

**WIA PARTICIPANT REPORTING INSTRUCTIONS FOR STATEWIDE FUNDED
ACTIVITIES**

Supplied by Agency for Workforce Innovation

PROJECT NAME: Hurricane Katrina Evacuees

FUNDING SOURCE: Workforce Investment Act (WIA) National Emergency Grant
(NEG)

DATE RANGE FUNDS MAY BE USED: 9/29/2005 - 8/30/2007

REGIONAL WORKFORCE BOARDS AFFECTED: 1, 2, 3, 4, 5, 8, 9, 13, 15, 16, 18, and 23

OTHER ENTITIES AFFECTED: None

ELIGIBILITY: All individuals served in this project must have evacuated from their home state as a result of Hurricane Katrina and must meet one of the eligibility requirements listed below:

- (1) Temporarily or permanently dislocated from work due to Hurricane Katrina;
- (2) Qualify as a dislocated worker, as defined in WIA Section 101 (9) who were impacted by Hurricane Katrina;
- (3) Individuals who are long-term unemployed (unemployed 15 or more weeks of the 26 weeks prior to registration) who were evacuated as a result of Katrina.

The participant file must document participant's eligibility. Because of the circumstances surrounding the disaster, documentation of eligibility may be difficult to obtain. A valuable resource for proving evacuee status is the local American Red Cross center. If the individual has lost all forms of identification (ID), they can be referred to their local driver's license office so they can be issued a temporary photo ID. The driver's license office will enter their Social Security Number (SSN) in their data base and can call up on the computer a copy of the applicant's driver's license which includes a photo ID so they can verify on the spot if this person is from an affected state.

Self-certification can be used as a method of last resort until documented proof of eligibility is obtained. The Regional Workforce Boards (RWBs) must have systems in place to review eligibility determinations once the project has begun to operate more routinely and needed documentation becomes more readily available. If such systems are in place and the RWBs subsequently identify individuals who were not eligible to participate as a result of the review, costs incurred prior to the determination will not be disallowed.

***The Agency for Workforce Innovation (AWI) is required to verify whether or not the applicant was previously employed in the affected state to document eligibility. The RWBs must complete the attached form for all applicants who self attest under the eligibility criteria listed above. Completed form may be submitted via fax at (850) 921-3121; or scan and email to Smitha Moore at smitha.moore@awi.state.fl.us and Jackie Phillips at Jackie.Phillips@awi.state.fl.us. The AWI will electronically verify whether the participant earned wages in the impacted state and/or is receiving unemployment compensation benefits. On a daily basis, or as needed, the RWBs will submit the attached form to the

AWI. The AWI will verify the information requested within two-working days after the receipt of the form. The home state of the participant will be notified by the AWI that the participant is involved in Florida's NEG disaster program.

PERFORMANCE REPORTING CATEGORY:

Category designations: 4

All formula performance measures applicable to the customer group are applied and are reported as National Emergency Grant Performance. Performance for participants under this grant is not included in statewide totals reported in Florida's Core Measures.

Performance counts against local measures if local funds are used to serve these individuals.

PERFORMANCE REPORTING TO AWI:

- Total Participants (Assisted Core)
- Total Receiving Intensive Service (Determination and selection of work activity)
- Total Employed in Temporary Disaster Relief Assistance (Work Experience)
- Total Receiving Training
- Total Receiving Supportive Services (excluding needs-related payments)
- Total Exits
- Total Entering Unsubsidized Employment (Exit)
- Total Credentials Attained

PARTICIPANT REPORTING INSTRUCTIONS

Supplied by Agency for Workforce Innovation

DATA ENTRY INSTRUCTIONS FOR "HURRICANE KATRINA EVACUEES"

WIA Application - Dislocated Workers Only

Program Elements:

- WIA Application
- Activities
- Supportive Services
- Credential Attainment
- Job Placement (entered unsubsidized employment)
- Program Exit

Contact Details

- Social Security Number: Enter the participant's SSN
- Name and address
- Telephone Number: Enter a telephone number where the participant can be reached
- County: Select a County where the nearest One Stop is located
- One Stop: Select a One Stop where the participant will receive or would have received services.

Demographics

- Date of Birth: Enter data in this field
- Gender: Select the gender of the participant
- Race: Select as many choices as apply to the participant
- Ethnicity: Select the ethnic group of the participant

Program Details

- Application Status: Full
- Program Category: Dislocated Worker
- Date of Application: Default to the current date or enter the 1st day of the current quarter.
- Selective Service: Select a response for males born on or after 1/1/1960
- Citizenship: Select a status: Select a response
- Individual with disability: Select a response from the dropdown box
- Currently enrolled in school: Select a response from the dropdown box
- Select highest education level: Select a response from the dropdown box
- Employment Status: Select a response from the dropdown box
- Limited English: Select a response
- Receiving SSI: Select a response
- Receiving general assistance: Select a response
- Receiving refugee assistance: Select a response
- Unemployment Compensation Status: Select a response from the drop down box (if known) or if unknown, select "Eligible Claimant" as the default response.
- Number in family: Enter a number greater than "0"
- Number dependents under 18: Enter a numeric value
- Family status: Select a status from the drop down box.
- Single parent: Select a status
- Employment Information
- If the participant is a "veteran or eligible person", complete the required veteran status fields.

Eligibility Document List

- Eligibility documentation - Obtain copies, where possible or Self-Attestation. All documentation must be maintained for data validation and audit purposes.
- If customer is eligible select "Yes" to the question "Is customer eligible" at the bottom of the Eligibility Document List page and proceed with registering the customer.
- Verification from the AWI regarding employment from the affected state.

Eligible Activities

- Disaster Relief Employment - Eligible participants may work on projects that provide food, clothing, shelter, and other humanitarian assistance.
- Workforce Development Activities - Eligible participants may receive the full array of core, intensive, training and supportive services authorized by WIA. These activities may be concurrent or sequential to Disaster Relief Employment.

Instructions for Assigning Activities or Supportive Services Funded by this Project

- Go to the navigation menu in OSMIS, open the case management folder and select the "activity" file.
- Click on "assign activity" link to access the assign activity screen. Also, click on the "provide supportive service" link to access the supportive service screen.
- Assign the appropriate activity or supportive service.
- Dislocated Workers can be assigned the following activities:
 1. Assisted core (application and eligibility determination)
 2. Intensive (determination and selection of work activity)
 3. Work Experience (assignment to a worksite) **Note: Examples of allowable work activities: vehicle drivers, office workers, laborers, social service aides, humanitarian aides etc. (Record subsidized employment details under Job Placement)**
 4. Training (if appropriate)
- Leave "Not Selected" in the Fund Code/Program Code dropdown and SELECT "OOPE" - "Hurricane Katrina Evacuees" from the Special Project Code dropdown box.
- Enter ITA details (if training was provided).
- Enter Service Provider information.

Note: A holding activity can be assigned (with documentation) in the event that the participant is awaiting a training activity to begin.

Instruction for Recording a Job Placement

Go to the navigation menu in OSMIS and select the "job placement" link to enter job placement information.

Although the temporary employment is subsidized, it should be recorded under "job placement" in OSMIS. All details should be listed, as this information will be vital for reporting purposes. Under "type of employment", select "Subsidized Public" and once the temporary job ends enter the last day of employment in the "end date of employment" field. After this a new job placement can be entered. The temporary employment being offered in the disaster NEG is considered subsidized employment and therefore does not constitute a job placement for exiting purposes in WIA. Furthermore, these NEG participants are to be served just like regular WIA participants with the end result being on unsubsidized employment.

Instruction for Recording Credential Information (if applicable) (not a requirement for the NEG, however, if a credential information is available, please record)

- Go to the navigation menu in OSMIS, open the case management folder and select the "Activities" file
- Click on "Summary" link to access the summary of activities assigned to the participant
- Select the "Edit" link on the training activity to enter "training completion" information.
- Click on the "Credential Information" link to enter "A Description of the Certification" attained and as many details about the certification as is available.

Note: You must enter in the credential type and date credential attained to receive credit for obtaining a credential.

Instructions for Closing a Case

Note: These NEG participants are to be served just like regular WIA participants with the end result being unsubsidized employment.

Make sure all credential and job placement information are entered before closing the case. Close all open Activities. **Note: All activities associated with this project must be closed effective 08/30/2007. If the RWB wishes to continue serving the participant, a new activity using local or other funds must be opened.**

Go to Navigation menu and select Case Management, Manage Case, and Close. Select the appropriate close reason at termination of this project.

Preferred Positive Outcome Dislocated Workers:
Entered Employment (unsubsidized)

If no other outcome applies select "Services Completed."

Note: There is no selection in the "close reason" for "entered employment" but OSMIS will record as such once job placement details have been entered.

ADDITIONAL REPORTING REQUIREMENTS:

Data Input deadline: It is critical that participant data be input in to OSMIS as quickly as possible and on a continual basis due to almost daily demands from local, state and federal entities for accurate and detailed participation information. All transactions that occurred in the quarter must be input into OSMIS by lockdown. For example, reports for transactions input during July 2005-September 30, 2005 can be input into OSMIS up until October 31, 2005 with effective dates in the July 2005 - September 2005 quarter.

AWI CONTACT FOR ADDITIONAL ASSISTANCE REGARDING:

OSMIS CODING

Name: Dehryl McCall
Phone Number: (850) 245-7402
Email: dehrylmccall@awi.state.fl.us

NEG Grant Program Operation and Management

Name: Smitha Moore
Phone Number: (850) 921-3327
Email: Smitha.Moore@awi.state.fl.us

**AGENCY FOR WORKFORCE INNOVATION
NATIONAL EMERGENCY GRANT (NEG)
HURRICANE KATRINA EVACUEES DISASTER**

Self- Attestation Form

Date Submitted: _____

Regional Workforce
Board #: 1

Social Security Number: _____

Last Name: _____

First Name: _____

Affected State Home Address:

Employer of Dislocation: _____

Employer Address:

Temporary Job: Yes No

Training: Yes No

Submitted by: _____

Telephone Number: _____

E-mail Address: _____

Fax Number: _____

Applicant Statement

I _____ realize that I must notify my home state unemployment compensation agency of my participation in a temporary job and/or training, if I am receiving unemployment compensation. I also understand that the Agency for Workforce Innovation will notify my home state of my participation in the NEG disaster project.

Signature of Applicant: _____ Date: _____

For State Use Only:

State Determination

Receiving UC: Yes No

Wage Reported: Yes No

Comments:

Verified by: _____

Date Verified: _____

E. PLANNING FORM* 2 – Disaster Projects (x)Temporary Job Creation

All quarterly entries are CUMULATIVE over all previous quarters

| Performance Factor | Program Year Quarter | | | | | | | | | | |
|--|----------------------|---------|-----------------|-------------------|----------------|----------------|----------------|-------------------|-------------------|-------------------|-------------------|
| | Admin | Program | 8/29/05-9/30/05 | 10/01/05-12/31/05 | 1/1/06-3/31/06 | 4/1/06-6/30/06 | 7/1/06-9/30/06 | 10/01/07-12/31/07 | 01/01/07-03/31/07 | 04/01/07-06/30/07 | 07/01/07-09/30/07 |
| Implementation Schedule | | | | | | | | | | | |
| Total Planned Participants | | | | | | | | | | | |
| Employed in Temp Disaster Relief Asst. | | | | | | | | | | | |
| Receiving Intensive Services | | | | | | | | | | | |
| Receiving Supportive Services | | | | | | | | | | | |
| Exits | | | | | | | | | | | |
| Entering Employment At Exit | | | | | | | | | | | |
| Total Expenditures: <u>Project Operator Level</u> | | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Participant Wages | | | | | | | | | | | |
| Participant FBs | | | | | | | | | | | |
| Core and Intensive Services | | | | | | | | | | | |
| Supportive Services | | | | | | | | | | | |
| Other* | | | | | | | | | | | |
| Program Management and Oversight | | | | | | | | | | | |
| o Admin | | | | | | | | | | | |
| o Other* | | | | | | | | | | | |

This form must be accompanied by an appropriate budget narrative which lists, for each *ed line item, components of the costs, e.g. staff salaries, fringe benefits, equipment, travel, facilities, and the estimated cost amounts for each.

Region Name: _____

Region #: _____

Region Name _____
 Region # _____

DISASTER PROJECTS WORKFORCE DEVELOPMENT SERVICES

All Quarterly Entries Are CUMULATIVE Over All Previous Quarters

| Performance Factor | Program Year Quarter | | | | | | | | | | | | | | | | |
|--|----------------------|---------|-----------------|-------------------|-----------------|----------------|-----------------|------------------|-------------------|-------------------|-------------------|---|---|---|---|---|---|
| | Admin | Program | 8/29/05-9/30/05 | 10/01/05-12/31/05 | 1/01/06-3/31/06 | 4/1/06-6/30/06 | 7/01/06-9/30/06 | 10/1/06-12/31/06 | 01/01/07-03/31/07 | 04/01/07-06/30/07 | 07/01/07-09/30/07 | | | | | | |
| Total Planned Participants | | | | | | | | | | | | | | | | | |
| Receiving Intensive Services | | | | | | | | | | | | | | | | | |
| Enrolled in Training | | | | | | | | | | | | | | | | | |
| Receiving Supporting Services | | | | | | | | | | | | | | | | | |
| Receiving Needs-Related Payments | | | | | | | | | | | | | | | | | |
| Exits | | | | | | | | | | | | | | | | | |
| Entering Employment At Exit | | | | | | | | | | | | | | | | | |
| Total Expenditures: PROJECT OPERATOR LEVEL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Core And Intensive Services | | | | | | | | | | | | | | | | | |
| Training Services | | | | | | | | | | | | | | | | | |
| Supportive Services | | | | | | | | | | | | | | | | | |
| NRPs | | | | | | | | | | | | | | | | | |
| Other* | | | | | | | | | | | | | | | | | |
| Program Management And Oversight | | | | | | | | | | | | | | | | | |
| Admin Excluding NRP Processing* | | | | | | | | | | | | | | | | | |
| NRP Processing | | | | | | | | | | | | | | | | | |
| Other* | | | | | | | | | | | | | | | | | |
| * This form must be accompanied by an appropriate budget narrative which lists, for each *ed line item, components of the costs, e.g. staff salaries, fringe benefits, equipment, travel, facilities, and the estimated cost amounts for each. | | | | | | | | | | | | | | | | | |
| COMMENT SECTION: | | | | | | | | | | | | | | | | | |

Budget Information
(Insert the Name of the Board and No.)
NEG Hurricane Katrina
(Insert Date)

Section A - Budget Summary by Categories

| | (A) | (B) | (C) | (D) |
|-------------------------------|-----|-----|-----|-----|
| 1. Personnel | | | | |
| 2. Fringe Benefits (Rate) | | | | |
| 3. Travel | | | | |
| 4. Equipment * | | | | |
| 5. Supplies | | | | |
| 6. Communication | | | | |
| 7. Other | | | | |
| 8. Other | | | | |
| 9. Other | | | | |
| 10. Indirect Cost (Rate ___%) | | | | |
| 11. Total Funds Requested | | | | |

Section B - Cost Sharing/ Matching Summary (if appropriate)

| | (A) | (B) | (C) | (D) |
|---|-----|-----|-----|-----|
| 1. Cash Contribution | | | | |
| 2. In-Kind Contribution | | | | |
| 3. Total Cost Sharing/Match (Rate %) | | | | |

Note: Use Column A to record total funding for the implementation grant;
 Use Column B to record total funding requested to expand scope of the project; and
 Use Column C for the total of Columns A and B.

Budget Narrative
(Insert Name of Board and No.)
NEG Hurricane Project
(Insert Date)

| | |
|--|--|
| Personnel | |
| (List Each Staff by Salary, Position & FTE) | |
| | |
| Fringe Benefits | |
| (Rate % X Salaries of Staff) | |
| | |
| Staff Travel | |
| | |
| Equipment | |
| | |
| Supplies | |
| | |
| Communications | |
| | |
| Other | |
| | |
| Facilities | |
| | |
| Indirect Cost (Rate __%) | |
| | |
| Total Funds Requested | |
| | |

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