobligates |
| APPROVED FOR PASS-THROUGH ENTITY(EDD) (By Signature) Waria WcNamara for | APPROVED FOR SUBRECIPIE Unilateral modification. Subrec required | |
| Name and Title KIMBERLEE MEYER CHIEF CENTRAL OFFICE WORKFORCE SERVICES DIVISION | Name and Title | |
| I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditures as stated herein | This agreement does not fall with 10295 of Chapter 2 of Part 2 of E Contract Code of the State of Ca OPS Cal. Atty. Gen 586, is exem the Dept. of General Services and | Division 2 of the Public alifornia and pursuant to 58 apt from review or approval of |
| yong yu | | |
| Signature of EDD Accounting Officer | | |

Budget item: 7100

Chapter: 006

Fund: 0869 Statute: 2020 Budgetary Attachment: No

FY: 20/21

SUBGRANT AGREEMENT FUNDING DETAIL SHEET

SUBGRANT NO:AA111023 MODIFICATION NO:15

County of Orange

I. Allocation

| Prior Amount | Increase | Decrease | Adjusted Allocation |
|----------------------------|--|--|--|
| | | | |
| \$375,000.00 | \$0.00 | \$0.00 | \$375,000.00 |
| \$500,000.00 | \$0.00 | \$0.00 | \$500,000.00 |
| \$875,000.00 | \$0.00 | \$0.00 | \$875,000.00 |
| | | | |
| AFO 070 00 | Ф0.00 | Φ0.00 | A 50.070.00 |
| \$52,079.00 | \$0.00 | \$0.00 | \$52,079.00 |
| \$233,115.00 | \$0.00 | (\$165,221.30) | \$67,893.70 |
| \$219,403.00 | \$0.00 | \$0.00 | \$219,403.00 |
| \$982,083.00 | \$0.00 | (\$858,175.64) | \$123,907.36 |
| \$1,486,680.00 | \$0.00 | (\$1,023,396.94) | \$463,283.06 |
| | | | |
| \$408,638.00 | \$0.00 | \$0.00 | \$408,638.00 |
| \$2,039,121.00 | \$0.00 | \$0.00 | \$2,039,121.00 |
| \$2,626,429.00 | \$0.00 | \$0.00 | \$2,626,429.00 |
| \$667,583.00 | \$0.00 | \$0.00 | \$667,583.00 |
| \$3,008,383.00 | \$0.00 | (\$1,550,666.01) | \$1,457,716.99 |
| \$8,750,154.00 | \$0.00 | (\$1,550,666.01) | \$7,199,487.99 |
| | | | |
| | \$0.00 | \$0.00 | \$22,431.59 |
| \$22,431.59 \$22,431.59 | \$0.00 \$0.00 | \$0.00 | \$22,431.59 |
| | \$375,000.00 \$500,000.00 \$875,000.00 \$875,000.00 \$52,079.00 \$233,115.00 \$219,403.00 \$982,083.00 \$982,083.00 \$408,638.00 \$2,039,121.00 \$2,626,429.00 \$667,583.00 \$3,008,383.00 | \$375,000.00 \$0.00 \$500,000.00 \$0.00 \$875,000.00 \$0.00 \$52,079.00 \$0.00 \$233,115.00 \$0.00 \$219,403.00 \$0.00 \$982,083.00 \$0.00 \$1,486,680.00 \$0.00 \$408,638.00 \$0.00 \$2,039,121.00 \$0.00 \$2,626,429.00 \$0.00 \$667,583.00 \$0.00 \$3,008,383.00 \$0.00 | \$375,000.00 \$0.00 \$0.00 \$50,000.00 \$0.00 \$875,000.00 \$0.00 \$52,079.00 \$0.00 \$0.00 \$219,403.00 \$0.00 \$0.00 \$1,486,680.00 \$0.00 \$0.00 \$1,486,680.00 \$0.00 \$0.00 \$2,039,121.00 \$0.00 \$0.00 \$2,626,429.00 \$0.00 \$0.00 \$3,008,383.00 \$0.00 \$0.00 \$0.00 \$3,008,383.00 \$0.00 \$0.00 \$0.00 \$3,008,383.00 \$0.00 \$0.00 \$0.00 |

Page 3 of 7

Grand Total: \$11,134,265.59 \$0.00 (\$2,574,062.95) \$8,560,202.64

NARRATIVE

SUBGRANT NO:AA111023 MODIFICATION NO: 15

SUBRECIPIENT: County of Orange FAIN NO: AA-34757-20-55-A-6 FEDERAL AWARD DATE: 10/27/2020

FUNDING SOURCE: Dislocated Worker Rd 2 - 502

TERM OF THESE FUNDS: 10/01/2020 - 06/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$1,550,666.01 of unexpended Round 2 Dislocated Worker Formula funds in grant code 502 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

WIOA (2015)

NARRATIVE

SUBGRANT NO:AA111023 **MODIFICATION NO: 15**

SUBRECIPIENT: County of Orange FAIN NO: AA-34757-20-55-A-6

FEDERAL AWARD DATE: 10/27/2020

FUNDING SOURCE: Rapid Response Layoff Aversion - 293

TERM OF THESE FUNDS: 10/01/2020 - 06/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$165,221.30 of unexpended WIOA Rapid Response Layoff Aversion funding from grant code 293 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

WIOA (2015)

NARRATIVE

SUBGRANT NO:AA111023 MODIFICATION NO: 15

SUBRECIPIENT: County of Orange FAIN NO: AA-34757-20-55-A-6 FEDERAL AWARD DATE: 10/27/2020

FUNDING SOURCE: Rapid Response by Formula - 541

TERM OF THESE FUNDS: 10/01/2020 - 06/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$858,175.64 of unexpended Rapid Response by Formula funding in grant code 541 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

WIOA (2015)



Gavin Newsom, Governor California Labor and Workforce Development Agency



December 5, 2022

Ms. Carma Lacy, Workforce Development Director County of Orange 1300 S. Grand Avenue, Building B Santa Ana, CA 90630

Dear Ms. Carma Lacy

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SUBGRANT AGREEMENT AA211023

Enclosed is a copy of modification number six of your WIOA Subgrant Agreement. The purpose of this modification is to deobligate unexpended Rapid Response by Formula funding from grant codes 540 and 541, and Rapid Response Layoff Aversion funding from grant codes 292 and 293 and close these grant codes.

If you have any questions, please contact your Regional Advisor.

Sincerely,

/s/Maria McNamara Manager Financial Management Unit

Enclosure

cc: Mr. Doug Chaffee, Chairman Yvette Quevedo, Regional Advisor Michelle Mori, Financial Management Unit

WIOA SUBGRANT AGREEMENT

County of Orange

PASS-THROUGH ENTITY:

State of California

Services Division

Central Office Workforce

P.O.Box 826880, MIC 69 Sacramento, CA 94280-0001

Employment Development Dept.

SUBGRANT NO: AA211023
MODIFICATION NO: 6
SUBRECIPIENT CODE: ORA
UNIQUE ENTITY NO: 073507670

INDIRECT COST RATE:

SUBRECIPIENT: County of Orange

1300 S. GRAND AVENUE,

BUILDING B

SANTA ANA, CA 90630

GOVERNMENTAL ENTITY: Yes

This Subgrant Agreement is entered into by and between the State of California, Employment Development Department, hereinafter the Pass-through Entity, and the **County of Orange**, hereinafter the Subrecipient. The Subrecipient agrees to operate a program in accordance with the provisions of this Subgrant and to have an approved Workforce Innovation and Opportunity Act (WIOA) Local Plan for the above named Pass-through Entity filed with the Pass-through Entity pursuant to the WIOA. This modification consists of this sheet and those of the following exhibits, which are attached hereto and by this reference made a part hereof:

Funding Detail Chart Rapid Response by Formula Rapid Response Layoff Aversion Rapid Response by Formula Rapid Response Layoff Aversion

| PRIOR AMOUNT INCREASE/DECREASE: TOTAL: | \$11,473,273.00 (\$1,041,929.15) \$10,431,343.85 |
|---|---|
| | Terms of Exhibits are as designated on each exhibit |
| bligate unexpended Rapid Respo Aversion funding from grant code | |
| APPROVED FOR SUBRECIPIE Unilateral modification. Subre required | |
| | |
| Name and Title | |
| This agreement does not fall wing 10295 of Chapter 2 of Part 2 of Contract Code of the State of COPS Cal. Atty. Gen 586, is exert the Dept. of General Services a | Division 2 of the Public california and pursuant to 58 mpt from review or approval of |
| | |
| | INCREASE/DECREASE: TOTAL: bligate unexpended Rapid Respandersion funding from grant code APPROVED FOR SUBRECIPIE Unilateral modification. Subre required Name and Title This agreement does not fall with 10295 of Chapter 2 of Part 2 of Contract Code of the State of COPS Cal. Atty. Gen 586, is exerting the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. Atty. Gen 586, is exerting to the state of COPS Cal. |

Budget item: 7100

Fund: 0869

Budgetary Attachment: No

Chapter: 021

Statute: 2021

FY: 21/22

Page 1 of 7

SUBGRANT AGREEMENT FUNDING DETAIL SHEET

SUBGRANT NO:AA211023 MODIFICATION NO:6

County of Orange

I. Allocation

| Funding Source | Prior Amount | Increase | Decrease | Adjusted Allocation |
|--|-----------------|----------|------------------|------------------------|
| WIA/WIOA 25% - Dislocated Worker Rapid Response | | | | |
| 96212 292 Rapid Response Layoff Aversion 07/01/2021 to 09/30/2022 Prog/Element 61/70 Ref 001 Fed Catlg 17.278 | \$51,264.00 | \$0.00 | (\$11,582.36) | \$39,681.64 |
| 98422 293 Rapid Response Layoff Aversion 10/01/2021 to 09/30/2022 Prog/Element 61/70 Ref 001 Fed Catlg 17.278 | \$218,129.00 | \$0.00 | (\$218,129.00) | \$0.00 |
| 96212 540 Rapid Response by Formula 07/01/2021 to 09/30/2022 Prog/Element 61/70 Ref 001 Fed Catlg 17.278 | \$171,476.00 | \$0.00 | (\$82,578.79) | \$88,897.21 |
| 98422 541 Rapid Response by Formula 10/01/2021 to 09/30/2022 Prog/Element 61/70 Ref 001 Fed Catlg 17.278 | \$729,639.00 | \$0.00 | (\$729,639.00) | \$0.00 |
| Total WIA/WIOA 25% - Dislocated Worker Rapid Response | \$1,170,508.00 | \$0.00 | (\$1,041,929.15) | \$128,578.85 |
| WIA/WIOA Formula | | | | |
| 96152 201 Adult Formula RD 1 07/01/2021 to 06/30/2023 Prog/Element 61/90 Ref 101 Fed Catlg 17.258 | \$552,216.00 | \$0.00 | \$0.00 | \$552,216.00 |
| 98282 202 Adult Formula Rd 2 10/01/2021 to 06/30/2023 Prog/Element 61/90 Ref 101 Fed Catlg 17.258 | \$2,602,657.00 | \$0.00 | \$0.00 | \$2,602,657.00 |
| 96102 301 Youth Formula Rd 1 04/01/2021 to 06/30/2023 Prog/Element 61/90 Ref 101 Fed Catlg 17.259 | \$3,295,177.00 | \$0.00 | \$0.00 | \$3,295,177.00 |
| 96202 501 Dislocated Worker Rd 1 07/01/2021 to 06/30/2023 Prog/Element 61/90 Ref 101 Fed Catlg 17.278 | \$733,087.00 | \$0.00 | \$0.00 | \$733,087.00 |
| 98212 502 Dislocated Worker Rd 2 10/01/2021 to 06/30/2023 Prog/Element 61/90 Ref 101 Fed Catlg 17.278 | \$3,119,628.00 | \$0.00 | \$0.00 | \$3,119,628.00 |
| Total WIA/WIOA Formula | \$10,302,765.00 | \$0.00 | \$0.00 | \$10,302,765.00 |
| WIA/WIOA National Emergency Grant | | | | |
| *** 2065 Career NDWG - ORA 08/20/2021 to 08/19/2023 Prog/Element **/** Ref *** Fed Catlg 17.270 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total WIA/WIOA National Emergency Grant | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Grand Total: | \$11,473,273.00 | \$0.00 | (\$1,041,929.15) | \$10,431,343.85 |

SUBGRANT NO:AA211023 MODIFICATION NO: 6

SUBRECIPIENT: County of Orange FAIN NO: AA-36309-21-55-A-6 FEDERAL AWARD DATE: 7/19/2021

FUNDING SOURCE: Rapid Response by Formula - 540

TERM OF THESE FUNDS: 07/01/2021 - 09/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$82,578.79 of unexpended Rapid Response by Formula funding from grant code 540 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

SUBGRANT NO:AA211023 MODIFICATION NO: 6

SUBRECIPIENT:County of Orange FAIN NO: AA-36309-21-55-A-6 FEDERAL AWARD DATE:

FUNDING SOURCE: Rapid Response by Formula - 541

TERM OF THESE FUNDS: 10/01/2021 - 09/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$729,639 of unexpended Rapid Response by Formula funding from grant code 541 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

SUBGRANT NO:AA211023 MODIFICATION NO: 6

SUBRECIPIENT: County of Orange FAIN NO: AA-36309-21-55-A-6 FEDERAL AWARD DATE: 7/19/2021

FUNDING SOURCE: Rapid Response Layoff Aversion - 292

TERM OF THESE FUNDS: 07/01/2021 - 09/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$11,582.36 of unexpended WIOA Rapid Response Layoff Aversion funding from grant code 292 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

SUBGRANT NO:AA211023 MODIFICATION NO: 6

SUBRECIPIENT:County of Orange FAIN NO: AA-36309-21-55-A-6 FEDERAL AWARD DATE:

FUNDING SOURCE: Rapid Response Layoff Aversion - 293

TERM OF THESE FUNDS: 10/01/2021 - 09/30/2022

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

The purpose of this modification is to deobligate \$218,129 of unexpended WIOA Rapid Response Layoff Aversion funding from grant code 293 per submitted closeout documentation and close this grant code.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

WIOA SUBGRANT AGREEMENT

County of Orange

SUBGRANT NO: AA311023 MODIFICATION NO: 1 SUBRECIPIENT CODE: ORA UNIQUE ENTITY NO: 073507670

INDIRECT COST RATE:

SUBRECIPIENT: County of Orange

1300 S. GRAND AVENUE,

BUILDING B

SANTA ANA, CA 90630

GOVERNMENTAL ENTITY: Yes

PASS-THROUGH ENTITY:

State of California

Employment Development Dept.

Central Office Workforce

Services Division

P.O.Box 826880, MIC 69 Sacramento, CA 94280-0001

This Subgrant Agreement is entered into by and between the State of California, Employment Development Department, hereinafter the Pass-through Entity, and the **County of Orange**, hereinafter the Subrecipient. The Subrecipient agrees to operate a program in accordance with the provisions of this Subgrant and to have an approved Workforce Innovation and Opportunity Act (WIOA) Local Plan for the above named Pass-through Entity filed with the Pass-through Entity pursuant to the WIOA. This modification consists of this sheet and those of the following exhibits, which are attached hereto and by this reference made a part hereof:

Funding Detail Chart Rapid Response Layoff Aversion Rapid Response by Formula Adult Formula RD 1 Dislocated Worker Rd 1

| ALLOCATION(s) The Pass-through Entity agrees to reimburse the Subrecipient not to exceed the amount listed hereinafter 'TOTAL' | PRIOR AMOUNT INCREASE/DECREASE: TOTAL: | \$3,973,723.00 \$1,877,045.00 \$5,850,768.00 |
|---|---|---|
| TERM OF AGREEMENT From:4/1/2022 To: 6/30/2024 | | Terms of Exhibits are as designated on each exhibit |
| PURPOSE: The purpose of this modification is to inco 2022-23 into grant codes 201, 292, 501, and 540. | orporate Round 1 WIOA formula | a funding for Program Year (PY) |
| APPROVED FOR PASS-THROUGH ENTITY(EDD) (By Signature) Maria McNamara for | APPROVED FOR SUBRECIF Unilateral modification. Subrequired | |
| Name and Title KIMBERLEE MEYER CHIEF CENTRAL OFFICE WORKFORCE SERVICES DIVISION | Name and Title | |
| I hereby certify that to my knowledge, the budgeted funds are available for the period and purpose of expenditures as stated herein | This agreement does not fall value 10295 of Chapter 2 of Part 2 of Contract Code of the State of OPS Cal. Atty. Gen 586, is exthe Dept. of General Services | of Division 2 of the Public California and pursuant to 58 empt from review or approval of |
| Signature of EDD Accounting Officer | | |

Budget item: 7100

Fund: 0869

Budgetary Attachment: No

Chapter: Statute: 2022

FY: 22/23

SUBGRANT AGREEMENT FUNDING DETAIL SHEET

SUBGRANT NO:AA311023 MODIFICATION NO:1

County of Orange

I. Allocation

| Funding Source | Prior Amount | Increase | Decrease | Adjusted Allocation |
|--|----------------|----------------|----------|------------------------|
| WIA/WIOA 25% - Dislocated Worker Rapid Response | | | | |
| 96213 292 Rapid Response Layoff Aversion 07/01/2022 to 06/30/2023 Prog/Element 61/70 Ref 001 Fed Catlg 17.278 | \$0.00 | \$39,983.00 | \$0.00 | \$39,983.00 |
| 96213 540 Rapid Response by Formula 07/01/2022 to 06/30/2023 Prog/Element 61/70 Ref 001 Fed Catlg 17.278 | \$0.00 | \$135,907.00 | \$0.00 | \$135,907.00 |
| Total WIA/WIOA 25% - Dislocated Worker Rapid Response | \$0.00 | \$175,890.00 | \$0.00 | \$175,890.00 |
| WIA/WIOA Formula | | | | |
| 96153 201 Adult Formula RD 1 07/01/2022 to 06/30/2024 Prog/Element 61/90 Ref 001 Fed Catlg 17.258 | \$0.00 | \$695,562.00 | \$0.00 | \$695,562.00 |
| 96103 301 Youth Formula Rd 1 04/01/2022 to 06/30/2024 Prog/Element 61/90 Ref 101 Fed Catlg 17.259 | \$3,973,723.00 | \$0.00 | \$0.00 | \$3,973,723.00 |
| 96203 501 Dislocated Worker Rd 1 07/01/2022 to 06/30/2024 Prog/Element 61/90 Ref 101 Fed Catlg 17.278 | \$0.00 | \$1,005,593.00 | \$0.00 | \$1,005,593.00 |
| Total WIA/WIOA Formula | \$3,973,723.00 | \$1,701,155.00 | \$0.00 | \$5,674,878.00 |
| Grand Total: | \$3,973,723.00 | \$1,877,045.00 | \$0.00 | \$5,850,768.00 |

SUBGRANT NO:AA311023 MODIFICATION NO: 1

SUBRECIPIENT: County of Orange FAIN NO: AA-38518-22-55-A-6 FEDERAL AWARD DATE: 7/18/2022

FUNDING SOURCE: Adult Formula RD 1 - 201

TERM OF THESE FUNDS: 07/01/2022 - 06/30/2024

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

Workforce Innovation and Opportunity Act (WIOA) Adult Formula funds are being incorporated into the Program Year (PY) 2022-23 Subgrant Agreement to support the WIOA Adult Program. The funds in grant code 201 consist of first round funding and are available for expenditures from July 1, 2022 through June 30, 2024. FAIN AA-38518-22-55-A-6.

'This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

SUBGRANT NO:AA311023 MODIFICATION NO: 1

SUBRECIPIENT: County of Orange FAIN NO: AA-38518-22-55-A-6 FEDERAL AWARD DATE: 7/18/2022

FUNDING SOURCE: Dislocated Worker Rd 1 - 501

TERM OF THESE FUNDS: 07/01/2022 - 06/30/2024

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

i

PROGRAM NARRATIVE

Workforce Innovation and Opportunity Act (WIOA) Dislocated Worker Formula funds are being incorporated into the Program Year (PY) 2022-23 Subgrant Agreement to support the WIOA Dislocated Worker Program. The funds in grant code 501 consist of first round funding and are available for expenditures from July 1, 2022 through June 30, 2024. FAIN AA-38518-22-55-A-6.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

SUBGRANT NO:AA311023 MODIFICATION NO: 1

SUBRECIPIENT: County of Orange FAIN NO: AA-38518-22-55-A-6 FEDERAL AWARD DATE:

FUNDING SOURCE: Rapid Response by Formula - 540

TERM OF THESE FUNDS: 07/01/2022 - 06/30/2023

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

i

PROGRAM NARRATIVE

These Workforce Innovation and Opportunity Act (WIOA) 25 percent Rapid Response (RR) funds are being incorporated into your Program Year (PY) 2022-23 Subgrant Agreement to support the WIOA Dislocated Worker Program. The funds in grant code 540 consist of first round funding and are available for expenditures from July 1, 2022 through June 30, 2023. These "formula based" Rapid Response funds (see WSD 16-04) must be used for the cost of required and allowable Rapid Response activities in response to layoffs, business closures, and natural disasters. FAIN AA-38518-22-55-A-6.

'This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

SUBGRANT NO:AA311023 MODIFICATION NO: 1

SUBRECIPIENT:County of Orange FAIN NO: AA-38518-22-55-A-6 FEDERAL AWARD DATE:

FUNDING SOURCE: Rapid Response Layoff Aversion - 292

TERM OF THESE FUNDS: 07/01/2022 - 06/30/2023

Use of funds added by this modification is limited to this period and additionally limited by the recapture provisions applicable to this funding source. The state may at its discretion recapture funds obligated under this exhibit, if expenditure plans are not being met.

PROGRAM NARRATIVE

Layoff Aversion funds are being incorporated into the Program Year (PY) 2022-23 Subgrant Agreement to support the Layoff Aversion Program. These funds in grant code 292 will support local areas through a high performing Rapid Response strategy, which will emphasize coordinated efforts to avert layoffs in the effort to save jobs and are available for expenditures from July 1, 2022 through June 30, 2023. FAIN AA-38518-22-55-A-6.

This exhibit adds to and does not replace the terms and conditions of any other exhibit included in this agreement which terms and conditions remain in full force and effect.

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPEND | ITURES | 11/14/2022 | 01:07:18 PM | |
|---------------------------------|----------------------------|---------------|----------|------------|-----------------|--------|
| Subgrantee Code: Grant Code: | County of Orange 540 | Report Type: | М | | | |
| Grant Term: | 07/01/2022-06/30/2023 | Report Period | : 202210 | | | |
| I.SUBGRANT IN | FORMATION | | | | | |
| 1. Year Of Ap | opropriation | | | | 2022 |) |
| - | vision Number | | | | | -) |
| 3. Subgrant N | | | | | AA311023 | |
| - | Term From-To: | | | 4/1 | /2022-6/30/2024 | |
| 5. Total Allotr | | | | | \$135,907.00 |) |
| 6. Closeout F | Report (Y/N) | | | | No | |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | | | \$23,288.38 | |
| III. ADMINISTRA | TIVE EXPENDITURES | | | | | |
| 1. Administra | tive Cash Expenditures | | | | \$13,590.70 |) |
| 2. Administra | tive Accrued Expenditures | | | | \$0.00 | |
| 3. Total Admi | n Expenditures | | | | \$13,590.70 |) |
| IV. OTHER REPO | ORTABLE ITEMS (ADMIN) | | | | | |
| 1. Non-Federa | al Support (Stand-in) | | | | \$1,306.98 | 1 |
| 2. Unliquidate | d Obligations | | | | \$0.00 | |
| 3. Program In | come Earned | | | | \$0.00 | |
| 4. Program In | come Expended | | | | \$0.00 | |
| V. CUMULATIVE | EXPENDITURES (PROGRAM) | | | | | |
| 1. Program Ca | ash Expenditures | | | | \$9,697.68 | |
| 2. Program Ad | ccrued Expenditures | | | | \$0.00 | |
| 3. Total 25% F | Rapid Response | | | | \$9,697.68 | |
| VI. OTHER REPO | ORTABLE ITEMS (PROGRAM) | | | | | |
| Non-Federa | al Support (Stand-in) | | | | \$0.00 | |
| Unliquidate | d Obligations | | | | \$112,618.62 | |
| 3. Program Inc | come Earned | | | | \$0.00 | |
| 4. Program Inc | come Expended | | | | \$0.00 | |
| | | | | | | |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURES | i | | |
| 1. Total Recipient Share of Expenditures | | | \$1,306.98 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

1. Name Carma, Lacy 2. Title
OCWEDD Director

3. Phone Number (714) 480-6420

4. Contact Name

Jacqueline Rogers

5. Contact Title Fiscal Manager

6. Phone Number (714) 480-6527 7. Date Submitted 11/14/2022

Signature

14/15/101C

| Page 1 of 2 | WIA/WIOA SUMM | MARY OF EXPENDITURES | 11/14/2022 01:10:52 PM | |
|----------------------------|------------------------------|-----------------------|------------------------|--|
| - | County of Orange | Report Type: M | | |
| Grant Code: Grant Term: | 541 10/01/2022-06/30/2023 | Report Period: 202210 | | |
| I.SUBGRANT IN | FORMATION | · | | |
| 1. Year Of A | opropriation | | 2022 | |
| 2. Report Re | vision Number | | 0 | |
| 3. Subgrant I | Number | | AA311023 | |
| 4. Subgrant ⁻ | Term From-To: | | 4/1/2022-6/30/2024 | |
| 5. Total Allote | ment | | \$539,929.00 | |
| 6. Closeout F | Report (Y/N) | | No | |
| II. TOTAL EXPE | NDITURES (Admin + Progra | m) | \$39,469.41 | |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | tive Cash Expenditures | | \$39,469.41 | |
| 2. Administra | tive Accrued Expenditures | | \$0.00 | |
| 3. Total Adm | in Expenditures | | \$39,469.41 | |
| IV. OTHER REPO | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | al Support (Stand-in) | | \$2,215.09 | |
| 2. Unliquidate | ed Obligations | | \$0.00 | |
| 3. Program Ir | come Earned | | \$0.00 | |
| 4. Program In | come Expended | | \$0.00 | |
| V. CUMULATIVE | EXPENDITURES (PROGRA | M) | | |
| 1. Program C | ash Expenditures | | \$0.00 | |
| 2. Program A | ccrued Expenditures | | \$0.00 | |
| 3. Total 25% | Rapid Response | | \$0.00 | |
| VI. OTHER REP | ORTABLE ITEMS (PROGRAI | VI) | | |
| 1. Non-Feder | al Support (Stand-in) | | \$0.00 | |
| 2. Unliquidate | ed Obligations | | \$0.00 | |
| 3. Program In | come Earned | | \$0.00 | |
| 4. Program In | come Expended | | \$0.00 | |

FWSD09-11A

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURES | 3 | | |
| 1. Total Recipient Share of Expenditures | | | \$2,215.09 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

1. Name Carma, Lacy 2. Title
OCWEDD Director

3. Phone Number (714) 480-6420

4. Contact Name

Jacqueline Rogers

5. Contact Title Fiscal Manager 6. Phone Number (714) 480-6527 7. Date Submitted 11/14/2022

12/8/201

Signature

Date

| | | | | 116111#130(1) |
|--------------------------------|-------------------------------|-----------------------|------------------------|---------------|
| Page 1 of 2 | WIA/WIOA SUMMAR | RY OF EXPENDITURES | 11/14/2022 01:13:35 PM | |
| Subgrantee Code: | | Report Type: M | | |
| | 292 07/01/2022-06/30/2023 | Report Period: 202210 | | |
| I.SUBGRANT IN | FORMATION | | | |
| 1. Year Of Ap | propriation | | 2022 | |
| 2. Report Rev | vision Number | | 0 | |
| Subgrant N | lumber | | AA311023 | |
| 4. Subgrant T | erm From-To: | | 4/1/2022-6/30/2024 | |
| 5. Total Allotm | nent | | \$39,983.00 | |
| 6. Closeout R | eport (Y/N) | | No | |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | \$2,028.54 | |
| III. ADMINISTRA | TIVE EXPENDITURES | | | |
| 1. Administrat | tive Cash Expenditures | | \$0.00 | |
| 2. Administrat | tive Accrued Expenditures | | \$0.00 | |
| Total Admir | n Expenditures | | \$0.00 | |
| IV. OTHER REPO | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federa | al Support (Stand-in) | | \$0.00 | |
| 2. Unliquidated | d Obligations | | \$0.00 | |
| Program Inc | come Earned | | \$0.00 | |
| 4. Program Inc | come Expended | | \$0.00 | |
| V. CUMULATIVE | EXPENDITURES (PROGRAM) | | | |
| 1. Program Ca | ash Expenditures | | \$2,028.54 | |
| 2. Program Ac | crued Expenditures | | \$0.00 | |
| 3. Total 25% F | Rapid Response | | \$2,028.54 | |
| VI. OTHER REPO | ORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federa | al Support (Stand-in) | | \$0.00 | |
| Unliquidated | d Obligations | | \$37,954.46 | |
| 3. Program Inc | come Earned | | \$0.00 | |
| 4. Program Ind | come Expended | | \$0.00 | |
| | | | | |
| | | | | |

FWSD09-11A Page 1 of 2

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| Π. | ivame |
|----|--------------|
| | Carma, Lacy |
| A | Contact Name |

2. Title

3. Phone Number (714) 480-6420

4. Contact Name
Jacqueline Rogers

OCWEDD Director
5. Contact Title
Fiscal Manager

6. Phone Number (714) 480-6527

7. Date Submitted 11/14/2022

10/13/1000

Signature

FWSD09-11A

Date

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPEND | ITURES | 11/14/2022 01:17:21 PM | |
|---------------------------------|----------------------------|---------------|----------|------------------------|---|
| Subgrantee Code: Grant Code: | County of Orange 293 | Report Type: | М | | |
| Grant Term: | 10/01/2022-06/30/2023 | Report Period | : 202210 | | |
| I.SUBGRANT IN | FORMATION | • | | | |
| | | | | 2022 | |
| 1. Year Of Ap | | | | 2022 | |
| Subgrant N | vision Number | | | AA311023 | |
| - | Term From-To: | | | 4/1/2022-6/30/2024 | |
| 5. Total Allotr | | | | \$158,842.00 | |
| 6. Closeout R | E. | | | Ψ (00,0 12.00 No | |
| | . , , | | | | |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | | \$0.00 | |
| III. ADMINISTRA | TIVE EXPENDITURES | | | | |
| 1. Administra | tive Cash Expenditures | | | \$0.00 | l e e e e e e e e e e e e e e e e e e e |
| 2. Administra | tive Accrued Expenditures | | | \$0.00 | |
| Total Admi | n Expenditures | | | \$0.00 | l e e e e e e e e e e e e e e e e e e e |
| IV. OTHER REPO | ORTABLE ITEMS (ADMIN) | | | | |
| 1. Non-Federa | al Support (Stand-in) | | | \$0.00 | |
| Unliquidate | d Obligations | | | \$0.00 | |
| 3. Program In | come Earned | | | \$0.00 | |
| 4. Program In | come Expended | | | \$0.00 | |
| V. CUMULATIVE | EXPENDITURES (PROGRAM) | | | | |
| 1. Program Ca | ash Expenditures | | | \$0.00 | |
| 2. Program Ad | ccrued Expenditures | | | \$0.00 | |
| 3. Total 25% I | Rapid Response | | | \$0.00 | |
| VI. OTHER REP | ORTABLE ITEMS (PROGRAM) | | | | |
| 1. Non-Federa | al Support (Stand-in) | | | \$0.00 | |
| Unliquidate | d Obligations | | | \$0.00 | |
| Program In | come Earned | | | \$0.00 | |
| 4. Program In | come Expended | | | \$0.00 | |
| | | | | | |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| i. Name | |
|-------------|--|
| Carma, Lacy | |

2. Title

3. Phone Number (714) 480-6420

4. Contact Name
Jacqueline Rogers

OCWEDD Director
5. Contact Title
Fiscal Manager

6. Phone Number (714) 480-6527

7. Date Submitted 11/14/2022

12/0/2020

Signature

Date

FWSD09-11A Page 2 of 2

| Page 1 of 2 WIA/WIOA SUMM | ARY OF EXPENDITURES 11/14/2022 01:21:10 PM |
|---|--|
| Subgrantee Code: County of Orange | Report Type: M |
| Grant Code: 1218 Grant Term: 04/01/2021-12/31/2022 I.SUBGRANT INFORMATION | Report Period: 202210 |
| 1. Year Of Appropriation | 2020 |
| 2. Report Revision Number | 0 |
| 3. Subgrant Number | AA111023 |
| Subgrant Term From-To: | 4/1/2020-3/31/2023 |
| 5. Total Allotment | \$375,000.00 |
| 6. Closeout Report (Y/N) | No |
| II. TOTAL EXPENDITURES (Admin + Progra | m) \$189,198.95 |
| III. ADMINISTRATIVE EXPENDITURES | |
| Administrative Cash Expenditures | \$24,028.90 |
| 2. Administrative Accrued Expenditures | \$0.00 |
| 3. Total Admin Expenditures | \$24,028.90 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | MO 040 40 |
| Non-Federal Support (Stand-in) Unliquidated Obligations | \$2,246.48 \$0.00 |
| Unliquidated Obligations Program Income Earned | \$0.00 |
| Program Income Earned Program Income Expended | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRA | |
| V. COMOLATIVE EXPENDITURES (FROGRA | Expenditure Expenditure Expenditure |
| 1. Core Self Services | \$0.00 |
| Core Registration/WIOA Career Services | Basic \$0.00 |
| 3. Intensive Services/WIOA Career Services | |
| 4. Career Services Follow-Up | \$0.00 |
| 5. WIOA Training Services | \$0.00 |
| a. WIOA Training Paymentsb. WIOA Other Training Services | \$0.00 |
| c. WIOA Cities Training Services | \$0.00 |
| 6. Other | \$165,170.05 |
| 7. Total Program Expenditure | \$153,009.24 \$12,160.81 \$165,170.05 |
| VI. OTHER REPORTABLE ITEMS (PROGRAI | л) |
| 1. Non-Federal Support (Stand-in) | \$0.00 |
| 2. Unliquidated Obligations | \$185,801.05 |
| a. Unliquidated Obligations-Core and Inte | ensive Services/Career Services \$0.00 |
| b. Unliquidated Obligations-Training Sen | |
| c. Unliquidated Obligations-Other | \$185,801.05 |
| 3. Program Income Earned | \$0.00 |
| 4. Program Income Expended | \$0.00 |
| | |

FWSD09-11A Page 1 of 2 3/10 96 of 160

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|--------------------------|------------|
| 1. Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Leveraged Training Resources | | | \$0.00 |
| 6. Fed Share of Unliquidated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Expenditures | | | \$0.00 |
| 8. Transitional Jobs Expenditures | | | \$0.00 |
| 9. Incumbent Worker Training Expenditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$2,246.48 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

1. Name Carma, Lacy

4. Contact Name
Jacqueline Rogers

2. Title

OCWEDD Director

5. Contact Title Fiscal Manager 3. Phone Number

(714) 480-6420

6. Phone Number (714) 480-6527

7. Date Submitted 11/14/2022

Signature

Date

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPENDITURES | 11/14/2022 | 01:24:28 PM |
|--|---|-----------------------|------------------------|-----------------------|
| Subgrantee Code: | County of Orange | Report Type: M | | |
| Grant Code: Grant Term: I.SUBGRANT IN | 1225 04/01/2021-03/31/2023 IFORMATION | Report Period: 202210 | | |
| 1. Year Of Ap | | | | 2020 |
| | vision Number | | | 0 |
| 3. Subgrant I | | | | AA111023 |
| 4. Subgrant | Term From-To: | | 4/ | 1/2020-3/31/2023 |
| 5. Total Alloti | ment | | | \$500,000.00 |
| 6. Closeout F | Report (Y/N) | | | No |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | | \$408,669.02 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| Administra | tive Cash Expenditures | | | \$37,500.00 |
| Administra | tive Accrued Expenditures | | | \$0.00 |
| 3. Total Admi | in Expenditures | | | \$37,500.00 |
| IV. OTHER REPO | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | al Support (Stand-in) | | | \$24,285.26 |
| Unliquidate | ed Obligations | | | \$0.00 |
| Program In | ncome Earned | | | \$0.00 |
| Program In | come Expended | | | \$0.00 |
| V. CUMULATIVE | E EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self S | Services | | | \$0.00 |
| Core Regis | stration/WIOA Career Services Basic | : | | \$0.00 |
| Intensive S | Services/WIOA Career Services Ind. | | | \$0.00 |
| | vices Follow-Up | | | \$0.00 |
| 5. WIOA Train | _ | | | #0.00 |
| | raining Payments | | | \$0.00 |
| | Other Training Services | | | \$0.00 \$0.00 |
| 6. Other | raining Supportive Services | | | \$371,169.02 |
| | ram Expenditure | \$371,169.02 | \$0.00 | \$371,169.02 |
| | ORTABLE ITEMS (PROGRAM) | ψ371,103.02 | Ψ0.00 | ψ3/1,103.02 |
| | | | | #0.00 |
| | al Support (Stand-in) | | | \$0.00 |
| | ed Obligations | Saniana/Caraca Car | vices | \$91,330.98 \$0.00 |
| • | lated Obligations-Core and Intensive | s Services/Career Sen | vices | \$0.00 \$0.00 |
| - | dated Obligations-Training Services | | | \$0.00 \$91,330.98 |
| | lated Obligations-Other | | | \$91,330.96 \$0.00 |
| - | come Earned | | | \$0.00 |
| 4. Flogram in | come Expended | | | ψυ.υυ |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|--------------------------|-------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Leveraged Training Resources | | | \$0.00 |
| 6. Fed Share of Unliquidated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Expenditures | | | \$0.00 |
| 8. Transitional Jobs Expenditures | | | \$0.00 |
| 9. Incumbent Worker Training Expenditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURES | | | |
| 1. Total Recipient Share of Expenditures | | | \$24,285.26 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

1. Name Carma, Lacy

4. Contact Name
Jacqueline Rogers

2. Title

OCWEDD Director

5. Contact Title Fiscal Manager 3. Phone Number

(714) 480-6420

6. Phone Number (714) 480-6527 7. Date Submitted 11/14/2022

Signature

Date

| Subgrantee Code: | | Report Type: | М | | |
|---------------------------------|-------------------------------------|------------------|-----------|------------------------|----------------------|
| Grant Code: Grant Term: | 1218 04/01/2021-12/31/2022 | Report Period | : 202211 | | |
| I.SUBGRANT IN | | | | | |
| 1. Year Of Ap | propriation | | | | 2020 |
| Report Rev | vision Number | | | | |
| Subgrant N | lumber | | | | AA11102 |
| Subgrant T | erm From-To: | | | 4/ | 1/2020-3/31/202 |
| Total Allotn | nent | | | | \$375,000.0 |
| 6. Closeout R | eport (Y/N) | | | | N |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | | | \$239,598.95 |
| III. ADMINISTRA | TIVE EXPENDITURES | | | | |
| Administrat | ive Cash Expenditures | | | | \$24,028.90 |
| Administrat | ive Accrued Expenditures | | | | \$0.00 |
| Total Admir | Expenditures | | | | \$24,028.90 |
| IV. OTHER REPO | PRTABLE ITEMS (ADMIN) | | | | |
| 1. Non-Federa | al Support (Stand-in) | | | | \$2,246.48 |
| Unliquidated | d Obligations | | | | \$0.00 |
| Program Inc | come Earned | | | | \$0.00 |
| 4. Program Inc | come Expended | | | | \$0.00 |
| V. CUMULATIVE | EXPENDITURES (PROGRAM) | Cash Expendit | ure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Se | ervices | | | | \$0.00 |
| 2. Core Regist | tration/WIOA Career Services Basis | С | | | \$0.00 |
| 3. Intensive Se | ervices/WIOA Career Services Ind. | | | | \$0.00 |
| 4. Career Serv | rices Follow-Up | | | | \$0.00 |
| WIOA Train | ing Services | | | | |
| a. WIOA Tr | raining Payments | | | | \$0.00 |
| b. WIOA O | ther Training Services | | | | \$0.00 |
| c. WIOA Tr | aining Supportive Services | | | | \$0.00 |
| 6. Other | | | | | \$215,570.05 |
| 7. Total Progra | am Expenditure | \$175, | 570.05 | \$40,000.00 | \$215,570.05 |
| VI. OTHER REPO | PRTABLE ITEMS (PROGRAM) | | | | |
| 1. Non-Federa | l Support (Stand-in) | | | | \$0.00 |
| Unliquidated | d Obligations | | | | \$135,401.05 |
| - | ated Obligations-Core and Intensive | e Services/Ca | reer Serv | rices | \$0.00 |
| b. Unliquida | ated Obligations-Training Services | | | | \$0.00 |
| c. Unliquida | ted Obligations-Other | | | | \$135,401.05 |
| Program Inc | come Earned | | | | \$0.00 |
| 4. Program Inc | come Expended | | | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|--------------------------|------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Leveraged Training Resources | | | \$0.00 |
| 6. Fed Share of Unliquidated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Expenditures | | | \$0.00 |
| 8. Transitional Jobs Expenditures | | | \$0.00 |
| 9. Incumbent Worker Training Expenditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$2,246.48 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| 1. Name | 2. Title | 3. Phone Number | | |
|-------------------|---------------------------------|-----------------|-------------------|--|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | | |
| 4. Contact Name | Contact Title | 6. Phone Number | 7. Date Submitted | |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 | |

Signature

12/18/hol-

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPENDIT | URES 1 | 2/13/2022 | 02:02:44 PM |
|---------------------------------|-------------------------------------|---------------------|-------------|-----------------|----------------------|
| Subgrantee Code: Grant Code: | County of Orange 1225 | Report Type: M | 1 | | |
| Grant Term: | 04/01/2021-03/31/2023 | Report Period: 2 | 02211 | | |
| I.SUBGRANT IN | IFORMATION | | | | |
| 1. Year Of A | ppropriation | | | | 2020 |
| 2. Report Re | vision Number | | | | (|
| 3. Subgrant I | | | | | AA111023 |
| 4. Subgrant | Term From-To: | | | 4/1 | /2020-3/31/2023 |
| 5. Total Allot | ment | | | | \$500,000.00 |
| 6. Closeout F | Report (Y/N) | | | | No |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | | | \$431,236.50 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | | |
| 1. Administra | tive Cash Expenditures | | | | \$37,500.00 |
| 2. Administra | tive Accrued Expenditures | | | | \$0.00 |
| 3. Total Adm | in Expenditures | | | | \$37,500.00 |
| V. OTHER REP | ORTABLE ITEMS (ADMIN) | | | | |
| 1. Non-Feder | ral Support (Stand-in) | | | | \$24,285.26 |
| 2. Unliquidate | ed Obligations | | | | \$0.00 |
| 3. Program Ir | ncome Earned | | | | \$0.00 |
| 4. Program Ir | ncome Expended | | | | \$0.00 |
| V. CUMULATIV | E EXPENDITURES (PROGRAM) | Cash Expenditure | | rued nditure | Total Expenditure |
| 1. Core Self S | Services | | | | \$0.00 |
| 2. Core Regis | stration/WIOA Career Services Bas | ic | | | \$0.00 |
| 3. Intensive S | Services/WIOA Career Services Ind | | | | \$0.00 |
| 4. Career Sei | rvices Follow-Up | | | | \$0.00 |
| 5. WIOA Trai | ning Services | | | | |
| a. WIOA T | raining Payments | | | | \$0.00 |
| b. WIOA C | Other Training Services | | | | \$0.00 |
| c. WIOA T | raining Supportive Services | - k | | | \$0.00 |
| 6. Other | .7.17 | ok , I'i | | | \$393,736.50 |
| 7. Total Progr | ram Expenditure | \$393,73 | 6.50 | \$0.00 | \$393,736.50 |
| VI. OTHER REP | ORTABLE ITEMS (PROGRAM) | | | | |
| 1. Non-Feder | ral Support (Stand-in) | | | | \$0.00 |
| 2. Unliquidate | ed Obligations | | | | \$68,763.50 |
| a. Unliquio | dated Obligations-Core and Intensiv | e Services/Care | er Services | | \$0.00 |
| b. Unliquid | dated Obligations-Training Services | | | | \$0.00 |
| c. Unliquid | dated Obligations-Other | | | | \$68,763.50 |
| 3. Program Ir | ncome Earned | | | | \$0.00 |
| 4. Program Ir | ncome Expended | | | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|--------------------------|-------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| Leveraged Training Resources | | | \$0.00 |
| 6. Fed Share of Unliquidated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Expenditures | | | \$0.00 |
| 8. Transitional Jobs Expenditures | | | \$0.00 |
| 9. Incumbent Worker Training Expenditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURES | | | |
| 1. Total Recipient Share of Expenditures | | | \$24,285.26 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| 1. Name | 2. Title | 3. Phone Number | 1 |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

Signature

P/6/MC

| Page 1 of 2 | WIA/WIOA SUMM | ARY OF EXPENDITURES | 12/13/2022 02:05:30 PM |
|----------------------------|-------------------------------------|-----------------------|------------------------|
| • | County of Orange | Report Type: M | |
| Grant Code: | 540 | Report Period: 202211 | |
| Grant Term: I.SUBGRANT IN | 07/01/2022-06/30/2023 IFORMATION | Report Feriod, 202211 | |
| | | | 2022 |
| 1. Year Of Ap | | | 2022 |
| | vision Number | | |
| 3. Subgrant I | | | AA311023 |
| _ | Term From-To: | | 4/1/2022-6/30/2024 |
| 5. Total Allot | | | \$135,907.00 |
| 6. Closeout F | Report (Y/N) | | No |
| II. TOTAL EXPE | NDITURES (Admin + Program | n) | \$35,407.10 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | |
| 1. Administra | tive Cash Expenditures | | \$13,590.70 |
| 2. Administra | tive Accrued Expenditures | | \$0.00 |
| 3. Total Adm | in Expenditures | | \$13,590.70 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | |
| 1. Non-Feder | ral Support (Stand-in) | | \$1,471.91 |
| 2. Unliquidate | ed Obligations | | \$0.00 |
| 3. Program Ir | ncome Earned | | \$0.00 |
| 4. Program Ir | ncome Expended | | \$0.00 |
| V. CUMULATIVE | EXPENDITURES (PROGRAM | A) | |
| 1. Program C | ash Expenditures | | \$21,816.40 |
| 2. Program A | ccrued Expenditures | | \$0.00 |
| 3. Total 25% | Rapid Response | | \$21,816.40 |
| VI. OTHER REP | ORTABLE ITEMS (PROGRAM | (1) | |
| 1. Non-Feder | al Support (Stand-in) | 10 | \$0.00 |
| 2. Unliquidate | ed Obligations | # | \$100,499.90 |
| | ncome Earned | | \$0.00 |
| 4. Program Ir | ncome Expended | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$1,471.91 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended IX. COMMENTS | | | \$0.00 |

| X. | CFI | RTI | FIC | ΔΤΙ | ON |
|-----|-----|-----|-----|-----|--------------|
| /\. | ~_ | | | | \mathbf{v} |

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

Signature

P/s/col C

| Page 1 of 2 | WIA/WIOA SUM | MARY OF EXPENDITURES 12/13/20 | 22 02:07:19 PM |
|----------------------------|------------------------------|-------------------------------|--------------------|
| 0 | County of Orange | Report Type: M | |
| Grant Code: Grant Term: | 541 10/01/2022-06/30/2023 | Report Period: 202211 | |
| I.SUBGRANT IN | | Nepolt Filod. 2022 11 | |
| 1. Year Of A | ppropriation | | 2022 |
| | vision Number | | 0 |
| 3. Subgrant | | | AA311023 |
| | Term From-To: | | 4/1/2022-6/30/2024 |
| 5. Total Allot | | | \$539,929.00 |
| 6. Closeout I | Report (Y/N) | | No |
| II. TOTAL EXPE | ENDITURES (Admin + Progra | am) | \$49,317.08 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | |
| 1. Administra | ative Cash Expenditures | | \$49,317.08 |
| 2. Administra | ative Accrued Expenditures | | \$0.00 |
| 3. Total Adm | in Expenditures | | \$49,317.08 |
| V. OTHER REP | ORTABLE ITEMS (ADMIN) | | |
| 1. Non-Feder | ral Support (Stand-in) | | \$2,050.17 |
| | ed Obligations | | \$0.00 |
| • | ncome Earned | | \$0.00 |
| | ncome Expended | | \$0.00 |
| V. CUMULATIVE | E EXPENDITURES (PROGRA | (M) | |
| | Cash Expenditures | | \$0.00 |
| | Accrued Expenditures | | \$0.00 |
| | Rapid Response | | \$0.00 |
| | ORTABLE ITEMS (PROGRA | M) 4 | |
| | ral Support (Stand-in) | 11. | \$0.00 |
| | ed Obligations | | \$0.00 |
| | ncome Earned | | \$0.00 |
| | ncome Expended | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$2,050.17 |
| 2. Total Program Income Earned | - | , | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| CFR | | |
|-----|--|--|
| | | |

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|---------------------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

Signature

2/18/187C

| Subgrantee Code: County of Orange | Report Type: M | | |
|---|-----------------------|-------|---------------|
| Grant Code: 292 | report type. W | | |
| Grant Term: 07/01/2022-06/30/2023 | Report Period: 202211 | | |
| SUBGRANT INFORMATION | | | |
| 1. Year Of Appropriation | | | 2022 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA311023 |
| 4. Subgrant Term From-To: | | 4/1/2 | 022-6/30/2024 |
| 5. Total Allotment | | | \$39,983.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program | n) | | \$8,760.51 |
| II. ADMINISTRATIVE EXPENDITURES | | | |
| 1. Administrative Cash Expenditures | | | \$0.00 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$0.00 |
| V. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| 4. Program Income Expended | | | \$0.00 |
| . CUMULATIVE EXPENDITURES (PROGRAM | 1) | | |
| 1. Program Cash Expenditures | | | \$8,760.51 |
| 2. Program Accrued Expenditures | | | \$0.00 |
| 3. Total 25% Rapid Response | | | \$8,760.51 |
| /I. OTHER REPORTABLE ITEMS (PROGRAM | i) | | |
| Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$31,222.49 |
| 3. Program Income Earned | | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | • | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

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|----|------|------|-----|-----|
| Λ. | CERT | IFIC | ΑП | UN |

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

12/8/18/2 Date

| Page 1 of 2 | WIA/WIOA SUM | IMARY OF EXPENDITURES 12/ | 13/2022 02:10 | 0:50 PM |
|----------------------------|------------------------------|---------------------------|---------------|-------------|
| - | County of Orange | Report Type: M | | |
| Grant Code: Grant Term: | 293 10/01/2022-06/30/2023 | Report Period: 202211 | | |
| I.SUBGRANT IN | | Report Period. 202211 | | |
| 1. Year Of A | ppropriation | | | 2022 |
| | evision Number | | | 0 |
| 3. Subgrant | | | | AA311023 |
| | Term From-To: | | 4/1/2023 | 2-6/30/2024 |
| 5. Total Allot | | | \$ | 158,842.00 |
| 6. Closeout l | Report (Y/N) | | | No |
| II. TOTAL EXPI | ENDITURES (Admin + Prog | ram) | | \$0.00 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | ative Cash Expenditures | | | \$0.00 |
| 2. Administra | ative Accrued Expenditures | | | \$0.00 |
| 3. Total Adm | in Expenditures | | | \$0.00 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | ral Support (Stand-in) | | | \$0.00 |
| 2. Unliquidate | ed Obligations | | | \$0.00 |
| 3. Program li | ncome Earned | | | \$0.00 |
| 4. Program I | ncome Expended | | | \$0.00 |
| V. CUMULATIVI | E EXPENDITURES (PROGR | AM) | | |
| 1. Program C | Cash Expenditures | | | \$0.00 |
| 2. Program A | Accrued Expenditures | | | \$0.00 |
| | Rapid Response | | | \$0.00 |
| VI. OTHER REP | PORTABLE ITEMS (PROGRA | AM) | | |
| | ral Support (Stand-in) | | | \$0.00 |
| | ed Obligations | | | \$0.00 |
| 3. Program I | ncome Earned | | | \$0.00 |
| 4. Program I | ncome Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

12/13/2022 02:10:50 PM

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| 1. Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | s | | |
| 1. Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended IX. COMMENTS | | | \$0.00 |

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|----|------|------|
| - | | |
| | | |

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

Signature

12/15/1822 Date

| Page 1 of 2 WIA/WIOA SUMMARY | OF EXPEND | ITURES | 12/13/2022 | 02:20:30 PM |
|--|-----------------|-----------|---------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: | Q | | |
| Grant Code: 502 Grant Term: 10/01/2020-06/30/2022 | Report Period | : 202206 | | |
| LSUBGRANT INFORMATION | | | | |
| 1. Year Of Appropriation | | | | 2020 |
| 2. Report Revision Number | | | | |
| 3. Subgrant Number | | | | AA111023 |
| 4. Subgrant Term From-To: | | | 4/ | 1/2020-3/31/202 |
| 5. Total Allotment | | | | \$1,457,716.99 |
| 6. Closeout Report (Y/N) | | | | Yes |
| II. TOTAL EXPENDITURES (Admin + Program) | | | | \$1,457,716.99 |
| III. ADMINISTRATIVE EXPENDITURES | | | | |
| Administrative Cash Expenditures | | | | \$145,771.69 |
| 2. Administrative Accrued Expenditures | | | 1 | \$0.00 |
| 3. Total Admin Expenditures | | | | \$145,771.69 |
| V. OTHER REPORTABLE ITEMS (ADMIN) | | | | |
| 1. Non-Federal Support (Stand-in) | | | | \$4,595.29 |
| 2. Unliquidated Obligations | | | | \$0.00 |
| 3. Program Income Earned | | | | \$0.00 |
| 4. Program Income Expended | | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expendi | | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Basi | С | | | \$1,098,543.98 |
| 3. Intensive Services/WIOA Career Services Ind. | | | | \$0.00 |
| 4. Career Services Follow-Up | | | | \$0.00 |
| 5. WIOA Training Services | | | | |
| a. WIOA Training Payments | | | | \$165,651.64 |
| b. WIOA Other Training Services | | | | \$0.00 |
| c. WIOA Training Supportive Services | | | | \$0.00 |
| 6. Other | | | | \$47,749.68 |
| 7. Total Program Expenditure | \$1,311 | ,945.30 | \$0.00 | \$1,311,945.30 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | | |
| 1. Non-Federal Support (Stand-in) | | | | \$0.00 |
| 2. Unliquidated Obligations | | | | \$0.00 |
| a. Unliquidated Obligations-Core and Intensiv | e Services/Ca | areer Ser | vices | \$0.00 |
| b. Unliquidated Obligations-Training Services | | | | \$0.00 |
| c. Unliquidated Obligations-Other | | | | \$0.00 |
| Program Income Earned | | | | \$1,718.02 |
| 4. Program Income Expended | | | | \$1,718.0 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|--------------------------|-------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$88,229.00 | \$88,229.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$33,003.60 | \$33,003.60 |
| 5. Leveraged Training Resources | | | \$0.00 |
| 6. Fed Share of Unliquidated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Expenditures | | | \$0.00 |
| 8. Transitional Jobs Expenditures | | | \$0.00 |
| Incumbent Worker Training Expenditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURES | 3 | | |
| Total Recipient Share of Expenditures | | | \$37,598.89 |
| 2. Total Program Income Earned | | | \$1,718.02 |
| 3. Total Program Income Expended | | | \$1,718.02 |
| IX. COMMENTS | | | |

X. CERTIFICATION

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

Signature

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| Page 1 of 2 | WIA/WIOA SUM | MARY OF EXPENDITURES 1 | 2/13/2022 02:24:02 PM |
|----------------------------|------------------------------|------------------------|-----------------------|
| • | County of Orange | Report Type: Q | |
| Grant Code: Grant Term: | 541 10/01/2020-06/30/2022 | Report Period: 202206 | |
| | | Report Feriod, 202206 | |
| I.SUBGRANT IN | IFORMATION | | |
| 1. Year Of A | ppropriation | | 2020 |
| 2. Report Re | vision Number | | 2 |
| 3. Subgrant | Number | | AA111023 |
| 4. Subgrant | Term From-To: | | 4/1/2020-3/31/2023 |
| 5. Total Allot | ment | | \$123,907.36 |
| 6. Closeout F | Report (Y/N) | | Yes |
| II. TOTAL EXPE | ENDITURES (Admin + Prog | ram) | \$123,907.36 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | |
| 1. Administra | tive Cash Expenditures | | \$12,390.73 |
| 2. Administra | ative Accrued Expenditures | | \$0.00 |
| 3. Total Adm | in Expenditures | | \$12,390.73 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | |
| | ral Support (Stand-in) | | \$1,074.08 |
| | ed Obligations | | \$0.00 |
| | ncome Earned | | \$0.00 |
| | ncome Expended | | \$0.00 |
| • | EXPENDITURES (PROGR | AM) | |
| | Cash Expenditures | , | \$111,516.63 |
| | ccrued Expenditures | | \$0.00 |
| • | Rapid Response | | \$111,516.63 |
| | PORTABLE ITEMS (PROGR | ΔM) * | |
| | ral Support (Stand-in) | rsiei) | \$0.00 |
| | ed Obligations | | \$0.00 |
| | ncome Earned | | \$0.00 |
| • | ncome Expended | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$1,074.08 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| V | CFRT | IEICA | TIO | NI. |
|---|------|-------|-----|-----|
| | | | | |

| 1. Name | 2. Title | 3. Phone Number | / * A / * * * / A / A / A / A A A A A A |
|-------------------|------------------|-----------------|---|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | · · · · · · · · · · · · · · · · · · · |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

72/11/222 Date

| Page 1 of 2 | WIA/WIOA SUMMA | ARY OF EXPENDITURES 12/13/2022 02:25:44 PM |
|-----------------|-----------------------------|--|
| Subgrantee Code | e: County of Orange 293 | Report Type: Q |
| Grant Term: | 10/01/2020-06/30/2022 | Report Period: 202206 |
| I.SUBGRANT | INFORMATION | |
| 1. Year Of | Appropriation | 20 |
| 2. Report R | Revision Number | |
| 3. Subgran | t Number | AA1110 |
| 4. Subgran | t Term From-To: | 4/1/2020-3/31/20 |
| 5. Total Allo | otment | \$67,893. |
| 6. Closeout | t Report (Y/N) | Y |
| II. TOTAL EXP | PENDITURES (Admin + Progran | \$67,893.7 |
| III. ADMINISTE | RATIVE EXPENDITURES | |
| 1. Administ | rative Cash Expenditures | \$0. |
| 2. Administ | rative Accrued Expenditures | \$0. |
| 3. Total Ad | min Expenditures | \$0. |
| V. OTHER RE | PORTABLE ITEMS (ADMIN) | |
| 1. Non-Fed | eral Support (Stand-in) | \$0. |
| | ated Obligations | \$0. |
| • | Income Earned | \$0. |
| 4. Program | Income Expended | \$0.0 |
| V. CUMULATIV | VE EXPENDITURES (PROGRAM |) |
| | Cash Expenditures | \$67,893.7 |
| | Accrued Expenditures | \$0.0 |
| • | % Rapid Response | \$67,893.7 |
| VI. OTHER RE | PORTABLE ITEMS (PROGRAM | |
| 1. Non-Fed | eral Support (Stand-in) | \$0.0 |
| 2. Unliquida | ated Obligations | \$0.0 |
| 3. Program | Income Earned | \$0.0 |
| | | ¢o (|

\$0.00

4. Program Income Expended

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | - | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

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|----|------|--------|-----|----|
| Λ. | CER' | | ΑП | UN |

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

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| Page 1 of 2 | WIA/WIOA SUMM | ARY OF EXPENDITURES 12/13/2022 02:28: | 06 PM |
|----------------------------|------------------------------|---------------------------------------|-----------|
| Subgrantee Code: | , | Report Type: Q | |
| Grant Code: Grant Term: | 292 07/01/2021-09/30/2022 | Report Period: 202209 | |
| I.SUBGRANT IN | | Report Feriod. 202209 | |
| 1. Year Of A | opropriation | | 202 |
| | vision Number | | |
| 3. Subgrant l | | | AA21102 |
| | Term From-To: | 4/1/2021- | 8/19/202 |
| 5. Total Allot | | \$ | 39,681.6 |
| 6. Closeout F | Report (Y/N) | 1110 | Ye |
| II. TOTAL EXPE | NDITURES (Admin + Progra | m) \$ | 39,681.64 |
| III. ADMINISTRA | TIVE EXPENDITURES | | |
| 1. Administra | tive Cash Expenditures | | \$0.00 |
| 2. Administra | tive Accrued Expenditures | | \$0.00 |
| 3. Total Adm | n Expenditures | | \$0.0 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | |
| 1. Non-Feder | al Support (Stand-in) | | \$0.0 |
| 2. Unliquidate | ed Obligations | | \$0.0 |
| 3. Program In | come Earned | | \$0.0 |
| 4. Program Ir | come Expended | | \$0.00 |
| V. CUMULATIVE | EXPENDITURES (PROGRAM | n) | |
| 1. Program C | ash Expenditures | \$ | 39,681.64 |
| 2. Program A | ccrued Expenditures | | \$0.00 |
| 3. Total 25% | Rapid Response | \$ | 39,681.6 |
| VI. OTHER REP | ORTABLE ITEMS (PROGRAM | 1) | 5 |
| 1. Non-Feder | al Support (Stand-in) | | \$0.00 |
| 2. Unliquidate | ed Obligations | | \$0.00 |
| 3. Program Ir | come Earned | | \$0.00 |
| 4. Program Ir | come Expended | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

| X. | CFR' | TIF | CA | TIOI | N |
|----|------|-----|----|------|---|

| 1. Name | 2. Title | 3. Phone Number | |
|----------------------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

12/8/2012 Date

| Subgrantee Code: County of Orange | Report Type: | Q | | |
|--|----------------|--------|---------|--------------|
| Grant Code: 293 Grant Term: 10/01/2021-09/30/2022 | Report Period: | 202209 | | |
| I.SUBGRANT INFORMATION | Report Feriod. | 202203 | | |
| 1. Year Of Appropriation | | | | 2021 |
| 2. Report Revision Number | | | | 1 |
| 3. Subgrant Number | | | | AA211023 |
| 4. Subgrant Term From-To: | | | 4/1/202 | 21-8/19/2023 |
| 5. Total Allotment | | | | \$0.00 |
| 6. Closeout Report (Y/N) | | | | Yes |
| II. TOTAL EXPENDITURES (Admin + Program) | | | 1 | \$0.00 |
| III. ADMINISTRATIVE EXPENDITURES | | | | |
| 1. Administrative Cash Expenditures | | | | \$0.00 |
| 2. Administrative Accrued Expenditures | | | | \$0.00 |
| 3. Total Admin Expenditures | | | | \$0.00 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | | |
| 1. Non-Federal Support (Stand-in) | | | | \$0.00 |
| 2. Unliquidated Obligations | | | | \$0.00 |
| 3. Program Income Earned | | | | \$0.00 |
| 4. Program Income Expended | | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | | | | |
| 1. Program Cash Expenditures | | | | \$0.00 |
| 2. Program Accrued Expenditures | | | | \$0.00 |
| 3. Total 25% Rapid Response | | | | \$0.00 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | | Χ. |
| 1. Non-Federal Support (Stand-in) | 7.5 | | | \$0.00 |
| 2. Unliquidated Obligations | | | | \$0.00 |
| 3. Program Income Earned | | | | \$0.00 |
| Program Income Expended | | | | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | s | | |
| 1. Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended IX. COMMENTS | | | \$0.00 |

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| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

12/15/2022 Date

| Subsection Code: County of Orange | Report Type: Q |
|--|-----------------------|
| Subgrantee Code: County of Orange Grant Code: 540 | кероп туре. Q |
| Grant Term: 07/01/2021-09/30/2022 | Report Period: 202209 |
| I.SUBGRANT INFORMATION | |
| 1. Year Of Appropriation | 2021 |
| 2. Report Revision Number | 4 |
| 3. Subgrant Number | AA211023 |
| 4. Subgrant Term From-To: | 4/1/2021-8/19/2023 |
| 5. Total Allotment | \$88,897.21 |
| 6. Closeout Report (Y/N) | Yes |
| II. TOTAL EXPENDITURES (Admin + Program) | \$88,897.21 |
| III. ADMINISTRATIVE EXPENDITURES | |
| 1. Administrative Cash Expenditures | \$8,889.72 |
| 2. Administrative Accrued Expenditures | \$0.00 |
| 3. Total Admin Expenditures | \$8,889.72 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | |
| 1. Non-Federal Support (Stand-in) | \$11,596.76 |
| 2. Unliquidated Obligations | \$0.00 |
| 3. Program Income Earned | \$0.00 |
| 4. Program Income Expended | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | |
| 1. Program Cash Expenditures | \$80,007.49 |
| 2. Program Accrued Expenditures | \$0.00 |
| 3. Total 25% Rapid Response | \$80,007.49 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | |
| 1. Non-Federal Support (Stand-in) | \$0.00 |
| 2. Unliquidated Obligations | \$0.00 |
| 3. Program Income Earned | \$0.00 |
| 4. Program Income Expended | \$0.00 |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|-------------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$11,596.76 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended IX. COMMENTS | | | \$0.00 |

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|----|------|-------|---------------|--|
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| 1. Name | 2. Title | 3. Phone Number | | |
|----------------------------------|------------------|-----------------|-------------------|---|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | | _ |
| Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted | |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 | |

2/15/2028 Date

| Page 1 of 2 | WIA/WIOA SUMMAF | RY OF EXPENDITURES | 12/13/2022 02:32:59 PM | |
|---|-------------------------|-----------------------|------------------------|--|
| Subgrantee Code: Cou Grant Code: 541 | - | Report Type: Q | | |
| • 1 - 1 | 01/2021-09/30/2022 | Report Period: 202209 | | |
| I.SUBGRANT INFO | RMATION | | | |
| 1. Year Of Appro | priation | | 2021 | |
| 2. Report Revision | n Number | | 1 | |
| 3. Subgrant Num | ber | | AA211023 | |
| 4. Subgrant Term | r From-To: | | 4/1/2021-8/19/2023 | |
| 5. Total Allotmen | t | | \$0.00 | |
| 6. Closeout Repo | ort (Y/N) | | Yes | |
| II. TOTAL EXPEND | TURES (Admin + Program) | | \$0.00 | |
| III. ADMINISTRATIV | E EXPENDITURES | | | |
| 1. Administrative | Cash Expenditures | | \$0.00 | |
| 2. Administrative | Accrued Expenditures | | \$0.00 | |
| 3. Total Admin Ex | kpenditures | | \$0.00 | |
| IV. OTHER REPORT | ABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal S | upport (Stand-in) | | \$0.00 | |
| 2. Unliquidated O | bligations | | \$0.00 | |
| 3. Program Incom | ne Earned | | \$0.00 | |
| 4. Program Incom | ne Expended | | \$0.00 | |
| V. CUMULATIVE EX | PENDITURES (PROGRAM) | | | |
| 1. Program Cash | Expenditures | | \$0.00 | |
| 2. Program Accru | ed Expenditures | | \$0.00 | |
| 3. Total 25% Rap | id Response | | \$0.00 | |
| VI. OTHER REPORT | TABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal S | | | \$0.00 | |
| 2. Unliquidated O | bligations | | \$0.00 | |
| 3. Program Incom | ne Earned | | \$0.00 | |
| 4. Program Incom | ne Expended | | \$0.00 | |

| VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | Cash Contributions | In-Kind Contributions | Total |
|---|-----------------------|--------------------------|--------|
| Federal Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT SHARE OF EXPENDITURE | S | | |
| 1. Total Recipient Share of Expenditures | | | \$0.00 |
| 2. Total Program Income Earned | | | \$0.00 |
| 3. Total Program Income Expended | | | \$0.00 |
| IX. COMMENTS | | | |

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|---|------|-------|----|--|
| | | | | |

| 1. Name | 2. Title | 3. Phone Number | |
|-------------------|------------------|-----------------|-------------------|
| Carma, Lacy | OCWEDD Director | (714) 480-6420 | |
| 4. Contact Name | 5. Contact Title | 6. Phone Number | 7. Date Submitted |
| Jacqueline Rogers | Fiscal Manager | (714) 480-6527 | 12/13/2022 |

2/10/2022 Date

| Page 1 of 2 WIA/WIOA SUMMARY 0 | OF EXPENDITURES | 01/18/2023 | 09:44:18 AM |
|---|------------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 201 | Damari Daria da 000040 | | |
| | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| 1. Year Of Appropriation | | | 2022 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA311023 |
| 4. Subgrant Term From-To: | | 4/1 | 1/2022-6/30/2024 |
| 5. Total Allotment | | | \$695,562.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$93,373.75 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| Administrative Cash Expenditures | | | \$69,556.20 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$69,556.20 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$10,117.87 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Basic | | | \$0.00 |
| 3. Intensive Services/WIOA Career Services Ind. | | | \$0.00 |
| 4. Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | |
| a. WIOA Training Payments | | | \$23,249.85 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$567.70 |
| 6. Other | | | \$0.00 |
| 7. Total Program Expenditure | \$23,817.55 | \$0.00 | \$23,817.55 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$602,188.25 |
| a. Unliquidated Obligations-Core and Intensive | Services/Career Se | rvices | \$101,537.20 |
| b. Unliquidated Obligations-Training Services | | | \$500,651.05 |
| c. Unliquidated Obligations-Other | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| 4. Program Income Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

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| EMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|----------------------------|--|---|--|
| latch | \$0.00 | \$0.00 | \$0.00 |
| ch | \$0.00 | \$0.00 | \$0.00 |
| Resources | \$0.00 | \$0.00 | \$0.00 |
| ged Resources | \$0.00 | \$0.00 | \$0.00 |
| Resources | | | \$0.00 |
| idated Obligations for PFP | | | \$0.00 |
| ditures | | | \$0.00 |
| penditures | | | \$0.00 |
| | | | \$0.00 |
| HARE OF EXPENDITURE | ES | | |
| e of Expenditures | | | \$10,117.8 |
| | | | |
| ne Earned | | | \$0.0 |
| ne Earned ne Expended | | | · |
| | | | \$0.0 \$0.0 |
| | | | · |
| | 3. Phone Number | | • |
| ne Expended | 3. Phone Number (714) 480-6420 | | • |
| ne Expended 2. Title | | 7. Date Su | \$0.0 |
| t (| tch Resources ged Resources Resources idated Obligations for PFP iditures spenditures raining Expenditures | tch \$0.00 Resources \$0.00 ged Resources \$0.00 Resources idated Obligations for PFP aditures spenditures raining Expenditures SHARE OF EXPENDITURES | tch \$0.00 \$0.00 Resources \$0.00 \$0.00 ged Resources \$0.00 \$0.00 Resources idated Obligations for PFP iditures rependitures Fraining Expenditures SHARE OF EXPENDITURES |

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPENDITURES | 01/18/2023 | 09:49:12 AM |
|------------------|-------------------------------------|-----------------------|------------------------|----------------------|
| Subgrantee Code: | County of Orange | Report Type: Q | | |
| Grant Code: | 202 | D D | | |
| Grant Term: | 10/01/2022-06/30/2024 | Report Period: 202212 | | |
| I.SUBGRANT IN | IFORMATION | | | |
| 1. Year Of A | ppropriation | | | 2022 |
| 2. Report Re | vision Number | | | 0 |
| 3. Subgrant | Number | | | AA311023 |
| 4. Subgrant | Term From-To: | | 4/ | 1/2022-6/30/2024 |
| 5. Total Allot | ment | | | \$3,108,353.00 |
| 6. Closeout I | Report (Y/N) | | | No |
| II. TOTAL EXPE | ENDITURES (Admin + Program) | | | \$193,276.73 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | ative Cash Expenditures | | | \$193,276.73 |
| 2. Administra | ative Accrued Expenditures | | | \$0.00 |
| 3. Total Adm | in Expenditures | | | \$193,276.73 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | ral Support (Stand-in) | | | \$20,943.23 |
| 2. Unliquidate | ed Obligations | | | \$0.00 |
| 3. Program Ir | ncome Earned | | | \$0.00 |
| 4. Program Ir | ncome Expended | | | \$0.00 |
| V. CUMULATIV | E EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self | Services | | | \$0.00 |
| 2. Core Regis | stration/WIOA Career Services Bas | ic | | \$0.00 |
| 3. Intensive S | Services/WIOA Career Services Ind | | | \$0.00 |
| 4. Career Se | rvices Follow-Up | | | \$0.00 |
| | ning Services | | | |
| a. WIOA | Fraining Payments | | | \$0.00 |
| b. WIOA (| Other Training Services | | | \$0.00 |
| c. WIOA 7 | Fraining Supportive Services | | | \$0.00 |
| 6. Other | | | | \$0.00 |
| 7. Total Prog | ram Expenditure | \$0.00 | \$0.00 | \$0.00 |
| VI. OTHER REP | PORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Feder | ral Support (Stand-in) | | | \$0.00 |
| 2. Unliquidate | ed Obligations | | | \$2,399,655.63 |
| a. Unliquio | dated Obligations-Core and Intensiv | e Services/Career Se | rvices | \$2,117,295.59 |
| b. Unliquio | dated Obligations-Training Services | | | \$121,870.67 |
| - | dated Obligations-Other | | | \$160,489.37 |
| 3. Program Ir | ncome Earned | | | \$0.00 |
| 4. Program Ir | ncome Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

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| PROGRAM) | TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|---|--|-----------------------|--------------------------|---------------------------------|
| 1. Federal Mandated I | Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged | Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | iged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Leveraged Training | Resources | | | \$0.00 |
| 6. Fed Share of Unliqu | idated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Expe | | | | \$0.00 |
| 8. Transitional Jobs Ex | rpenditures | | | \$0.00 |
| 9. Incumbent Worker | Fraining Expenditures | | | \$0.00 |
| | | -0 | | |
| VIII. 9130 - RECIPIENT | SHARE OF EXPENDITURE | :5 | | |
| VIII. 9130 - RECIPIENT 1. Total Recipient Sha | · · · · · · · · · · · · · · · · · · · | : 5 | | \$20,943.23 |
| | re of Expenditures | | | |
| Total Recipient Sha | re of Expenditures me Earned | :5 | | \$0.00 |
| Total Recipient Sha Total Program Inco Total Program Inco | re of Expenditures me Earned | :5 | | \$0.00 |
| Total Recipient Sha Total Program Inco Total Program Inco | re of Expenditures me Earned | | | \$0.00 |
| Total Recipient Sha Total Program Inco Total Program Inco Total Program Inco IX. COMMENTS | re of Expenditures me Earned | 3. Phone Number | | \$0.00 |
| Total Recipient Sha Total Program Inco Total Program In | re of Expenditures me Earned me Expended | | | \$20,943.23 \$0.00 \$0.00 |
| 1. Total Recipient Sha 2. Total Program Inco 3. Total Program Inco IX. COMMENTS X. CERTIFICATION 1. Name | re of Expenditures me Earned me Expended 2. Title | 3. Phone Number | 7. Date Su | \$0.00 \$0.00 |

| Subgrantee Code: County of Orange | Report Type: Q | | |
|--|-----------------------|------------------------|----------------------|
| Grant Code: 301 | Report Type. Q | | |
| Grant Term: 04/01/2022-06/30/2024 | Report Period: 202212 | | |
| SUBGRANT INFORMATION | | | |
| 1. Year Of Appropriation | | | 2022 |
| Report Revision Number | | | (|
| 3. Subgrant Number | | | AA311023 |
| 4. Subgrant Term From-To: | | 4/ | 1/2022-6/30/2024 |
| 5. Total Allotment | | | \$3,973,723.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$228,988.50 |
| II. ADMINISTRATIVE EXPENDITURES | | | |
| Administrative Cash Expenditures | | | \$228,988.50 |
| Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$228,988.50 |
| V. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| Non-Federal Support (Stand-in) | | | \$22,622.31 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Youth In School | | | \$0.00 |
| 2. Youth Out Of School | | | \$0.00 |
| Total Program Expenditures | \$0.00 | \$0.00 | \$0.00 |
| a. Youth Summer Employment Opportunities | | | \$0.00 |
| b. WIOA Paid and Unpaid Work Experience | | | \$41,652.16 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| Unliquidated Obligations | | | \$453,979.28 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

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| VII. MISCELLANEOUS II PROGRAM) | TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|--|----------------------------|-----------------------|--------------------------|----------------|
| 1. Federal Mandated N | Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged | Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | aged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Fed Share of Unliqu | idated Obligations for PFP | | | \$0.0 |
| 6. PFP Contract Expense | nditures | | | \$0.0 |
| VIII. 9130 - RECIPIENT | SHARE OF EXPENDITURE | ES | | |
| 1. Total Recipient Sha | re of Expenditures | | | \$22,622.3 |
| | | | | |
| 2. Total Program Inco | me Earned | | | \$0.0 |
| 3. Total Program Inco | | | | |
| 3. Total Program Incol IX. COMMENTS | | | | \$0.0 \$0.0 |
| 3. Total Program Incol IX. COMMENTS X. CERTIFICATION | me Expended | | | |
| 3. Total Program Incol IX. COMMENTS X. CERTIFICATION 1. Name | me Expended 2. Title | 3. Phone Number | | |
| 3. Total Program Incom IX. COMMENTS X. CERTIFICATION 1. Name Carma, Lacy | 2. Title OCWEDD Director | (714) 480-6420 | | \$0.0 |
| 3. Total Program Incol IX. COMMENTS X. CERTIFICATION 1. Name | me Expended 2. Title | | 7. Date St | \$0.0 |

| Page 1 of 2 WIA/WIOA SUMMARY (| OF EXPENDITURES | 01/18/2023 | 09:58:29 AM |
|---|--------------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 501 | Danieri Danieri 1.000040 | | |
| | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| Year Of Appropriation | | | 2022 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA311023 |
| 4. Subgrant Term From-To: | | 4/1 | /2022-6/30/2024 |
| 5. Total Allotment | | | \$1,005,593.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$125,486.17 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| 1. Administrative Cash Expenditures | | | \$100,559.30 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$100,559.30 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$13,571.85 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Basic | | | \$0.00 |
| 3. Intensive Services/WIOA Career Services Ind. | | | \$0.00 |
| 4. Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | |
| a. WIOA Training Payments | | | \$24,926.87 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$0.00 |
| 6. Other | | | \$0.00 |
| 7. Total Program Expenditure | \$24,926.87 | \$0.00 | \$24,926.87 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$1,429,555.80 |
| a. Unliquidated Obligations-Core and Intensive | Services/Career Se | rvices | \$581,362.55 |
| b. Unliquidated Obligations-Training Services | | | \$679,147.53 |
| c. Unliquidated Obligations-Other | | | \$169,045.72 |
| 3. Program Income Earned | | | \$0.00 |
| 4. Program Income Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 09:58:29 AM

| PROGRAM) | EMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|--|---------------------------------|-----------------------------------|--------------------------|------------------------------|
| 1. Federal Mandated N | latch | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Mat | ch | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged I | Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | ged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Leveraged Training | Resources | | | \$0.00 |
| 6. Fed Share of Unliqu | idated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Exper | nditures | | | \$0.00 |
| 8. Transitional Jobs Ex | penditures | | | \$0.00 |
| 9. Incumbent Worker T | raining Expenditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT S | SHARE OF EXPENDITURE | ES | | |
| | | | | 640 574 0 |
| 1. Total Recipient Sha | re of Expenditures | | | \$13,571.8 |
| Total Recipient Sha Total Program Incor | • | | | |
| · | ne Earned | | | \$13,571.8 \$0.0 \$0.0 |
| 2. Total Program Incor | ne Earned | | | \$0.0 |
| Total Program Incor Total Program Incor | ne Earned | | | \$0.0 |
| Total Program Incor Total Program Incor IX. COMMENTS | ne Earned | 3. Phone Number | | \$0.0 |
| 2. Total Program Incor 3. Total Program Incor IX. COMMENTS X. CERTIFICATION | ne Earned ne Expended | 3. Phone Number (714) 480-6420 | | \$0.0 |
| 2. Total Program Incor 3. Total Program Incor IX. COMMENTS X. CERTIFICATION 1. Name | ne Earned ne Expended 2. Title | | 7. Date Su | \$0.0 \$0.0 |

| Page 1 of 2 WIA/WIOA SUMMAR | RY OF EXPENDITURES | 01/18/2023 | 10:02:48 AM |
|---|------------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 502 | Decree Declar 000040 | | |
| Grant Term: 10/01/2022-06/30/2024 | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| 1. Year Of Appropriation | | | 2022 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA311023 |
| 4. Subgrant Term From-To: | | 4/1 | 1/2022-6/30/2024 |
| 5. Total Allotment | | | \$3,995,013.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$123,609.76 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| Administrative Cash Expenditures | | | \$123,609.76 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$123,609.76 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$13,368.90 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| 4. Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Ba | isic | | \$0.00 |
| 3. Intensive Services/WIOA Career Services In | d. | | \$0.00 |
| 4. Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | |
| a. WIOA Training Payments | | | \$0.00 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$0.00 |
| 6. Other | | | \$0.00 |
| 7. Total Program Expenditure | \$0.00 | \$0.00 | \$0.00 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$449,769.69 |
| a. Unliquidated Obligations-Core and Intens | ive Services/Career Se | rvices | \$449,769.69 |
| b. Unliquidated Obligations-Training Service | es | | \$0.00 |
| c. Unliquidated Obligations-Other | | | \$0.00 |
| 3. Program Income Earned | | | \$1,465.70 |
| 4. Program Income Expended | | | \$1,465.70 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 10:02:48 AM

| EMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|----------------------------|--|---|--|
| 1atch | \$0.00 | \$0.00 | \$0.00 |
| ch | \$0.00 | \$0.00 | \$0.00 |
| Resources | \$0.00 | \$0.00 | \$0.00 |
| ged Resources | \$0.00 | \$0.00 | \$0.00 |
| Resources | | | \$0.00 |
| idated Obligations for PFP | | | \$0.00 |
| nditures | | | \$0.00 |
| penditures | | | \$0.00 |
| raining Expenditures | | | \$0.00 |
| HARE OF EXPENDITURE | ES | | |
| re of Expenditures | | | \$13,368.9 |
| ne Earned | | | \$1,465.7 |
| ne Expended | | | \$1,465.7 |
| | | | |
| | | | |
| | | | |
| 2. Title | 3. Phone Number | | |
| 2. Title OCWEDD Director | 3. Phone Number (714) 480-6420 | | |
| | • | 7. Date Su | bmitted |
| i 1 | ch Resources ged Resources Resources idated Obligations for PFP iditures penditures raining Expenditures SHARE OF EXPENDITURE re of Expenditures ne Earned | ch \$0.00 Resources \$0.00 ged Resources \$0.00 Resources idated Obligations for PFP iditures penditures raining Expenditures SHARE OF EXPENDITURES re of Expenditures ine Earned | ch \$0.00 \$0.00 Resources \$0.00 \$0.00 ged Resources \$0.00 \$0.00 Resources idated Obligations for PFP iditures penditures raining Expenditures SHARE OF EXPENDITURES re of Expenditures ine Earned |

| Page 1 of 2 | WIA/WIOA SUN | MMARY OF EXPENDITURES 01/18 | 8/2023 10:19:44 AM |
|----------------------------|------------------------------|-----------------------------|--------------------|
| | County of Orange | Report Type: Q | |
| Grant Code: Grant Term: | 540 07/01/2022-06/30/2023 | Report Period: 202212 | |
| I.SUBGRANT IN | | Report Foliod. 202212 | |
| 1. Year Of Ap | opropriation | | 2022 |
| | vision Number | | 1 |
| 3. Subgrant N | | | AA311023 |
| _ | Геrm From-To: | | 4/1/2022-6/30/2024 |
| 5. Total Alloti | | | \$135,907.00 |
| 6. Closeout F | Report (Y/N) | | No |
| II. TOTAL EXPE | NDITURES (Admin + Prog | ram) | \$53,924.30 |
| III. ADMINISTRA | TIVE EXPENDITURES | | |
| 1. Administra | tive Cash Expenditures | | \$13,590.70 |
| 2. Administra | tive Accrued Expenditures | | \$0.00 |
| 3. Total Admi | in Expenditures | | \$13,590.70 |
| V. OTHER REP | ORTABLE ITEMS (ADMIN) | | |
| 1. Non-Feder | al Support (Stand-in) | | \$2,019.27 |
| 2. Unliquidate | ed Obligations | | \$0.00 |
| 3. Program In | come Earned | | \$0.00 |
| 4. Program In | come Expended | | \$0.00 |
| V. CUMULATIVE | EXPENDITURES (PROGR | AM) | |
| 1. Program C | ash Expenditures | | \$40,333.60 |
| 2. Program A | ccrued Expenditures | | \$0.00 |
| 3. Total 25% | Rapid Response | | \$40,333.60 |
| VI. OTHER REP | ORTABLE ITEMS (PROGR | AM) | |
| 1. Non-Feder | al Support (Stand-in) | | \$0.00 |
| • | ed Obligations | | \$65,638.15 |
| 3. Program In | come Earned | | \$0.00 |
| 4. Program In | come Expended | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 10:19:44 AM

| PROGRAM) | TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|--------------------------------|--------------------------|-------------|
| 1. Federal Mandated I | Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged | Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | aged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT | SHARE OF EXPENDITURI | ES | | |
| 1. Total Recipient Sha | re of Expenditures | | | \$2,019.2 |
| | | | | \$0.00 |
| Total Program Inco | me Earned | | | Ψ0.0. |
| Total Program Inco Total Program Inco COMMENTS | | | | · · · · · · |
| 3. Total Program Inco | | | | · · · · · · |
| 3. Total Program Inco | | 3. Phone Number | | **** |
| 3. Total Program Inco IX. COMMENTS X. CERTIFICATION | me Expended | 3. Phone Number (714) 480-6420 | | \$0.00 |
| 3. Total Program Inco IX. COMMENTS X. CERTIFICATION 1. Name | me Expended 2. Title | 011110110110 | 7. Date Su | \$0.00 |

| | | | | 110111 # 10D(III |
|----------------------------|------------------------------|----------------------------|--------------------|------------------|
| Page 1 of 2 | WIA/WIOA SUMI | MARY OF EXPENDITURES 01/18 | 3/2023 10:21:59 AM | |
| | County of Orange | Report Type: Q | | |
| Grant Code: Grant Term: | 541 10/01/2022-06/30/2023 | Report Period: 202212 | | |
| I.SUBGRANT IN | | Report Feriod: 202212 | | |
| | | | | |
| 1. Year Of A | | | 2022 | |
| · · | evision Number | | 0 | |
| 3. Subgrant | | | AA311023 | |
| _ | Term From-To: | | 4/1/2022-6/30/2024 | |
| 5. Total Allot | | | \$539,929.00 | |
| 6. Closeout F | Report (Y/N) | | No | |
| II. TOTAL EXPE | ENDITURES (Admin + Progra | am) | \$53,992.90 | |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | ative Cash Expenditures | | \$53,992.90 | |
| 2. Administra | ative Accrued Expenditures | | \$0.00 | |
| 3. Total Adm | nin Expenditures | | \$53,992.90 | |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | ral Support (Stand-in) | | \$2,021.84 | |
| 2. Unliquidate | ed Obligations | | \$0.00 | |
| 3. Program Ir | ncome Earned | | \$0.00 | |
| 4. Program Ir | ncome Expended | | \$0.00 | |
| V. CUMULATIVE | E EXPENDITURES (PROGRA | AM) | | |
| 1. Program C | Cash Expenditures | | \$0.00 | |
| 2. Program A | Accrued Expenditures | | \$0.00 | |
| 3. Total 25% | Rapid Response | | \$0.00 | |
| VI. OTHER REP | PORTABLE ITEMS (PROGRA | M) | | |
| | ral Support (Stand-in) | • | \$0.00 | |
| 2. Unliquidate | ed Obligations | | \$0.00 | |
| 3. Program Ir | ncome Earned | | \$0.00 | |
| 4. Program Ir | ncome Expended | | \$0.00 | |

Signature

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 10:21:59 AM

| VII. MISCELLANEOUS I' PROGRAM) | TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|---|----------------------|--|--------------------------|-----------|
| 1. Federal Mandated I | Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged | Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | aged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT | SHARE OF EXPENDITURE | ES | | |
| 1. Total Recipient Sha | re of Expenditures | | | \$2,021.8 |
| 2. Total Program Inco | me Earned | | | \$0.0 |
| | | | | _ |
| 3. Total Program Inco | me Expended | | | \$0.0 |
| IX. COMMENTS | me Expended | | | \$0.0 |
| IX. COMMENTS X. CERTIFICATION | | 3 Phone Number | | \$0.0 |
| IX. COMMENTS X. CERTIFICATION 1. Name | 2. Title | 3. Phone Number | | \$0.0 |
| IX. COMMENTS X. CERTIFICATION | | 3. Phone Number (714) 480-6420 6. Phone Number | 7. Date Su | |

FWSD09-11A Page 2 of 2 3/10

Date

| | | | | 116111#130(111) |
|------------------------------|----------------------------|-----------------------|------------------------|-----------------|
| Page 1 of 2 | WIA/WIOA SUI | MMARY OF EXPENDITURES | 01/18/2023 10:25:18 AM | |
| Subgrantee Code: | County of Orange | Report Type: Q | | |
| Grant Code: | 292 | | | |
| Grant Term: | 07/01/2022-06/30/2023 | Report Period: 202212 | | |
| I.SUBGRANT IN | NFORMATION | | | |
| 1. Year Of A | ppropriation | | 2022 | |
| 2. Report Revision Number | | | 0 | |
| 3. Subgrant | 3. Subgrant Number | | AA311023 | |
| 4. Subgrant | Term From-To: | | | |
| 5. Total Allot | tment | | \$39,983.00 | |
| 6. Closeout F | 6. Closeout Report (Y/N) | | | |
| II. TOTAL EXPE | ENDITURES (Admin + Prog | gram) | \$17,599.05 | |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | ative Cash Expenditures | | \$0.00 | |
| 2. Administra | ative Accrued Expenditures | | \$0.00 | |
| 3. Total Adm | nin Expenditures | | \$0.00 | |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | ral Support (Stand-in) | | \$0.00 | |
| 2. Unliquidate | ed Obligations | | \$0.00 | |
| 3. Program Ir | Program Income Earned | | \$0.00 | |
| Program Income Expended | | \$0.00 | | |
| V. CUMULATIVE | E EXPENDITURES (PROGR | RAM) | | |
| 1. Program C | Cash Expenditures | | \$17,599.05 | |
| Program Accrued Expenditures | | \$0.00 | | |
| 3. Total 25% Rapid Response | | \$17,599.05 | | |
| VI. OTHER REP | PORTABLE ITEMS (PROGR | RAM) | | |
| 1. Non-Feder | ral Support (Stand-in) | | \$0.00 | |
| 2. Unliquidated Obligations | | \$0.00 | | |
| 3. Program Income Earned | | \$0.00 | | |
| 4. Program Ir | ncome Expended | | \$0.00 | |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 10:25:18 AM

| 1. Federal Mandated N | VII. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | | In-Kind Contributions | Total |
|---|---|--------------------------------|--------------------------|---|
| | Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT S | SHARE OF EXPENDITUR | ES | | |
| 1. Total Recipient Sha | re of Expenditures | | | \$0.0 |
| 2. Total Program Incor | me Earned | | | \$0.0 |
| Total Program Income Expended | | | | фо о |
| 3. Total Program Incor IX. COMMENTS | me Expended | | | \$0.0 |
| IX. COMMENTS | me Expended | | | \$0.0 |
| IX. COMMENTS | ne Expended 2. Title | 3. Phone Number | | \$0.0 |
| IX. COMMENTS X. CERTIFICATION | | 3. Phone Number (714) 480-6420 | | \$0.0 |
| IX. COMMENTS X. CERTIFICATION 1. Name | 2. Title | 0 | 7. Date Su | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

FWSD09-11A 3/10 Page 2 of 2

| Page 1 of 2 WIA/WIG | OA SUMMARY OF EXPENDITURES 01/18/2023 10:26:54 AM |
|---|---|
| Subgrantee Code: County of Orange | Report Type: Q |
| Grant Code: 293 Grant Term: 10/01/2022-06/30/202 | Report Period: 202212 |
| I.SUBGRANT INFORMATION | |
| 1. Year Of Appropriation | 2 |
| 2. Report Revision Number | |
| 3. Subgrant Number | AA311 |
| 4. Subgrant Term From-To: | 4/1/2022-6/30/2 |
| 5. Total Allotment | \$158,842 |
| 6. Closeout Report (Y/N) | |
| II. TOTAL EXPENDITURES (Admin | + Program) \$0 |
| III. ADMINISTRATIVE EXPENDITUR | RES |
| 1. Administrative Cash Expenditu | res \$0 |
| 2. Administrative Accrued Expend | ditures \$0 |
| 3. Total Admin Expenditures | \$0 |
| V. OTHER REPORTABLE ITEMS (A | ADMIN) |
| 1. Non-Federal Support (Stand-in | \$0 |
| 2. Unliquidated Obligations | \$0 |
| 3. Program Income Earned | \$0 |
| 4. Program Income Expended | \$0 |
| V. CUMULATIVE EXPENDITURES (| PROGRAM) |
| 1. Program Cash Expenditures | \$0 |
| 2. Program Accrued Expenditures | \$ \$0 |
| 3. Total 25% Rapid Response | \$0 |
| VI. OTHER REPORTABLE ITEMS (I | PROGRAM) |
| 1. Non-Federal Support (Stand-in |) \$0 |
| 2. Unliquidated Obligations | \$0 |
| 3. Program Income Earned | \$0 |
| 4. Program Income Expended | \$0 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 10:26:54 AM

| PROGRAM) | EMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|--|-----------------------|-----------------------------------|--------------------------|--------|
| 1. Federal Mandated N | /latch | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | ged Resources | \$0.00 | \$0.00 | \$0.00 |
| VIII. 9130 - RECIPIENT S | SHARE OF EXPENDITUR | ES | | |
| 1. Total Recipient Sha | re of Expenditures | | | \$0.0 |
| 2. Total Program Income Earned | | | \$0.0 | |
| 2. Total Program Incor | ne Earned | | | φυ.υ |
| 3. Total Program Incor | | | | • |
| | | | | · |
| 3. Total Program Incor | | | | \$0.0 |
| 3. Total Program Incor X. COMMENTS K. CERTIFICATION | | 3. Phone Number | | · |
| 3. Total Program Incor X. COMMENTS C. CERTIFICATION | ne Expended | 3. Phone Number (714) 480-6420 | | · |
| 3. Total Program Incor X. COMMENTS K. CERTIFICATION 1. Name | ne Expended 2. Title | 0 | 7. Date Su | \$0.0 |

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| Page 1 of 2 WIA/WIOA SUMMARY | OF EXPENDITURES | 01/18/2023 | 11:40:21 AM |
|---|-----------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 201 | Demand Demind 000040 | | |
| | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| Year Of Appropriation | | | 2021 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA211023 |
| 4. Subgrant Term From-To: | | 4/1 | /2021-8/19/2023 |
| 5. Total Allotment | | | \$552,216.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$552,216.00 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| 1. Administrative Cash Expenditures | | | \$55,221.60 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$55,221.60 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$7,795.77 |
| 2. Unliquidated Obligations | \$0.00 | | |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Basic | | | \$0.00 |
| 3. Intensive Services/WIOA Career Services Ind. | | | \$0.00 |
| 4. Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | |
| a. WIOA Training Payments | | | \$473,614.32 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$23,380.08 |
| 6. Other | | | \$0.00 |
| 7. Total Program Expenditure | \$496,994.40 | \$0.00 | \$496,994.40 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$0.00 |
| a. Unliquidated Obligations-Core and Intensive | Services/Career Se | rvices | \$0.00 |
| b. Unliquidated Obligations-Training Services | | | \$0.00 |
| c. Unliquidated Obligations-Other | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 11:40:21 AM

| II. MISCELLANEOUS ITEMS (ADMIN AND/OR ROGRAM) | | Cash Contributions | In-Kind Contributions | Total |
|---|--|-----------------------|--------------------------|-------------------------------|
| 1. Federal Mandated N | /latch | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| 3. Federal Leveraged Resources | | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | ged Resources | \$0.00 | \$0.00 | \$0.00 |
| Leveraged Training | Resources | | | \$0.00 |
| 6. Fed Share of Unliqu | idated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Exper | nditures | | | \$0.00 |
| 8. Transitional Jobs Ex | penditures | | | \$0.00 |
| 9. Incumbent Worker 7 | raining Expenditures | | | \$0.00 |
| | | | | |
| VIII. 9130 - RECIPIENT | SHARE OF EXPENDITURE | S | | |
| VIII. 9130 - RECIPIENT S 1. Total Recipient Sha | | S | | \$7,795.7 |
| | re of Expenditures | ES | | |
| 1. Total Recipient Sha | re of Expenditures me Earned | ES | | \$0.0 |
| Total Recipient Sha Total Program Incol Total Program Incol | re of Expenditures me Earned | ES | | \$0.0 |
| Total Recipient Sha Total Program Incol Total Program Incol | re of Expenditures me Earned | ES | | \$7,795.7 \$0.00 \$0.00 |
| Total Recipient Sha Total Program Incor Total Program Incor Total Program Incor IX. COMMENTS | re of Expenditures me Earned | 3. Phone Number | | \$0.0 |
| Total Recipient Sha Total Program Incor T | re of Expenditures me Earned me Expended | | | \$0.0 |
| 1. Total Recipient Sha 2. Total Program Incor 3. Total Program Incor IX. COMMENTS X. CERTIFICATION 1. Name | re of Expenditures me Earned me Expended 2. Title | 3. Phone Number | 7. Date Su | \$0.00 \$0.00 |

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPENDITURES | 01/18/2023 | 11:52:02 AM |
|----------------------------|-------------------------------------|-----------------------|------------------------|----------------------|
| - | County of Orange | Report Type: Q | | |
| Grant Code: | 202 | Danast Dariad, 202212 | | |
| Grant Term: | 10/01/2021-06/30/2023 | Report Period: 202212 | | |
| I.SUBGRANT IN | NFORMATION | | | |
| 1. Year Of A | ppropriation | | | 202 |
| 2. Report Re | evision Number | | | |
| Subgrant | Number | | | AA21102 |
| 4. Subgrant | Term From-To: | | 4/1 | 1/2021-8/19/202 |
| 5. Total Allo | tment | | | \$2,602,657.0 |
| 6. Closeout | Report (Y/N) | | | N |
| II. TOTAL EXP | ENDITURES (Admin + Program) | | | \$1,880,142.38 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | ative Cash Expenditures | | | \$260,265.7 |
| 2. Administra | ative Accrued Expenditures | | | \$0.0 |
| 3. Total Adm | nin Expenditures | | | \$260,265.7 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Fede | ral Support (Stand-in) | | | \$26,542.4 |
| | ed Obligations | | | \$0.0 |
| • | ncome Earned | | | \$0.00 |
| _ | ncome Expended | | | \$0.00 |
| V. CUMULATIV | E EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self | Services | | | \$0.00 |
| 2. Core Regi | stration/WIOA Career Services Bas | ic | | \$1,585,745.8 |
| _ | Services/WIOA Career Services Ind | | | \$0.00 |
| | rvices Follow-Up | | | \$0.00 |
| | ining Services | | | **** |
| | Training Payments | | | \$34,130.8 |
| | Other Training Services | | | \$0.00 |
| | Training Supportive Services | | | \$0.00 |
| 6. Other | <u> </u> | | | \$0.00 |
| 7. Total Prog | ıram Expenditure | \$1,130,333.56 | \$489,543.12 | \$1,619,876.68 |
| VI. OTHER REF | PORTABLE ITEMS (PROGRAM) | | | |
| | ral Support (Stand-in) | | | \$0.00 |
| | ed Obligations | | | \$899,367.5 |
| | dated Obligations-Core and Intensiv | e Services/Career Se | rvices | \$704,734.59 |
| | dated Obligations-Training Services | | | \$194,632.98 |
| • | dated Obligations-Other | | | \$0.00 |
| | ncome Earned | | | \$0.00 |
| • | ncome Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 11:52:02 AM

| EMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total | |
|------------------------------------|---|--|--|--|
| latch | \$0.00 | \$0.00 | \$0.00 | |
| ch | \$0.00 | \$0.00 | \$0.00 | |
| Federal Leveraged Resources | | \$14,297.50 | \$14,297.50 | |
| 4. Non-Federal Leveraged Resources | | \$5,675.00 | \$5,675.00 | |
| Resources | | | \$0.00 | |
| idated Obligations for PFP | | | \$0.00 | |
| ditures | | | \$0.00 | |
| penditures | | | \$0.00 | |
| | | | \$0.00 | |
| HARE OF EXPENDITURE | ES | | | |
| e of Expenditures | | | \$32,217.4 | |
| Total Program Income Earned | | | \$0.0 | |
| ne Earned | | | \$0.0 | |
| ne Earned ne Expended | | | \$0.0 \$0.0 | |
| | | | • • • • | |
| | | | • • • • | |
| | 3. Phone Number | | * | |
| ne Expended | 3. Phone Number (714) 480-6420 | | * | |
| ne Expended 2. Title | | 7. Date Su | \$0.0 | |
| i | cch Resources ged Resources Resources idated Obligations for PFP iditures rpenditures fraining Expenditures | Resources \$0.00 ged Resources \$0.00 Resources \$0.00 Resources idated Obligations for PFP aditures rependitures raining Expenditures SHARE OF EXPENDITURES | tch \$0.00 \$0.00 Resources \$0.00 \$14,297.50 ged Resources \$0.00 \$5,675.00 Resources idated Obligations for PFP inditures rependitures fraining Expenditures SHARE OF EXPENDITURES | |

| Subgrantee Code: Grant Code: | County of Orange 301 | Report Type: Q | | |
|-------------------------------|--------------------------------|-----------------------|------------------------|----------------------|
| Grant Term: | 04/01/2021-06/30/2023 | Report Period: 202212 | | |
| I.SUBGRANT IN | FORMATION | -1 | | |
| 1. Year Of Ap | ppropriation | | | 202 |
| 2. Report Re | vision Number | | | (|
| 3. Subgrant N | Number | | | AA211023 |
| 4. Subgrant 7 | Term From-To: | | 4/ | 1/2021-8/19/2023 |
| 5. Total Alloti | nent | | | \$3,295,177.00 |
| 6. Closeout F | Report (Y/N) | | | No |
| II. TOTAL EXPE | NDITURES (Admin + Program) | | | \$1,938,677.11 |
| III. ADMINISTRA | TIVE EXPENDITURES | | | |
| 1. Administra | tive Cash Expenditures | | | \$329,517.70 |
| 2. Administra | tive Accrued Expenditures | | | \$0.00 |
| 3. Total Admi | n Expenditures | | | \$329,517.70 |
| V. OTHER REPO | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Feder | al Support (Stand-in) | | | \$34,069.49 |
| 2. Unliquidate | ed Obligations | | | \$0.00 |
| 3. Program In | come Earned | | | \$0.00 |
| 4. Program In | come Expended | | | \$0.00 |
| V. CUMULATIVE | E EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Youth In So | chool | | | \$457,191.88 |
| 2. Youth Out | Of School | | | \$1,151,967.53 |
| Total Progr | am Expenditures | \$1,396,542.43 | \$212,616.98 | \$1,609,159.41 |
| a. Youth Si | ummer Employment Opportunities | | | \$0.00 |
| b. WIOA Pa | aid and Unpaid Work Experience | | | \$121,545.00 |
| VI. OTHER REP | ORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Feder | al Support (Stand-in) | | | \$0.00 |
| | ed Obligations | | | \$1,356,499.89 |
| 3. Program In | come Earned | | | \$0.00 |
| 4 Program In | come Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 11:59:31 AM

| VII. MISCELLANEOUS I PROGRAM) | TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|--|---|---|--------------------------|----------------|
| 1. Federal Mandated I | Match | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Match | | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged | Resources | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Levera | aged Resources | \$0.00 | \$0.00 | \$0.00 |
| 5. Fed Share of Unliqu | idated Obligations for PFP | | | \$0.00 |
| 6. PFP Contract Expe | nditures | | | \$0.00 |
| VIII. 9130 - RECIPIENT | SHARE OF EXPENDITURE | S | | |
| 1 Total Recipient Sha | re of Expenditures | | | \$34,069.4 |
| 1. Total Recipient one | 2. Total Program Income Earned | | | |
| · · · · · · · · · · · · · · · · · · · | • | | | \$0.0 |
| Total Program Inco Total Program Inco | me Earned | | | · · · · · |
| Total Program Inco Total Program Inco Total Program Inco IX. COMMENTS | me Earned | | | \$0.0 \$0.0 |
| 2. Total Program Inco 3. Total Program Inco IX. COMMENTS X. CERTIFICATION | me Earned me Expended | | | ¥ |
| 2. Total Program Inco 3. Total Program Inco XX. COMMENTS XX. CERTIFICATION 1. Name | me Earned me Expended 2. Title | 3. Phone Number | | ¥ |
| 2. Total Program Inco 3. Total Program Inco IX. COMMENTS X. CERTIFICATION 1. Name Carma, Lacy | me Earned me Expended 2. Title OCWEDD Director | (714) 480-6420 | | \$0.C |
| 2. Total Program Inco 3. Total Program Inco IX. COMMENTS X. CERTIFICATION 1. Name | me Earned me Expended 2. Title | *************************************** | 7. Date St | \$0.0 |

| Page 1 of 2 WIA/WIOA SUMMARY 0 | OF EXPENDITURES | 01/18/2023 | 12:04:56 PM |
|---|-----------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 501 | Daniel Daniel 000040 | | |
| | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| Year Of Appropriation | | | 2021 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA211023 |
| 4. Subgrant Term From-To: | | 4/1 | /2021-8/19/2023 |
| 5. Total Allotment | | | \$733,087.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$733,087.00 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| Administrative Cash Expenditures | | | \$73,308.70 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$73,308.70 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| Non-Federal Support (Stand-in) | | | \$11,469.62 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Basic | | | \$66,786.61 |
| 3. Intensive Services/WIOA Career Services Ind. | | | \$0.00 |
| 4. Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | |
| a. WIOA Training Payments | | | \$571,657.39 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$21,334.30 |
| 6. Other | | | \$0.00 |
| 7. Total Program Expenditure | \$659,778.30 | \$0.00 | \$659,778.30 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$0.00 |
| a. Unliquidated Obligations-Core and Intensive | Services/Career Se | rvices | \$0.00 |
| b. Unliquidated Obligations-Training Services | | | \$0.00 |
| c. Unliquidated Obligations-Other | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 12:04:56 PM

| PROGRAM) | TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|---|--|-----------------------|--------------------------|---------------------------------|
| 1. Federal Mandated N | /latch | \$0.00 | \$0.00 | \$0.00 |
| 2. State Mandated Ma | tch | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | | \$0.00 | \$0.00 | \$0.00 |
| 4. Non-Federal Leveraged Resources | | \$0.00 | \$0.00 | \$0.00 |
| 5. Leveraged Training Resources | | | | \$0.00 |
| 6. Fed Share of Unliqu | idated Obligations for PFP | | | \$0.00 |
| 7. PFP Contract Exper | | | | \$0.00 |
| 8. Transitional Jobs Ex | penditures | | | \$0.00 |
| 9. Incumbent Worker | raining Expenditures | | | \$0.00 |
| | | | | |
| | SHARE OF EXPENDITURE | S | | |
| | | S | | \$11,469.62 |
| VIII. 9130 - RECIPIENT | re of Expenditures | ES | | |
| VIII. 9130 - RECIPIENT S 1. Total Recipient Sha | re of Expenditures me Earned | ES | | \$0.00 |
| VIII. 9130 - RECIPIENT 3 1. Total Recipient Sha 2. Total Program Incom 3. Total Program Incom | re of Expenditures me Earned | ES | | \$0.00 |
| VIII. 9130 - RECIPIENT S 1. Total Recipient Sha 2. Total Program Incom 3. Total Program Incom IX. COMMENTS | re of Expenditures me Earned | ES | | \$11,469.62 \$0.00 \$0.00 |
| VIII. 9130 - RECIPIENT S 1. Total Recipient Sha 2. Total Program Incom 3. Total Program Incom XX. COMMENTS XX. CERTIFICATION | re of Expenditures me Earned | 3. Phone Number | | \$0.00 |
| VIII. 9130 - RECIPIENT S 1. Total Recipient Sha 2. Total Program Incom 3. Total Program Incom IX. COMMENTS | re of Expenditures ne Earned ne Expended | | | \$0.00 |
| VIII. 9130 - RECIPIENT S 1. Total Recipient Sha 2. Total Program Incom 3. Total Program Incom IX. COMMENTS X. CERTIFICATION 1. Name | re of Expenditures me Earned me Expended 2. Title | 3. Phone Number | 7. Date Su | \$0.00 \$0.00 |

| Page 1 of 2 | WIA/WIOA SUMMARY | OF EXPENDITURES | 01/18/2023 | 12:10:29 PM |
|----------------------------|-------------------------------------|-----------------------|------------------------|----------------------|
| - | County of Orange | Report Type: Q | | |
| Grant Code: Grant Term: | 502 | Danast Dariade 202212 | | |
| I.SUBGRANT IN | 10/01/2021-06/30/2023 | Report Period: 202212 | | |
| I.SUBGRANT II | NFORMATION | | | |
| 1. Year Of A | | | | 202 |
| · | evision Number | | | (|
| Subgrant | Number | | | AA21102 |
| 4. Subgrant | Term From-To: | | 4/1 | 1/2021-8/19/2023 |
| 5. Total Allot | ment | | | \$3,119,628.00 |
| 6. Closeout l | Report (Y/N) | | | No |
| II. TOTAL EXPI | ENDITURES (Admin + Program) | | | \$1,138,287.24 |
| III. ADMINISTRA | ATIVE EXPENDITURES | | | |
| 1. Administra | ative Cash Expenditures | | | \$311,962.80 |
| 2. Administra | ative Accrued Expenditures | | | \$0.0 |
| 3. Total Adm | in Expenditures | | | \$311,962.8 |
| IV. OTHER REP | ORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Fede | ral Support (Stand-in) | | | \$17,809.2 |
| | ed Obligations | | | \$0.00 |
| | ncome Earned | | | \$0.00 |
| _ | ncome Expended | | | \$0.00 |
| V. CUMULATIV | E EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self | Services | | | \$0.00 |
| 2. Core Regi | stration/WIOA Career Services Bas | ic | | \$826,324.44 |
| _ | Services/WIOA Career Services Ind | | | \$0.00 |
| | rvices Follow-Up | | | \$0.00 |
| | ining Services | | | ¥ |
| | Training Payments | | | \$0.00 |
| | Other Training Services | | | \$0.00 |
| | Fraining Supportive Services | | | \$0.00 |
| 6. Other | • | | | \$0.00 |
| 7. Total Prog | ram Expenditure | \$465,969.20 | \$360,355.24 | \$826,324.44 |
| VI. OTHER REF | PORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Fede | ral Support (Stand-in) | | | \$0.00 |
| | ed Obligations | | | \$1,530,481.94 |
| | dated Obligations-Core and Intensiv | e Services/Career Se | rvices | \$1,309,975.49 |
| • | dated Obligations-Training Services | | | \$220,506.4 |
| • | dated Obligations-Other | | | \$0.00 |
| | ncome Earned | | | \$1,304.89 |
| _ | ncome Expended | | | \$1,304.89 |

WIA/WIOA SUMMARY OF EXPENDITURES

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| TEMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total |
|------------------------------------|--|--|---|
| //atch | \$0.00 | \$0.00 | \$0.00 |
| tch | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | | \$5,260.00 | \$5,260.00 |
| 4. Non-Federal Leveraged Resources | | \$69,171.50 | \$69,171.50 |
| Resources | | | \$0.00 |
| idated Obligations for PFP | | | \$0.00 |
| nditures | | | \$0.00 |
| rpenditures | | | \$0.00 |
| Fraining Expenditures | | | \$0.00 |
| SHARE OF EXPENDITURE | ES | | |
| re of Expenditures | | | \$86,980.74 |
| me Earned | | | \$1,304.89 |
| | | · ' | |
| me Expended | | | \$1,304.89 |
| me Expended | | | \$1,304.8 |
| me Expended | | | \$1,304.89 |
| me Expended 2. Title | 3. Phone Number | | \$1,304.89 |
| · | 3. Phone Number (714) 480-6420 | | \$1,304.89 |
| 2. Title | *************************************** | 7. Date Su | |
| | Match tch Resources aged Resources Resources idated Obligations for PFP aditures spenditures fraining Expenditures | Contributions Match \$0.00 tch \$0.00 Resources \$0.00 Iged Resources \$0.00 Resources Ididated Obligations for PFP Inditures Igenditures Ige | Contributions Contributions Match \$0.00 \$0.00 tch \$0.00 Resources \$0.00 \$5,260.00 ged Resources \$0.00 \$69,171.50 Resources ididated Obligations for PFP Inditures Expenditures Fraining Expenditures SHARE OF EXPENDITURES Tree of Expenditures |

| Page 1 of 2 WIA/WIOA SUMMARY | OF EXPENDITURES | 01/18/2023 | 12:34:32 PM |
|--|-----------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 1218 Grant Term: 04/01/2021-12/31/2022 | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | Report Period. 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| Year Of Appropriation | | | 2020 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA111023 |
| 4. Subgrant Term From-To: | | 4/1 | /2020-3/31/2023 |
| 5. Total Allotment | | | \$375,000.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$295,303.95 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| Administrative Cash Expenditures | | | \$24,028.90 |
| 2. Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$24,028.90 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$2,039.18 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Basic | 2 | | \$0.00 |
| 3. Intensive Services/WIOA Career Services Ind. | | | \$0.00 |
| 4. Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | |
| a. WIOA Training Payments | | | \$0.00 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$0.00 |
| 6. Other | | | \$271,275.05 |
| 7. Total Program Expenditure | \$217,770.05 | \$53,505.00 | \$271,275.05 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| 2. Unliquidated Obligations | | | \$79,696.05 |
| a. Unliquidated Obligations-Core and Intensive | e Services/Career Se | rvices | \$0.00 |
| b. Unliquidated Obligations-Training Services | | | \$0.00 |
| c. Unliquidated Obligations-Other | | | \$79,696.05 |
| 3. Program Income Earned | | | \$0.00 |
| 4. Program Income Expended | | | \$0.00 |

WIA/WIOA SUMMARY OF EXPENDITURES

01/18/2023 12:34:32 PM

| II. MISCELLANEOUS ITEMS (ADMIN AND/OR PROGRAM) | | In-Kind Contributions | Total |
|---|---|---|--|
| latch | \$0.00 | \$0.00 | \$0.00 |
| ch | \$0.00 | \$0.00 | \$0.00 |
| Federal Leveraged Resources | | \$0.00 | \$0.00 |
| Non-Federal Leveraged Resources | | \$0.00 | \$0.00 |
| Resources | | | \$0.00 |
| idated Obligations for PFP | | | \$0.00 |
| ditures | | | \$0.00 |
| penditures | | | \$0.00 |
| raining Expenditures | | | \$0.00 |
| HARE OF EXPENDITURE | S | | |
| e of Expenditures | | | \$2,039.1 |
| ne Earned | | | \$0.0 |
| | | * - | |
| ne Expended | | | \$0.0 |
| ne Expended | | | \$0.0 |
| ne Expended | | | \$0.0 |
| ne Expended 2. Title | 3. Phone Number | | \$0.0 |
| · | 3. Phone Number (714) 480-6420 | | \$0.0 |
| 2. Title | | 7. Date Su | |
| | ged Resources Resources idated Obligations for PFP iditures ipenditures fraining Expenditures SHARE OF EXPENDITURE fre of Expenditures ine Earned | Resources \$0.00 Resources \$0.00 Resources \$0.00 Resources idated Obligations for PFP iditures rependitures fraining Expenditures SHARE OF EXPENDITURES re of Expenditures ine Earned | Resources \$0.00 \$0.00 Resources \$0.00 \$0.00 Resources \$0.00 \$0.00 Resources idated Obligations for PFP iditures rependitures raining Expenditures SHARE OF EXPENDITURES re of Expenditures ne Earned |

| Page 1 of 2 WIA/WIOA SUMMARY | Y OF EXPENDITURES | 01/18/2023 | 12:37:22 PM |
|--|-----------------------|------------------------|----------------------|
| Subgrantee Code: County of Orange | Report Type: Q | | |
| Grant Code: 1225 | Demand Deviced 000040 | | |
| Grant Term: 04/01/2021-03/31/2023 | Report Period: 202212 | | |
| I.SUBGRANT INFORMATION | | | |
| Year Of Appropriation | | | 2020 |
| 2. Report Revision Number | | | 0 |
| 3. Subgrant Number | | | AA111023 |
| 4. Subgrant Term From-To: | | 4/1 | /2020-3/31/2023 |
| 5. Total Allotment | | | \$500,000.00 |
| 6. Closeout Report (Y/N) | | | No |
| II. TOTAL EXPENDITURES (Admin + Program) | | | \$457,694.82 |
| III. ADMINISTRATIVE EXPENDITURES | | | |
| Administrative Cash Expenditures | | | \$37,500.00 |
| Administrative Accrued Expenditures | | | \$0.00 |
| 3. Total Admin Expenditures | | | \$37,500.00 |
| IV. OTHER REPORTABLE ITEMS (ADMIN) | | | . , |
| 1. Non-Federal Support (Stand-in) | | | \$19,321.61 |
| 2. Unliquidated Obligations | | | \$0.00 |
| 3. Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |
| V. CUMULATIVE EXPENDITURES (PROGRAM) | Cash Expenditure | Accrued Expenditure | Total Expenditure |
| 1. Core Self Services | | | \$0.00 |
| 2. Core Registration/WIOA Career Services Bas | ic | | \$0.00 |
| 3. Intensive Services/WIOA Career Services Ind | | | \$0.00 |
| Career Services Follow-Up | | | \$0.00 |
| 5. WIOA Training Services | | | ***** |
| a. WIOA Training Payments | | | \$0.00 |
| b. WIOA Other Training Services | | | \$0.00 |
| c. WIOA Training Supportive Services | | | \$0.00 |
| 6. Other | | | \$420,194.82 |
| 7. Total Program Expenditure | \$420,194.82 | \$0.00 | \$420,194.82 |
| VI. OTHER REPORTABLE ITEMS (PROGRAM) | | | |
| 1. Non-Federal Support (Stand-in) | | | \$0.00 |
| Unliquidated Obligations | | | \$42,305.18 |
| a. Unliquidated Obligations-Core and Intensiv | ve Services/Career Se | rvices | \$0.00 |
| b. Unliquidated Obligations-Training Services | | | \$0.00 |
| c. Unliquidated Obligations-Other | • | | \$42,305.18 |
| Program Income Earned | | | \$0.00 |
| Program Income Expended | | | \$0.00 |

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| EMS (ADMIN AND/OR | Cash Contributions | In-Kind Contributions | Total | | | | |
|---|---|--------------------------|------------|--|--|--|--|
| atch | \$0.00 | \$0.00 | \$0.00 | | | | |
| ch | \$0.00 | \$0.00 | \$0.00 | | | | |
| Resources | \$0.00 | \$0.00 | \$0.00 | | | | |
| 4. Non-Federal Leveraged Resources | | | | | | | |
| Resources | | | \$0.00 | | | | |
| dated Obligations for PFP | | | \$0.00 | | | | |
| ditures | | | \$0.00 | | | | |
| penditures | | | \$0.00 | | | | |
| raining Expenditures | | | \$0.00 | | | | |
| HARE OF EXPENDITURE | S | | | | | | |
| e of Expenditures | | | \$19,321.6 | | | | |
| ne Earned | | \$0.0 | | | | | |
| ne Expended | | | \$0.0 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. Title | 3. Phone Number | | | | | | |
| 2. Title OCWEDD Director | 3. Phone Number (714) 480-6420 | | | | | | |
| | 0.1.11011011111111111111111111111111111 | 7. Date Su | ıbmitted | | | | |
| 2. State Mandated Match\$0.003. Federal Leveraged Resources\$0.00 | | | | | | | |

CA Microbusiness Covid-19 Relief Grant

Grant period: 01/21/21-12/31/22- extended 06/30/23

Report Period: December 31, 2022

| | | | | FY 21-22 | | | FY 21-22 | | Total | |
|---------------------------|---------------|--------------|----|--------------|--------------|--------------|--------------------|----|--------------|------------------|
| Job # C720A, C720P | Budget | Jan-Jun 2022 | Ex | xpenditures | Jul-Sep 2022 | Oct-Dec 2022 | Expenditures | E | Expenditures | Remaining Budget |
| Salariesl & Benefits | \$ 272,500.00 | \$ 36,934.78 | \$ | 36,934.78 | \$ 32,636.95 | \$ 19,290.50 | \$ 51,927.45 | \$ | 88,862.23 | 183,637.77 |
| Techologies-OCIT portal | 10,500.00 | 5,768.00 | \$ | 5,768.00 | | | \$ - | \$ | 5,768.00 | 4,732.00 |
| Supplies | 17,000.00 | | \$ | - | | | \$ - | \$ | - | 17,000.00 |
| Contractual-participants | 3,075,481.68 | 1,760,000.00 | \$ | 1,760,000.00 | 800,000.00 | 497,500.00 | \$ 1,297,500.00 | \$ | 3,057,500.00 | 17,981.68 |
| Other -Supportive Serv | - | | \$ | - | | | \$ - | \$ | - | 0.00 |
| Other -Admin | 300,000.00 | 17,764.87 | \$ | 17,764.87 | 19,560.10 | 19,738.04 | \$ 39,298.14 | \$ | 57,063.01 | 242,936.99 |
| Total Expenditures | 3,675,481.68 | 1,820,467.65 | | 1,820,467.65 | 852,197.05 | 536,528.54 | 1,388,725.59 | | 3,209,193.24 | 466,288.44 |

| | | | Cumulative Draws | | | Cumulative Draws | Total Cash | |
|------------------------|---------------|--------------|-------------------------|--------------|------------|-------------------------|-------------------|------------------|
| Cash Draws | Prepaid Check | Jan-Jun 2022 | to Date | Jul-Sep 2022 | | to Date | Request | Remaining Budget |
| Monthly Amounts | 3,675,481.68 | 1,820,467.65 | 1,820,467.65 | 852,197.05 | 536,528.54 | 1,388,725.59 | 3,209,193.24 | 466,288.44 |

Adjustment from last draw

Total Draws

Note: There's a remaining balance of \$300K

U.S. Department of Labor, Employment and Training Administration

WIOA sec. 170-National Dislocated Worker Grant

CAREER DLW Grant-09/24/21-09/23/23 (due the 15th of the following month)

Report Period: December 31, 2022

| | | FY 21-22 | | | | FY 22-23 | Total | |
|------------------------|---------------|--------------|--------------|--------------|--------|--------------|--------------|------------------|
| Job # C719A, C719P | Budget | Expenditures | Sep-22 | Dec-22 | Mar-23 | Expenditures | Expenditures | Remaining Budget |
| Personnel | \$ 575,118.00 | \$ 3,157.58 | \$ 10,358.60 | \$ 29,774.46 | | \$ 40,133.06 | \$ 43,290.64 | 531,827.36 |
| Fringe Benefits | 506,102.00 | 2,255.97 | 10,059.10 | 21,821.39 | | \$ 31,880.49 | 34,136.46 | 471,965.54 |
| Travel | 4,300.00 | - | | | | \$ - | - | 4,300.00 |
| Equipment | 350,000.00 | - | | | | \$ - | - | 350,000.00 |
| Supplies | 16,300.00 | - | | 4,374.82 | | \$ 4,374.82 | 4,374.82 | 11,925.18 |
| Contractual | 1,250,000.00 | - | | 27,297.29 | | \$ 27,297.29 | 27,297.29 | 1,222,702.71 |
| Other -Supportive Serv | 148,000.00 | - | | | | \$ - | - | 148,000.00 |
| Other -Admin | 150,180.00 | 1,868.54 | 2,829.06 | 28,344.41 | | 31,173.47 | 33,042.01 | 117,137.99 |
| Total Charges | 3,000,000.00 | 7,282.09 | 23,246.76 | 111,612.37 | - | 134,859.13 | 142,141.22 | 2,857,858.78 |

Accrual Expendtures Contractor Accrual - Fr. C

Quarterly Report Amount

\$ 142,141.22

| | | Cumulative Draws | | | | Cumulative Draws | Total Cash | |
|------------------------|-----------------|-------------------------|----------|-----------|------------|-------------------------|------------|------------------|
| Cash Draws | Budget | to Date | Sep-22 | Dec-22 | Mar-23 | to Date | Request | Remaining Budget |
| Monthly Amounts | \$ 3,000,000.00 | 4,605.53 | 2,676.56 | 23,246.76 | 111,612.37 | 137,535.69 | 142,141.22 | \$ 2,857,858.78 |

Adjustment from last draw

Total Draws

Note:

Adjustment*: Per

- OCWEDD COMPLIANCE/MONITORING UPDATES -

| ONGOING EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD) AUD | ITS |
|---|----------------------|
| INFORMATION | STATUS |
| INFORMATION | (As of January 2023) |
| VIOA Fiscal and Procurement Review Program Years 2016-17 & 2017-18 | ONGOING |
| VIOA National Dislocated Worker Grant (NDWG) 2017- California Wildfires (10/18/17 -12/10/18) | ONGOING |
| VIOA Youth Program Monitoring PY 2019-20 (Review period September 1, 2017, through August 31, 2019) | ONGOING |
| echnical Support (Case #2017-SA-003) | ONGOING |
| RESOLVED / COMPLETED EMPLOYMENT DEVELOPMENT DEPARTMENT (ED | D) AUDITS |
| INFORMATION | STATUS |
| | (As of January 2023) |
| 5% Formula Grant Review Program Year 2020-21 (Review period September 1, 2018, through December 31, 2020) | RESOLVED/COMPLETED |
| 020 COVID-19 Employment Recovery NDWG Monitoring Review for Program Year 2021-22 | RESOLVED/COMPLETED |
| VIOA Formula Grants Review Program Year 2018-19 | RESOLVED/COMPLETED |
| VIOA Fiscal and Procurement Review Program Year 2018-19 | RESOLVED/COMPLETED |
| iscal and Procurement Monitoring Review 85% Formula Grant Program Year 2019-20 | RESOLVED/COMPLETED |
| nhanced Desk Review Monitoring- Regional Organizer/Regional Training Coordinators | RESOLVED/COMPLETED |
| 020 COVID-19 Employment Recovery NDWG Monitoring Review Program Year 2021-22 | RESOLVED/COMPLETED |
| VIOA Section 188 Desk Review Program Year 2021-22 | RESOLVED/COMPLETED |
| DD Single Audit Report (case number 2018-SA-005) for the Fiscal Year ending June 30, 2019 | RESOLVED/COMPLETED |
| iscal and Procurement Monitoring Review PY 2019-20 (Period of January 1, 2019, through December 31, 2019) | RESOLVED/COMPLETED |
| VIOA Youth Program Monitoring Program Year 2019-20 | RESOLVED/COMPLETED |
| 5% Formula Grant Review Program Year 2021-22 (Review period July 1, 2021, through June 30, 2022) | RESOLVED/COMPLETED |
| COUNTY OF ORANGE FISCAL MONITORING & COMPLIANCE AUDITS | |
| INFORMATION | STATUS |
| | (As of January 2023) |
| DCCS/CM&PC Fiscal Monitoring Reviews Program Year 2019-20 | RESOLVED/COMPLETED |
| DCCS/CM&PC Fiscal Monitoring Reviews Program Year 2020-21 | RESOLVED/COMPLETED |
| DCCS/CM&PC Fiscal Monitoring Reviews Program Year 2021-22 | ONGOING |
| OC COMMUNITY SERVICES (OCCS)/CONTRACTS MONITORING & PROGRAM COMPLIAN | ICE (CM&PC) |
| PROGRAM MONITORING & COMPLIANCE AUDITS | |
| INFORMATION | STATUS |
| | (As of January 2023) |
| OCCS/CM&PC Program Monitoring Reviews Program Year 2019-20 | RESOLVED/COMPLETED |
| | <u> </u> |