

Minnesota Economic Recovery Jobs Program

**Monitoring Guide**

for Grantee’s

To be completed by Employment and Training Program Monitor and Providers/Grantees: Return to *Lolita Davis Carter at* [*lolita.daviscarter@state.mn.us*](mailto:lolita.daviscarter@state.mn.us)by *[DATE]*

*State Fiscal Year (SFY) 2021*

Minnesota Department of

Employment and Economic Development

Employment and Training Programs Division

Fiscal/Monitoring Unit

Date of Guide: \_\_\_\_\_\_\_

Submitted by:

**Name:** Enter Name of Grantee's Representative here

**Email:** Enter Representative's email here.

**Agency:** Enter Agency name here

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# Alternative Formats

This guide is available in alternative format(s) upon request. To arrange to receive this guide in an alternative format, please contact:

Name of Contact: Karen Lilledahl

Email: [karen.lilledahl@state.mn.us](mailto:karen.lilledahl@state.mn.us)

Phone Number: 651-259-7089

TTY: 651-296-3900

# Introduction

The purpose of this guide is to assist in determining whether the Grantee and, if applicable, its subrecipient(s) is/are conducting the Minnesota Economic Recovery Jobs Program grant in accordance with the approved workplan, Federal, and State policies.

Since the administration and program approach of Grantees and, if applicable, its subrecipient(s) may vary widely, this review activity will be flexible. The DEED Program Monitor must ascertain the unique structures of each program prior to a more detailed analysis.

The Grantee’s monitoring will be preceded by a desk review of all project material available at the Grantor's (DEED) offices. The grantee will be contacted, and suitable arrangements will be made as to date, time of the monitoring, and appropriate staff involvement. Time for entrance conference will be set. Confirmation of these details will be made by letter which is sent via email.

**The entrance conference will describe plans, examine the desk review, and will obtain basic overview information about the project. Points to be covered will include:**

Scope of the Visit;

* Subject Matter
* Method of Review

**The exit conference will be conducted after the file review and financial reconciliations are complete. Points to be covered will include:**

* Results
* Written Report

Using the discussion topics, the Program Monitor will present all tentative findings. Any additional information the Grantee and/or its subrecipient(s) can provide should be incorporated at this point. Grantee requests for technical assistance should be noted and included in the monitoring report.

Review of Applicable Sections of the Law, Federal Regulations, and State Policies may occur during either the entrance or exit conferences.

A final report and cover letter will be prepared by the monitor after completion of the monitoring review.

# Instructions

Return this populated guide to Lolita Davis Carter *at* [*lolita.daviscarter@state.mn.us*](mailto:lolita.daviscarter@state.mn.us)by *[Date]*.

**Grantee must complete all sections labeled: “To be completed by the Grantee.”**

# Staff, Comments, Questions

*To be completed by the Grantee* *Staff*

Grantee Staff Completing this Guide

Name:

Title:

Email Address:

Name:

Title:

Email Address:

Name:

Title:

Email Address:      

## Comments from the Provider/Grantee

## Questions for DEED staff

If you have any questions, comments, or concerns at this or any time, please contact your monitor Lolita Davis Carter at [lolita.daviscarter@state.mn.us](mailto:lolita.daviscarter@state.mn.us) as indicated in the grant Terms and Conditions, or [Chris.Ortega@state.mn.us](mailto:Chris.Ortega@state.mn.us)

# General Information

**Monitor** will fill in the following information:

* Grantee Name:
* Grant Number:
* Project Name:
* Start/End Dates:
* Date(s) of Monitoring:
* Monitored by:
* Funding Level:
* Modification Summary:

Are any (additional) modifications currently in process or anticipated?  Yes  No

*If yes*,

## Grantee Staff Interviewed

Name:

Title:

Representing:

Name:

Title:

Representing:

Name:

Title:

Representing:

Name:

Title:

Representing:      

## DEED Program Specialist Concerns

The Monitor will review the approved workplan and narratives and talk with DEED Program and Equal Opportunity specialists prior to the review for project specific concerns.

# Project Overview

## Target Population

*To be completed by the Grantee*

Programs must serve individuals 18 – 25 years of age, who have a driver’s license\*, and who have a high school diploma or GED. All participants enrolled must be authorized to work in the United States and a preference for: Individuals whose income is no higher than 200% of the [poverty level](https://aspe.hhs.gov/2020-poverty-guidelines).

\* If an applicant does not have a valid driver’s license, grantees can enroll them and are allowed to use project funds to help participants obtain their driver’s license, address license violations, or re-instate their license. Participants must have a driver’s license prior to completion of program training.

Please indicate which of the target group(s) are served by your project (this information will be verified by looking at the quarterly reports).

Individuals whose income is no higher than 200% of the poverty level

Members of Black, Indigenous, and People of Color (BIPOC) communities

Other (specify):

## Sites or Specialized Centers

*To be completed by the Grantee*

What sites or specialized centers provide program services?

# Project Goals, Services and Activities

*To be completed by the Grantee*

1. Describe any specific strategies used to conduct outreach and recruitment of youth who are underrepresented (for example, youth from communities of color, young women, veterans, youth with disabilities):
2. Describe your efforts to increase the number of young adults employed and ensure that they reflect Minnesota’s diverse workforce.
3. Describe how youth become involved with the activities offered through this grant. Provide examples of marketing materials, if available.
4. What additional eligibility criteria, if any, do you use for services offered through this grant?
5. Explain the enrollment process for youth. Does the grantee co-enroll participants in other local, state and/or federal programs?
6. Describe your processes for referring youth to other agencies for service. Please give some examples of other agencies/resources to whom you refer participants.
7. Briefly describe the training, activities, and services available through this grant. List or breakout approximate hours a typical participant receives in each activity/service.
8. How are youth familiarized with the program’s purpose/goals, staff expectations of youth behavior and progress, roles and responsibilities of both participants and staff?
9. Are all services and service providers accurately described in the work plan?
10. Do youth have any opportunities to earn credentials or certificates through this grant? Please explain.
11. What support services have been provided to youth?
12. If applicable, describe the plan to provide Incentive Payments or stipends to youth. How does the grantee document these payments and what is the policy for these payments?
13. Describe any financial literacy training and/or entrepreneurship training the grantee provides for participants.
14. How has programming been affected by Covid-19 and How have services to youth been provided during the COVID-19 crisis? What online tools are being utilized?
15. What type of follow-up is done after a youth participates in grant activities, if any?
16. How has this grant-funded program (or project/initiative) evolved or improved?

# Project Expenditures

*To be completed by the Grantee*

|  |  |  |  |
| --- | --- | --- | --- |
| Blank cell, heading row | **Planned** | **Actual** (\_\_\_FSR/RPR) | **Percent expended** |
| Administrative Costs (10% maximum) | Blank | Blank |  |
| Direct Services Costs |  |  |  |
| Participant Wages and Fringe Benefits Costs | Blank | Blank |  |
| Support Services Costs | Blank | Blank |  |
| TOTAL | Blank | Blank |  |

1. Will all grant funds be expended by grant’s end?  Yes  No
2. Are Grant expenditures in line with the approved Budget Information Summary?  Yes  No
3. Is a budget modification required to meet planned outcomes?  Yes  No
4. Does the grantee use sub-contracts to provide any program services? If, yes, please explain:
5. What is the total amount of leveraged funds obtained for the project, if any?
6. What is their source and are they cash or in-kind?

**MONITOR’S NOTES** :

EEO/Program Complaint

*To be completed by the Grantee*

1. Describe orientation and training provided to worksite supervisors, including safety training.
2. Are all participants asked to sign a copy of the DEED form "How We Use   
   Your Personal Data/Equal Opportunity is the Law" (revised April 2017)  Yes  No
3. Have any formal or informal program complaints been filed specific to this grant?  Yes  No
4. Have you completed the EO/ADA Assessment Tool?  Yes  No. When was it submitted? If no, explain:

# 

# Project Performance

*To be completed by the Grantee*

1. What are the expected outcomes for youth participants?
2. How do you evaluate success in achieving those outcomes?
3. How do you communicate program outcomes to community stakeholders?
4. Have you encountered any problems in reporting the outcomes asked for by DEED? If yes, explain:
5. Briefly describe any program activities or practices you are particularly proud of:
6. How are you collecting participant satisfaction information?
7. Are you using the standard DEED survey or one of your own design?

# Reporting

*To be completed by the Monitor*

1. Who enters data into WF1 and what training did this person receive?
2. What concerns or difficulties has staff had/is staff having entering data into WF1, if any?
3. How do you ensure that relevant client data is kept updated in WF1? And how is Personally Identifiable Information (PII) secured?
4. Has Grantee provided complete and timely Quarterly Narratives/Data Summary reports?  Yes  No
5. Has the Grantee submitted Financial Status Report (FSR)/Request for Reimbursement (RPR) by the 20th of the following month?  Yes  No

# Budget Category Definitions:

**Administration**: Costs are generally associated with the expenditures related to the overall operation of the organization. Administrative costs are associated with functions not related to the direct provision of services to program participants. These costs can be both personnel and non-personnel and both direct and indirect.

Specifically, the project defines the following costs as administration:

• Accounting, budgeting, financial and cash management functions;

• Procurement and purchasing functions;

• Property management functions;

• Personnel management functions;

• Payroll functions;

• Audit functions;

• Incident reports response functions;

• General legal service functions;

• Costs of goods and services required for the administrative functions of the program including such items as rental/purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space;

• Systems and procedures required to carry out the above administrative functions including necessary monitoring and oversight; and,

• Travel costs incurred for official business related to the above administrative functions.

**Direct Services to Participants:** Costs associated with providing direct service to participants, EXCLUDING costs of participant wages and fringe benefits and support services. Participant training and wages and fringe benefits for staff who provide direct services to participants should be included in this cost category.

**Participant Wages and Fringe Benefits:** Wages and benefits paid directly to participants while engaged in program activities. Benefits should typically include (where applicable) workers’ compensation, Medicare and FICA.

**Support Services:** Costs for services and items considered necessary for participation in the program including, but not limited to: transportation, housing/rental assistance, health and medical costs, needs-based payments, travel assistance, legal aid, personal counseling, clothing, tools, etc. These expenses may be paid directly to the participant or to a third-party vendor.

# Financial Reconciliation Information:

The Monitor will conduct a financial reconciliation with the Grantee’s fiscal staff. Minnesota’s Office of Grants Management (OGM) policy 08-10 requires one financial reconciliation (can be more than one depending on findings) for a grant award over $50,000.

Financial Reconciliation process includes but is not limited to:

1. A review of the grant’s financial transactions that support the total Accrued Cumulative Expenditures.
2. Program Monitor will select the Financial Status Report (FSR) or Reimbursement Payment Request (RPR) for a specified time period and request the information in advance of the on-site review.
3. The Grantee will be notified of the selected time period prior to the on-site review.
4. Cost categories on FSR/RPR will be compared to service provider’s financial transaction report.
5. Program Monitor will request/obtain supporting documentation for each cost category to trace back to initial invoice.
6. (FSR submission only) The selected FSR monthly expenditures will be compared to the Cash Advance Payment Request (CAPR) to identify significant variances.

Documents required for this process:

1. The financial transaction report or general ledger that supports the total expenditures from the beginning of the grant.
2. The FSR or RPR selected for review
3. The financial detail that supports the expenditures in all cost categories of the FSR or RPR selected for review
4. Documentation including initial invoices to support randomly selected expenditures from the various cost categories.
5. For FSRs, the CAPR will be obtained and reviewed for the same given period.
6. Documentation to support the amount of Unspent Obligations shown on the FSR/RPR for the selected time period.

**Thank you.**

Produced by:

MINNESOTA DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT

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