



➔ BLUEPRINT FOR PROSPERITY

# **Grant Administration Training Manual**

**Wisconsin Fast Forward Blueprint for Prosperity**

**High School Pupil Workforce Training Grants  
Round 2 Grantees (2015)**



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## High School Pupil Grant Administration Handbook

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# Tab 1: Grant Information

- Application & Supporting Documents
  - Contract Documents
- Data Steward & Security Officer Form
  - Internal Grantee Contact Sheet

## Tab 2: Communications

- DWD Program Contacts
- When, Who & How to Contact DWD

## State of Wisconsin – Department of Workforce Development



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#### High School Pupil Contact Information

##### ***Program***

Physical Address: 201 East Washington Avenue, Madison, WI 53707-7972

Mailing Address: PO Box 7972,  
201 East Washington Avenue  
Madison, WI 53707-7972

Website: <http://wisconsinfastforward.com/prosperity/pupil/>

Inquiry email: [WFFHSPupil@dwd.wisconsin.gov](mailto:WFFHSPupil@dwd.wisconsin.gov)

##### ***Personnel***

*Scott Jansen, Director*

Phone: 608-266-3485

Cell: 608-316-0111

Email: [Scott.Jansen@dwd.wisconsin.gov](mailto:Scott.Jansen@dwd.wisconsin.gov)

*Cathy Crary, Section Chief*

Phone: 608-267-7944

Email: [Cathy.Crary@dwd.wisconsin.gov](mailto:Cathy.Crary@dwd.wisconsin.gov)

***\*Lori Uttech-Hanson, Program & Policy Analyst***

Phone: 608-267-6705

Cell: 608-212-2696

Email: [Loretta.UttechHanson@dwd.wisconsin.gov](mailto:Loretta.UttechHanson@dwd.wisconsin.gov)

Maria Maize, Grant Specialist

Phone: 608-266-5453

Email: [Maria.Maize@dwd.wisconsin.gov](mailto:Maria.Maize@dwd.wisconsin.gov)

\*Primary Contact for the High School Pupil Workforce Training Grants

Computer Help Desk: 608-266-7252



## High School Pupil Workforce Training Grant

### Communicating with DWD

When emailing DWD concerning a WFF B4P grant, please:

- Include your Grant Correspondence ID found on your contract (e.g. BP151HSP-10).
- Include a specific description of your communication in the subject line.

When calling DWD concerning a WFF B4P grant, please:

- Have your Correspondence ID handy (e.g., BP151HSP-10)
- Please have a brief description of your situation and a call back number ready to leave a message, if necessary.

<b>When:</b>	<b>How:</b>
<i>Submitting</i> all documents, such as Contract, Reimbursement Requests, Progress/Final Reports, Student Registrations, changes to Contact Information (Project Director, Fiscal Agent, Signatory), Local Data Security Officer form, etc.	Submit your form via email to: <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a>
<i>Proposing</i> program or budget modifications and the potential need for a revised contract.	Email <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> or Contact Lori Uttech-Hanson
<i>Preparing</i> Reimbursement Requests and questions arise about completing documentation and/or eligible expenses.	Email <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> or Contact either Lori Uttech-Hanson or Maria Maize
<i>Preparing</i> Progress/Final Reports; Student Registration, Post-Program Completion & Security Officer forms, online student reporting system, etc.	Email <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> or Contact Lori Uttech-Hanson
<i>Sharing</i> news such as graduations, success stories, pictures, or other events.	Email <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> or Contact Lori Uttech-Hanson

Lori Uttech-Hanson: [Loretta.UttechHanson@dwd.wisconsin.gov](mailto:Loretta.UttechHanson@dwd.wisconsin.gov)

Maria Maize: [Maria.Maize@dwd.wisconsin.gov](mailto:Maria.Maize@dwd.wisconsin.gov)

# Tab 3: Financial

## Contract Management

- Requesting Changes

## Financial Management

- Reimbursement Request Instructions
  - Expenditure Report Form
- Sample Expenditure Report
  - Expenditures FAQ



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## Requesting Changes or Modifications

<b><i>Instructions for:</i></b>	Requesting changes to WFF B4P grant projects.
<b><i>Purpose:</i></b>	<p>Changes to the grant plan and/or contract will be considered if they meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Business need-driven.</li> <li>• Improve or at least do not decrease the project value to the trainees.</li> <li>• Provide the same or greater benefit to the State.</li> <li>• Meet the original intent and purpose of the project and do not significantly change the criteria on which the evaluation committee made its decision.</li> </ul>
<b><i>Process:</i></b>	<p>Please notify DWD of any changes you wish to make to your application plans, budget detail, and/or contract. For all types of changes, please submit your request via email to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> with as much detail as possible concerning the change in plans and justifications for them.</p> <p>There are three types of changes that can be made:</p> <ol style="list-style-type: none"> <li><b>1. Budget Detail Changes:</b> These are not approved until confirmation is returned to you via e-mail. <i>Examples:</i> Substitution of/change in contracted service, price differences handled within a budget category, such as welding steel unit prices increased but textbook prices fell. These are important details for us to know so appropriate charges are not denied.</li> <li><b>2. Program Changes:</b> Approval/Disapproval will be provided in an email and may include an official signed form. <i>Examples:</i> Changes in business partners, training provider, planned certificates/courses, type of equipment to purchase, using unexpected savings for unplanned expenditures, etc. These are changes that might have affected the evaluation committee's decisions and therefore require additional approval to change.</li> <li><b>3. Contract Changes:</b> To be approved, these types of changes require an official amendment to your contract. <i>Examples:</i> Changes in number of trainees, changes between line items of a budget, a change in the grantee organization, or a change in the grant period.</li> </ol>
<b><i>Additional Information:</i></b>	Contract Section VIII: Grant Revisions and/or Terminations



## Monthly Reimbursement Requests

<b>Instructions for:</b>	Requesting reimbursement for grant expenditures.
<b>Purpose:</b>	To document your expenditures and receive reimbursement.
<b>Process:</b>	<ol style="list-style-type: none"> <li>1. Send your W-9 and DOA STAR Authorization for Electronic Deposit of State of WI Payments form (DOA-6456) to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> when you sign your contract and whenever any information changes. The DOA-6456 form can be found at <a href="http://www.doa.state.wi.us/Divisions/Budget-and-Finance/DEBF-Information-for-State-Agencies/NEW-SCO-VendorSupplier-Maintenance/">http://www.doa.state.wi.us/Divisions/Budget-and-Finance/DEBF-Information-for-State-Agencies/NEW-SCO-VendorSupplier-Maintenance/</a>.</li> <li>2. Keep good records of your expenses and save all receipts/invoices/etc. <i>Set up a spreadsheet that tracks expenses against approved budget amounts and match.</i></li> <li>3. Plan if you will submit your requests monthly, quarterly, or periodically. Choose what makes business sense. We are able to process one request per month; however we do not require you to submit expenses every month or in the actual month the expense is incurred. You may combine several months of expenses into a single request.</li> <li>4. Reimbursement requests are due by the 5<sup>th</sup> of the following month (or the next business day if the 5<sup>th</sup> is a weekend or holiday). Follow directions included in the email and on the expenditure report form instructions to submit your request.</li> <li>5. <u><i>We will not guarantee processing of requests for payment received after this due date.</i></u> If you miss a deadline, you may roll expenses into the next request.</li> <li>6. The expenditure reporting system requires very specific and exact completion of the form. Read and follow all directions when filling out the form. If there are any issues, we will return the form for correction.</li> <li>7. Documentation must be kept on file to justify the expenses approved as detailed in your contract budget. Documentation for the following budget items must be included with your form: <ol style="list-style-type: none"> <li>a. Receipts for purchases/expenses that are &gt;\$500.</li> <li>b. Itemized lists of purchases/expenses &lt;\$500 (with individual costs per item).</li> <li>c. Itemized lists of personnel and/or consultants paid to work on the project, the hours and dates worked, pay per hour/day, and the total pay received.</li> <li>d. Itemized mileage (cost &amp; # of miles, dates, destinations, who, reasons)</li> <li>e. Copies of any lease/rental agreements with applicable invoicing</li> <li>f. Itemized lists of match expenditures that fall within the above with the same type of documentation.</li> </ol> </li> <li>8. Please keep on file, but do not include, the following: <ol style="list-style-type: none"> <li>a. Pay stubs or any other forms with personally identifiable information.</li> </ol> </li> <li>9. Check your request against the plan proposed in your final grant application and budget in your contract to make sure the requested expenses and match align with what was approved.</li> <li>10. Monitor your contract balance and payments at the DWD DET Expenditure Report website: <a href="http://dwd.wisconsin.gov/der">http://dwd.wisconsin.gov/der</a>. Set up a spreadsheet that tracks your expenses/reimbursements by line item against the total approved.</li> </ol> <p><i>*Note: The State is in the process of moving to a new system (STAR), which may be in effect in fall and require a slightly revised submission process.</i></p>
<b>Additional Information:</b>	WFF Reimbursement Instructions, Expenditure Report Form, Documentation Template(s), Grant Application, and Contract.

## High School Pupil Workforce Training Grant Expenditure Report Procedures

### General

- In order to receive funds from DWD, a grantee must have a valid contract and submit the appropriate expenditure report form.
- If you are receiving a DWD grant for the first time, **or if your banking information has changed**, it is necessary to submit a DOA STAR Authorization for Electronic Deposit of State of WI Payments form (DOA-6456) in order to receive payments. The DOA-6456 form can be found at <http://www.doa.state.wi.us/Divisions/Budget-and-Finance/DEBF-Information-for-State-Agencies/NEW-SCO-VendorSupplier-Maintenance/>.

### Expenditure Report Forms

- Only use the latest version of the expenditure report form. Be sure to check our Grant Administration page to ensure you are using the most recent copy of the form. This form is also found at: <http://dwd.wisconsin.gov/der/>.
- You may only turn in one form per month, which may include requests for reimbursement covering multiple months.
- Do not add or delete any lines, change the format (i.e. size of the cell), or add extra sheet tabs to the expenditure report excel file you submit.
- If there is an error on your expenditure report, you must submit a full, new report. **Do not only re-submit the corrected field.** Example: The wrong number was entered in one of the fields. DWD will return the report to the grantee if any financial information is incorrect or the form was filled out in error. The grantee is responsible for quickly revising and resubmitting the form to DWD, or payment may be delayed.

### Naming the File

- Your expenditure report should be saved using the following format:
  - [Grant CORE/STAR Code] [Grant Correspondence ID] [Program Month] [Program Year].xls
- Example: Badger Grants July Report would be saved as:
  - "ZZ BP151HSP-50 07 2015.xls"

### Header Information

In order for the financial system to upload your report, accurate information must be entered in the green and yellow highlighted cells as seen below:

A	B	C	D	E	F
Grantee Name	Grantee Contact Name				Grantee Contact Phone Number
Badger Company	Bucky Badger				608-555-1234
Grant Code (2 characters, not your FEIN)	- for DWD use only -				Grantee Contact Email
ZZ	DEXP	MISC			<a href="mailto:bucky@badgercompany.com">bucky@badgercompany.com</a>
Final Report: (Type YES or NO in cell A10)	Reporting	Month	Year		Grantee Contact Fax
	Period:	7	2015		608-555-9999
Grant Project Title					Grant Correspondence ID
Badger Welding Academy					BP151HSP-50

### Please verify the following items on the header of your report form:

- Grantee name listed in Cell A6.
- 2-character CORE/STAR Grant Code entered in Cell A8 (this code can be found on your contract)
- Indicate if the report is Final (yes or no) in Cell A10
- The **Month** in Cell D10 must be numeric. Example: 1, 10, etc.
- The **Year** in Cell E10 must be **4-digits**. Example: 2015 not 15.
- List contact information for the individual who will be able to answer questions about this report. Please include the individual's email address and phone number.

## Entering Expenditures into the Report

A	B	C	D	E	F	G	H
LINE CODE NAME	Program Code	Class Code	Line Code		Total Expenditures		Description of Activities related to incurred expenses
<b>PROGRAM COSTS</b>							
Curriculum Development	7510	03	2-	7510	0.00		
Instruction	7511	03	2-	7511	0.00		
Consultant/Contractual	7515	03	2-	7515	0.00		
Pupil Certification Testing	7517	03	2-	7517	0.00		
Program Coordination	7518	03	2-	7518	0.00		
Administration Costs	7520	03	2-	7520	0.00		
Travel	7522	03	2-	7522	0.00		
Supplies and Materials	7523	03	2-	7523	0.00		
<b>Program Total</b>					0.00		
Match	7596	03	2-	7596	0.00		
<b>Match Total</b>					0.00		
<b>Save file as: "[Grant Code] [Grant Correspondence ID] Program month Year.xls"</b> <b>For example Badger Grant's July Report would be saved as "ZZ FF###XX#### 07 2015.xls"</b> <b>Using the above file name as the Subject line, submit this form via email to:</b> <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> Retain One Copy for Grantee Records							
<b>DATE SUBMITTED</b>							
The submission of this report certifies that the expenditures identified here, claiming state reimbursement, are true and correct in the amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.							

### Please enter the following information into your Expenditure Report:

- Enter the amount of each expenditure on the appropriate yellow highlighted line in Column F.
  - All dollar amounts entered must include 2 decimals. Example: 255.54.
- In Column H, provide a brief description of the activities related to each expense listed in Column F.
  - Describe, detail, and itemize all expenses in a separate spreadsheet for each account code.**
  - For each expense over \$500, a receipt or invoice must be attached to the email containing the expenditure report. Attach an itemized spreadsheet containing all lesser expenses.**
  - Itemize personnel and/or consultant pay by wage per hour/day (& benefits), date(s), number of hours, name/position, and activities. Do not provide pay stubs.**
  - Itemize mileage by cost and # of miles, dates, destination, who, and reason for travel.**
- Please enter the **expenditure** for matching funds in the highlighted cell F34. Please provide a brief description of the expenses making up the total match in the adjacent highlighted cell H34, and attach a separate spreadsheet, document, and/or in-kind voucher that itemizes all of the match expenses.
  - Detail any matching expenses in an Excel spreadsheet.**
  - For each match expense over \$500, a receipt or invoice must be attached to the email containing the report. Attach an itemized spreadsheet containing all lesser expenses.**
  - Please itemize personnel and/or consultant pay and benefit expenses used as matching funds. Do not provide pay stubs for each employee, even if wages/benefits exceed \$500.**

A single Excel workbook may be submitted that includes all of the above necessary documentation for the expenditure report. Each line item of expenditure should be included in a separate worksheet and labeled by type. Example: Instruction, Supplies, Match, etc. Save files as [Correspondence ID] Support [Month] [Year].

### Emailing Reports

- Review your report** for data accuracy before emailing your report and attachments to DWD.
- Send only one worksheet** per spreadsheet file.
- Include any necessary attachments**, such as separate Excel spreadsheets containing itemizations, receipts, invoices, etc.
- Label the email subject line as follows:** [Correspondence ID] [Grantee Name] [Month] [Year]. Example: Badger Grant's July Report would have the subject line: "BP151HSP-50 Badger 07 2015"
- Please send your email to [WFFHSPupil@dwd.wisconsin.gov](mailto:WFFHSPupil@dwd.wisconsin.gov).

By emailing your completed report to DWD, you are certifying that the expenditures identified in the report for state reimbursement are true and correct in the amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.

## Blueprint for Prosperity-High School Pupil Training Grant Round 2 EXPENDITURE REPORT FORM

Department of Workforce Development

State of Wisconsin

Grantee Name	Grantee Contact Name	Grantee Contact Phone Number
Grant Code (2 characters, not your FEIN)	- for DWD use only - DEXP MISC	Grantee Contact Email
Final Report: (Type YES or NO in cell A10)	Reporting Month Year Period:	Grantee Contact Fax
Grant Project Title		Grant Correspondence ID

**Allowable expenditures are documented at:**

[http://wisconsinfastforward.com/grants/resources/budget\\_instructions.pdf](http://wisconsinfastforward.com/grants/resources/budget_instructions.pdf)

**Go to homepage for other reports and updates:**

<http://dwd.wisconsin.gov/der/>

LINE CODE NAME	Program Code	Class Code	Line Code	Total Expenditures
<b>PROGRAM COSTS</b>				
Curriculum Development	7510	03	2- 7510	0.00
Instruction	7511	03	2- 7511	0.00
Consultant/Contractual	7515	03	2- 7515	0.00
Pupil Certification Testing	7517	03	2- 7517	0.00
Program Coordination	7518	03	2- 7518	0.00
Administration Costs	7520	03	2- 7520	0.00
Travel	7522	03	2- 7522	0.00
Supplies and Materials	7523	03	2- 7523	0.00
<b>Program Total</b>				0.00
Match	7596	03	2- 7596	0.00
<b>Match Total</b>				0.00

Description of Activities related to incurred expenses
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**Save file as: "[Grant Code] [Grant Correspondence ID] Program month Year.xls"**

**For example Badger Grant's July Report would be saved as "ZZ BP151HSP-50 07 2015.xls"**

**Using the above file name as the Subject line, submit this form via email to:**

[WFFHSPupil@dwd.wisconsin.gov](mailto:WFFHSPupil@dwd.wisconsin.gov)

Retain One Copy for Grantee Records

DATE SUBMITTED	
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The submission of this report certifies that the expenditures identified here, claiming state reimbursement, are true and correct in the amounts stated, have not been reimbursed previously, and represent actual and necessary costs of administering provisions of the contract.

**ITEMIZED EXPENDITURE TRACKING TOOL FOR CORE EXPENDITURE REPORTS**

This worksheet can be used as a tool to track each reimbursement request submitted to DWD. It provides itemization and detailed accounting for each of your budget line categories requested. Copy the template and create one worksheet per Expenditure Report submitted. The entire workbook can be used to support the Final Project Closeout and/or audit. Please attach necessary documentation, as needed - such as invoices, receipts, time sheets, etc.

**GRANT INFORMATION TABLE:**

Complete the table below with your Grant information

<b>Grant Correspondence ID:</b>		<b>Grantee Name</b>	
<b>Grant Project Title</b>			
<b>Grant Contact Name:</b>			
<b>Grantee Contact Email:</b>			
<b>Grantee Contact Phone Number:</b>			

**SUMMARY TABLE:****DO NOT FILL IN-WILL AUTOMATICALLY POPULATE FROM FIELDS BELOW**

The table below can be used to track the line items totals that align with your CORE Expenditure Report. Fields will automatically populate with totals from the tables below as you enter

BUDGET LINE NAME	Program Code	B4P HSP amount To Pay Requested		#7596 Local Match Funding Reported
Curriculum Development	7510	\$0.00		\$0.00
Instruction	7511	\$0.00		\$0.00
Consultant/Contractual	7515	\$0.00		\$0.00
Pupil Certification Testing	7517	\$0.00		\$0.00
Program Coordination	7518	\$0.00		\$0.00
Administration Costs	7520	\$0.00		\$0.00
Travel	7522	\$0.00		\$0.00
Supplies and Materials	7523	\$0.00		\$0.00
Pupil Wages (Match Only)				\$0.00
<b>Total</b>		<b>\$0.00</b>		<b>\$0.00</b>

(should equal "Program Total" in the Expenditure Report)

(should equal the #7596 "Match Total" in the Expenditure Report)

**ITEMIZED BUDGET CATEGORY TABLES:**

Complete the applicable table(s) below to correspond to your Expenditure Report submitted for this month. Each table below should provide the itemization and detail of the budget line item you are requesting funds from and/or reporting match.

7510 Curriculum Development					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7510 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7511 Instruction					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7511 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7515 Consultant/Contractual					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7515 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7517 Pupil Certification Testing					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7517 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7518 Program Coordination					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7518 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7520 Administration Costs					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7520 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7522 Travel					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7522 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7523 Supplies and Materials					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7523 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

Match - Pupil Wages Itemization					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Wages-			\$0.00		
Wages-			\$0.00		
Wages-			\$0.00		
Wages-			\$0.00		
Wages-			\$0.00		
Total Wages Match		see Match Totals Table below			

7596 Match Totals					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Curriculum Development Match			\$0.00		
Instruction Match			\$0.00		
Consultant/Contractual Match			\$0.00		
Pupil Certification Testing Match			\$0.00		
Program Coordination Match			\$0.00		
Administration Costs Match			\$0.00		
Travel Match			\$0.00		
Supplies and Materials Match			\$0.00		
Pupil Wages (Match Only)			\$0.00		
7596 Local Match Funding Total			\$0.00		

**ITEMIZED EXPENDITURE TRACKING TOOL FOR CORE EXPENDITURE REPORTS**

This worksheet can be used as a tool to track each reimbursement request submitted to DWD. It provides itemization and detailed accounting for each of your budget line categories requested. Copy the template and create one worksheet per Expenditure Report submitted. The entire workbook can be used to support the Final Project Closeout and/or audit. Please attach necessary documentation, as needed - such as invoices, receipts, time sheets, etc.

**GRANT INFORMATION TABLE:**

Complete the table below with your Grant information

<b>Grant Correspondence ID:</b>	BP151HSP-99	<b>Grantee Name</b>	Valley School District
<b>Grant Project Title</b>	Welding & CNC Career Training Institute		
<b>Grant Contact Name:</b>	Bernie Brewer		
<b>Grantee Contact Email:</b>	<a href="mailto:brewer@valleyschools.org">brewer@valleyschools.org</a>		
<b>Grantee Contact Phone Number:</b>	608-555-5555		

**SUMMARY TABLE:****DO NOT FILL IN-WILL AUTOMATICALLY POPULATE FROM FIELDS BELOW**

The table below can be used to track the line items totals that align with your CORE Expenditure Report. Fields will automatically populate with totals from the tables below as you enter

BUDGET LINE NAME	Program Code	B4P HSP amount To Pay Requested		#7596 Local Match Funding Reported
Curriculum Development	7510	\$2,400.00		\$2,000.00
Instruction	7511	\$4,800.00		\$0.00
Consultant/Contractual	7515	\$2,000.00		\$0.00
Pupil Certification Testing	7517	\$0.00		\$0.00
Program Coordination	7518	\$4,000.00		\$0.00
Administration Costs	7520	\$0.00		\$500.00
Travel	7522	\$0.00		\$0.00
Supplies and Materials	7523	\$1,800.00		\$1,500.00
Pupil Wages (Match Only)				\$200.00
<b>Total</b>		<b>\$15,000.00</b>		<b>\$4,200.00</b>

(should equal "Program Total" in the Expenditure Report)

(should equal the #7596 "Match Total" in the Expenditure Report)

**ITEMIZED BUDGET CATEGORY TABLES:**

Complete the applicable table(s) below to correspond to your Expenditure Report submitted for this month. Each table below should provide the itemization and detail of the budget line item you are requesting funds from and/or reporting match.

7510 Curriculum Development					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Valley School District Director of CTE	\$0.00		\$2,000.00	Time & Effort Report	\$50/hr @ 40 hrs to develop curriculum
Valley District Welding Instructor, John Smith	\$2,400.00	Time Sheet & Invoice #450	\$0.00		\$30/hr @ 80 hrs to develop curriculum
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7510 Total Expenditure Per Budget Line	\$2,400.00	see Match Totals Table below			

7511 Instruction					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Valley District Welding Instructor, John Smith	\$4,800.00	Itemized Time Sheet	\$0.00		\$40/hr. @ 120 hrs. to teach Welding I
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7511 Total Expenditure Per Budget Line	\$4,800.00	see Match Totals Table below			

7515 Consultant/Contractual					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Technical College CNC Instructor, J. White	\$2,000.00	Tech Collge Invoice #2987	\$0.00		\$50/hr. @ 40 hrs. to teach CNC Level I
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7515 Total Expenditure Per Budget Line	\$2,000.00	see Match Totals Table below			



7517 Pupil Certification Testing					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7517 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7518 Program Coordination					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Project Manager, Mary Sweet	\$4,000.00	Time Reporting Sheet	\$0.00		\$40/hr. @ 100 hrs. for recruiting
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7518 Total Expenditure Per Budget Line	\$4,000.00	see Match Totals Table below			

7520 Administration Costs					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Valley District Business Manager, L. Cook	\$0.00		\$500.00	Time Reporting Sheet	\$50/hr. @ 10 hrs. track/report expenses
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7520 Total Expenditure Per Budget Line	\$0.00	see Match Totals Table below			

7522 Travel					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Valley District Welding Instructor, John Smith	\$110.00	Valley District Invoice #300	\$0.00		200 mi. @ \$0.55/mi. travel for classes
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
	\$0.00		\$0.00		
7522 Total Expenditure Per Budget Line	\$110.00	see Match Totals Table below			

7523 Supplies and Materials					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Welding Textbooks	\$600.00	Amazon Receipt #445566	\$0.00		20 books @ \$30 ea
Welding Goggles	\$400.00	Acme Receipt #8299	\$0.00		20 goggles @ \$20 ea
Welding Wire Rolls	\$800.00	US Steel Receipt #555	\$0.00		4 rolls @ \$200/roll
Welding Simulator	\$0.00		\$1,500.00	Valley Receipt #955	2 @ \$750 ea. (match)
	\$0.00		\$0.00		
7523 Total Expenditure Per Budget Line	\$1,800.00	see Match Totals Table below			

Match - Pupil Wages Itemization					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Wages- Student #1 at Metal City USA			\$200.00	Itemized Time Sheet	\$10/hr. @ 20 hrs.
Wages-			\$0.00		
Wages-			\$0.00		
Wages-			\$0.00		
Wages-			\$0.00		
Total Wages Match		see Match Totals Table below			

7596 Match Totals					
Budget Category Itemized Description	Total Itemized Expense	B4P HSP Expense Invoice #'s and/or description of supporting documentation	Matching Funds	Match Invoice #'s and/or description of supporting documentation	Detailed Description of Activities Related to Itemized Expense
Curriculum Development Match			\$2,000.00		
Instruction Match			\$0.00		
Consultant/Contractual Match			\$0.00		
Pupil Certification Testing Match			\$0.00		
Program Coordination Match			\$0.00		
Administration Costs Match			\$500.00		
Travel Match			\$0.00		
Supplies and Materials Match			\$1,500.00		
Pupil Wages (Match Only)			\$200.00		
7596 Local Match Funding Total			\$4,200.00		



<b>Grant Number</b>		<b>Voucher Number</b>	
<b>Donated to</b>			
<b>Donated by</b>			

[illegible]

### Total Contribution

**Describe any special conditions which apply to the donation:**

Business Certification	Training Provider Certification
<p>I hereby certify that the goods and services listed above have been provided to the project identified with Grant Number _____ .</p> <p>Signature : _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>	<p>I hereby certify that the goods and services listed above have been received by the project identified with Grant Number _____ .</p> <p>Signature : _____</p> <p>Name: _____</p> <p>Title: _____</p> <p>Date: _____</p>

*Instructions:* All in-kind contributions must be documented and reported to the Office of Skills Development, P.O. Box 7972, Madison, WI 53707-7972. This form should be completed and submitted at the same time that reimbursement requests are submitted.

➔ BLUEPRINT FOR PROSPERITY

## WFF B4P HSP Grant Expenses FREQUENTLY ASKED QUESTIONS

<b>Question 1</b>	<b>What can I spend my grant money on?</b>
Answer	<p><i>Please refer to the Budget Guidelines, Grant Program Announcement, and Grant Application for the High School Pupil Grant. You may spend your grant money on the budget categories detailed in your contract according to the plan specified in your approved grant application. If you need to deviate from this plan, you should contact the DWD to confirm that expenses will be allowed before spending money on something not previously approved in the grant. Please match, as closely as possible, the reimbursement request with your grant application budget summary and plan as your request will be compared to the original budget detail and/or any approved budget modifications as per your final contract.</i></p>
<b>Question 2</b>	<b>What types of expenses are not allowed?</b>
Answer	<p><i>HSP grant funds and match funds <b>may not</b> be used for:</i></p> <ul style="list-style-type: none"> <li>• <i>The purchase of real estate</i></li> <li>• <i>The purchase of capital equipment</i></li> <li>• <i>Construction or major remodeling</i></li> <li>• <i>Travel, meals/food, conference (registration) and lodging costs of pupils, employees or staff (travel exception for instructor may be allowed)</i></li> <li>• <i>Overtime or production losses caused by workers attending the training</i></li> <li>• <i>General indirect costs</i></li> <li>• <i>K-12 regular education (existing and/or general education core curriculum)</i></li> </ul> <p><i>HSP grant funds <b>may not</b> be used for: (may use match for)</i></p> <ul style="list-style-type: none"> <li>• <i>In-house training facilities (prorated)</i></li> <li>• <i>General office/classroom supplies (pencils, paper, ink, etc.)</i></li> <li>• <i>Pupil wages, stipends, fringe benefits, or incentives</i></li> <li>• <i>Student insurance premiums</i></li> <li>• <i>Administrative costs that total more than 5% of the "direct costs" of the grant award request</i></li> </ul> <p><i>Match funds <b>may not</b> be used for: (may use WFF grant funds for)</i></p> <ul style="list-style-type: none"> <li>• <i>Instructional materials that total more than 20% of the total match budget</i></li> </ul> <p><i>While the purchase of capital equipment (defined as any one item that costs more than \$5,000 and has an expected life greater than one year), is not an eligible expense, either WFF B4P funds or match funds may be used to lease capital equipment. Additionally, a fair rental amount may be used as an in-kind contribution, if a partner allows use of capital equipment.</i></p>
<b>Question 3</b>	<b>What proof of expenses must be sent in with my request for reimbursement?</b>
Answer	<p><i>You must be able to document any expense incurred for which grant funds are being requested and for expenses being used as match.</i></p> <p><i>When submitting your request for reimbursement, copies of receipts and/or invoices will be required for all expenses over \$500.</i></p> <p><i>While receipts/invoices are not required for expenses under \$500, you should keep all original receipts filed in your possession to provide documentation for auditing purposes. Additionally, these expenses will still need to be itemized individually with your reimbursement request.</i></p>

## WFF B4P High School Pupil Workforce Training Grant Application

### FREQUENTLY ASKED QUESTIONS (FAQs)

**Example:** A list of supplies should be itemized with cost per item (e.g., Safety Goggles @ \$10 each X 20 = \$200; Welding Gloves @ \$30 each x 10 = \$300).

To provide documentation for personnel or time commitment, please list name and/or position of person with the number of hours committed to the project, along with wages paid per hour and service provided.

**Example:** Instructor Jon Smith X 40 hr. X \$30/hr. (includes fringe) = \$1,200 to teach Welding I course from 10/01/15-10/05/15. Please do not submit time sheets or pay stubs from project participants.

In summary, examples of documentation include:

- Receipts / Invoices for consultants, materials, supplies, and other services
- Spreadsheet listing personnel and/or trainees involved with wage per hour and time committed to project (includes instructional time, curriculum development, administration, trainees, etc.). Other examples may be time sheets, time and effort reporting log, etc.
- Itemized list of supplies and/or materials with cost per item
- Travel log that includes number of miles, cost per mile, dates of travel, and reason for travel.
- Copy of lease agreements, description of prorated amounts, and/or time period with receipts/invoices of appropriate time period.

If requesting reimbursement for more than one item, please include a list of all items in a separate spreadsheet detailing the reimbursement request / match expenditures by dollar amount per item and include with Expenditure Report. All match expenditures must be documented and submitted just like grant reimbursement expenditures.

**Example:**

(1) Curriculum Development:

- Director of Curriculum, Jane Smith x 80 hours x \$35/hr. = \$2,800 (to develop curriculum for "1-credit Food Science Course" during the weeks of 7/01/15-8/15/15).

(2) Instruction:

- Food Science Instructor, Mary Jones x 20 hours x \$30/hr. (includes fringe) = \$1,200 (to teach Food Science during weeks of 10/01/2015-10/15/2015).

(3) Supplies and Materials:

- 50 Welding I textbooks x \$20/ea. = \$1,000 (see Receipt/Invoice #1547832 from Amazon)
- 50 safety goggles x \$10/ea. = \$500 (see Receipt/Invoice #755124 from Acme)

(4) Travel:

- 200 miles x \$0.50/mile = \$100 (for Instructor, John Smith, to travel from Valley High School to River Charter School and provide instruction for CNC Machining Course Level 1; 20 miles per day x 10 days during weeks of 10/01/15-10/15/15)

(5) Administration Costs:

- Valley School District Business Manager x 10 hours x \$30/hr. = \$300 (to track grant project expenses and match, gather documentation, and prepare and submit expenditure report form for month of July; dates of service were from 8/01/15-8/15/15).

**Match**

(1) Pupil Wages

- 10 trainees x \$10/hr. x 40 hours = \$4,000 (see attached roster with names, dates of work, wage / fringe per hour, and employer name)

## Tab 4: Reporting

- Trainee Data Reporting
- Student Registration Information
- Post-Program Completion Information
  - Quarterly Progress Reports
    - Final Report
  - Closeout/Evaluation
- Curriculum Development

## → BLUEPRINT FOR PROSPERITY

### Collecting Student Trainee Data

<b>Instructions for:</b>	Collecting and reporting student trainee data and information.
<b>Purpose:</b>	<ul style="list-style-type: none"> <li>To ensure you safely and accurately collect and report on trainee information.</li> <li>To help provide the most accurate and complete reports on your project goals, implementation status, and outcomes.</li> <li>To allow accurate calculation of the project and program Return on Investment</li> <li>To inform the Legislature through statutorily required reporting.</li> </ul>
<b>Process</b>	<ol style="list-style-type: none"> <li>1. Submit Data Steward designee and Local Agency Data Security Officer authorization form (DETS-11652-E) for your project that was included with your contract to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a>. (Note: Each grantee will be allowed one Security Officer who will be responsible for collecting and reporting student data. See further instructions below*). The link for this form is <a href="http://dwd.wisconsin.gov/dwd/forms/dws/dets_11652_e.htm">http://dwd.wisconsin.gov/dwd/forms/dws/dets_11652_e.htm</a>.</li> <li>2. Use the Student Registration Information and Post-Program Completion documents provided to Project Managers to collect student data.</li> <li>3. Complete Student Registration Information sheet upon initial enrollment of all participants (before training begins) and submit to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a>.</li> <li>4. Create a system for taking attendance and tracking students during program training. Keep all data collected from the trainees in a secure filing system.</li> <li>5. Complete Post-Program Completion Survey on all participants at the end of the project or once a student completes training and high school. Grantees will have until 12/31/2016 to report on all students participants, whether they completed the program or not.</li> </ol> <p><b>*Note:</b> The DWD is in the process of developing an online student reporting system in which grantees will be able to input student registration and post-program completion information. This system will require that all grantees have submitted Data Steward designation and the Local Security Officer form (DETS-11652-E) to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a>. The Local Security Officer will request and be provided logon authorization (one authorized Security Officer per project). Once the system is in place, the DWD will notify and provide training to grantees on the data submission process. All participating students will need a signature page on file and uploaded to the system, which is included in the Student Registration Information form. Grantees will use the Post-Program Completion Survey to gather and report on participants (certificate(s) earned, high school completion, employment status, etc.), whether they completed the program or not.</p>
<b>Additional Information:</b>	Student Registration Information and Post-Program Completion Survey document(s); DETS-11652-E Form; and Section VII, and Appendices 1, 2 and 3 of the contract.

## Local Agency Data Security Staff

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

<b>Local Agency Name:</b>			
	<b>Security Officer</b>	<b>Backup Security Officer</b>	<b>Backup Security Officer</b>
Full Name (include middle initial)			
Job Title			
Employing Agency			
Work Address			
Telephone Number			
FAX Number			
Email Address			

I have read the client confidentiality regulations covered by State policy and Federal/State Statutes and understand their relationships to authorizing access to client information and will ensure such confidentiality in accordance with the DWD Policy Manual – Sec. 516 and WI Statutes 49.81, 49.83, 108.24 and 943.70  
[http://dwdworkweb/dwdpolicy/516\\_03.htm](http://dwdworkweb/dwdpolicy/516_03.htm)

Security Officer Signature	Backup Security Officer Signature	Backup Security Officer Signature
Date Signed	Date Signed	Date Signed

Local Agency Director Name	Local Agency Director Signature	Date Signed
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Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wis. Stats.] All information will be kept confidential, secure and used only to analyze enrollment patterns, ensure equal access to the program, and evaluate program effectiveness.

## Part I. High School Pupil Student Registration Information

**Please complete all sections before the student initially enrolls in the training program.**

### A. Grantee Information

Grantee Name:		Grantee ID #: <b>BP151HSP-</b> <span style="background-color: #cccccc; padding: 0 20px;"> </span>
High School Pupil Project Manager Name:	Telephone:	Email:

### B. Student Information

Student First Name:		Middle Initial:	Student Last Name:	
Street Address:				
City:	State:	Zip Code:	County:	
Telephone:	Date of Birth:	Gender (Check One): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Not Disclosed		
Race (Check One): <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other				
Parent/Guardian First Name:			Last Name:	
Parent/Guardian Signature:	Date:	Student Signature:	Date	

### C. School Information

Grade in School at Program Entry: <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> Other	Student confirmed disability per Individualized Education Plan (IEP): <input type="checkbox"/> Yes <input type="checkbox"/> No	Student At-Risk by School District Definition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Expected High School Graduation Date:	Grade Point Average at Program Entry ( <b>MUST</b> be translated to a 4-point scale):	
School District Name:	High School Name:	

### D. High School Pupil Program Information

High School Pupil Program Start Date (for student):	Anticipated Program Completion Date (for the entire workforce training program student will participate in):
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Please provide information on each certificate to be earned in separate tables in the following sections. **Section (E.)** is for certificates included on the Act 59 2014 Approved Certification List only. **Section (F.) (Other)** is for all other certificates, programs, and/or coursework that are not included on the Act 59 2014 Approved List, *such as locally approved Technical College certificates, OSHA 10, First Aid, etc.* **Copy and paste more tables as needed in each area.** (Act 59 List attached as Appendix II). **Note that dates for obtaining certificates or completing other coursework will be required to be submitted upon completion of the training program(s).**

**E. Act 59 Certificate Information (Copy and paste as many tables as needed).**

(1) Name of certificate to be obtained from the Act 59 2014 Approved Certification List (provide only one per table):		
(2) Certificate Category (Check only <b>one</b> category below per certificate (a., b., or c.). Refer to Act 59 Approved Certification List attached):		
a. <input type="checkbox"/> State Certified Work-Based Learning Program. <i>If State Certified Work-Based Learning program</i> , please choose one of the following: <input type="checkbox"/> Youth Apprenticeship <input type="checkbox"/> Co-op Skills Standard Certificate b. <input type="checkbox"/> Industry Recognized Certification c. <input type="checkbox"/> Wisconsin Technical College Certification (Only "State-Approved" Career Pathways Certificates or "State-Approved" Embedded Technical Diplomas. This does not include locally approved certificates or diplomas).		
(3) Certificate Program Career Cluster (Enter the number [1-16] of most applicable Career Cluster from Appendix I on page 3):		
(4) Training Program Start Date:	(5) Date Student Obtained / Earned Certificate:	(6) Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

(1) Name of certificate to be obtained from the Act 59 2014 Approved Certification List (provide only one per table):		
(2) Certificate Category (Check only <b>one</b> category below per certificate (a., b., or c.). Refer to Act 59 Approved Certification List attached.):		
a. <input type="checkbox"/> State Certified Work-Based Learning Program. <i>If State Certified Work-Based Learning program</i> , please choose one of the following: <input type="checkbox"/> Youth Apprenticeship <input type="checkbox"/> Co-op Skills Standard Certificate b. <input type="checkbox"/> Industry Recognized Certification c. <input type="checkbox"/> Wisconsin Technical College Certification (Only "State-Approved" Career Pathways Certificates or "State-Approved" Embedded Technical Diplomas. This does not include locally approved certificates or diplomas).		
(3) Certificate Program Career Cluster (Enter the number [1-16] of most applicable Career Cluster from Appendix I on page 3):		
(4) Training Program Start Date:	(5) Date Student Obtained / Earned Certificate:	(6) Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

**F. Other Certificates, Programs, or Coursework (Not on Act 59 2014 Approved List)**

(1) Name of certificate, program and/or course work not on Act 59 (please list only one per table):		
(2) Program Career Cluster (Enter the number [1-16] of most applicable Career Cluster from Appendix I on page 3):		
(3) Training Program Start Date:	(4) Date Student Obtained / Earned Certificate:	(5) Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

(1) Name of certificate, program and/or course work not on Act 59 (please list only one per table):		
(2) Program Career Cluster (Enter the number [1-16] of most applicable Career Cluster from Appendix I on page 3):		
(3) Training Program Start Date:	(4) Date Student Obtained / Earned Certificate:	(5) Student Did Not Complete Certificate Training Program (check box) <input type="checkbox"/>

**G. Grantee Signature**

High School Pupil Project Manager/Coordinator (Name and Position):	
Signature:	Date:



**Send form to:** [WFFHSPupil@dwd.wisconsin.gov](mailto:WFFHSPupil@dwd.wisconsin.gov)

The undersigned parties agree to enter into a High School Pupil Training Program authorized by Sec. 106.27(1)(g)(b) of the Wisconsin statutes for the purpose of educating the student named above in a designated industry area leading to the attainment of the above-identified credential type.

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please call (866) 275-1165.

### **Appendix I – Career Clusters**

- 1) Agriculture, Food & Natural Resources
- 2) Architecture & Construction
- 3) Arts, AV Tech & Communications
- 4) Finance
- 5) Health Services
- 6) Hospitality, Lodging & Tourism
- 7) Information Technology
- 8) Manufacturing
- 9) Science, Technology, Engineering & Math (STEM)
- 10) Transportation, Distribution & Logistics
- 11) Human Services
- 12) Education & Training
- 13) Gov't & Public Administration
- 14) Marketing
- 15) Law, Public Safety, Corrections & Security
- 16) Business Management & Administration

## Part II. Student Post-Program Completion Survey

**This information should be collected after the student has completed High School Pupil related training.**

<b>Grantee Name:</b>		<b>Grantee ID #: BP151HSP-</b>	
Student First Name:	Middle Initial	Student Last Name:	<b>Student Code #</b>

### A: High School Completion Status

1. Check **one**:

- ☐ Student has graduated high school  
☐ Student is still enrolled in high school  
☐ Student has dropped out of high school

2. If student has graduated high school, provide the following information:

Diploma type:

- ☐ High School Diploma  
☐ High School Equivalency Degree (HSED)  
☐ Other high school completion credential

Final Grade Point Average (GPA):

High School Completion Date:

3. If student has not graduated high school, **check all that apply**:

- ☐ Student moved out of area and surveyor unable to locate  
☐ Student transferred to another school  
☐ Health/personal/family issues  
☐ Student has dropped out of school  
☐ Student continued in school  
☐ Student is incarcerated  
☐ Other (describe):

**If student is employed, answer Section B\*. If student is not employed, answer Section C\*\*.**

### B: Employment Status\*

1. Check **one**:

- ☐ Student is employed full time  
☐ Student is employed part time

2. Check "Yes" or "No" to **all** of the following statements:

- ☐ Yes ☐ No Employment is in same or related area of certificate/training program  
☐ Yes ☐ No Employment is with same youth program or Youth Apprenticeship employer  
☐ Yes ☐ No Employment is seasonal  
☐ Yes ☐ No Employment is an internship  
☐ Yes ☐ No Employment is military  
☐ Yes ☐ No Student also entered post-secondary education or other training program  
☐ Yes ☐ No ☐ N/A Health, personal, or family issue(s) impacted ability for full-time employment

3. Provide the following information for the student's employer:

Employer Name:		Street Address:	
City:	County:	State:	Zip:
Employer Labor Market Sector (see Appendix III attached):			
Student Starting Wage: \$		per hour	
Work Start Date:			

Position Title of Employee (student hired):			
<b>C: Non-Employment Status**</b>			
1. If not employed, check <b><u>one</u></b> :			
<input type="checkbox"/> Student did not apply for employment ( <i>skip question 2 and go to question 3 below</i> )			
<input type="checkbox"/> Student applied for employment, but was not selected for interview ( <i>skip question 2 and go to question 3 below</i> )			
<input type="checkbox"/> Student interviewed, but no employment offered ( <i>answer questions 2 and 3 below</i> )			
<input type="checkbox"/> Employment offered, but not accepted by student ( <i>answer questions 2 and 3 below</i> )			
2. Provide the following information for the employer mentioned above:			
Employer Name:		Street Address:	
City:	County:	State:	Zip:
Employer Labor Market Sector (see Appendix III attached):			
Student Starting Wage: \$          per hour		Work Start Date:	
Position Title of Employee (student hired):			
3. Check <b><u>all</u></b> that apply:			
<input type="checkbox"/> Student entered post-secondary education or other training program			
<input type="checkbox"/> Student unable to find a position to apply for in same or related area of certification/training			
<input type="checkbox"/> Student unable to find a position to apply for			
<input type="checkbox"/> Student had change in career interest or plans			
<input type="checkbox"/> Health, personal, or family issues prohibited employment			
<input type="checkbox"/> Student incarcerated			
<input type="checkbox"/> Student moved out of area, unable to locate			
<input type="checkbox"/> Other (please describe):			

**D. Grantee Signature (Sign when submitting final Post-Program Completion information)**

High School Pupil Project Manager/Coordinator (Name and Position):	
Signature:	Date:

**Send form to:** [WFFHSPupil@dwd.wisconsin.gov](mailto:WFFHSPupil@dwd.wisconsin.gov)

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please call (866) 275-1165.

## CTE INCENTIVE GRANT CERTIFICATIONS LIST

The certifications fall into **three categories**:

1. State Certified Work-Based Learning Programs,
2. Industry Recognized Certifications, and
3. Wisconsin Technical College Certifications

Each category is listed **by CTE Content Area**:

1. Agriculture, Food, & Natural Resources
2. Business & IT
3. Family & Consumer Science
4. Health Science
5. Marketing & Entrepreneurship
6. Technology & Engineering

### ACT 59 APPROVED 2014 CERTIFICATIONS LIST

#### State Certified Work-Based Learning Programs

##### **Agriculture, Food & Natural Resources (AFNR)**

- Co-op Skill Standards Certificates
  - Agribusiness-Animal Science
  - Agribusiness-Plant Science

##### **Agriculture, Food & Natural Resources (AFNR)**

- Youth Apprenticeship Certificates
  - AFNR-Large Animal/Herd
  - AFNR-Small Animal/Vet
  - AFNR-Crops
  - AFNR-Greenhouse/Floral
  - AFNR-Landscaping
  - AFNR-Water Resources

##### **Business & Information Technology**

- Co-op Skill Standards Certificates
  - Business & IT

##### **Business & Information Technology**

- Youth Apprenticeship Certificates
  - Arts, AV Technology & Communications-Graphic Design & Pre-Press
  - Finance-Accounting
  - Finance-Banking
  - Finance-Insurance
  - IT-IT Essentials
  - IT-Hardware
  - IT-Software
  - IT-Web & Digital Media

##### **Family & Consumer Science**

- Assistant Child Care Teacher
- Infant Toddler
- Co-op Skill Standards Certificates

<ul style="list-style-type: none"> <li>○ Child Services</li> <li>○ Family &amp; Community Services</li> <li>○ Food Service</li> </ul>
<b>Family &amp; Consumer Science</b> <ul style="list-style-type: none"> <li>• Youth Apprenticeship Certificates <ul style="list-style-type: none"> <li>○ Hospitality, Lodging &amp; Tourism-Food &amp; Beverage</li> <li>○ Hospitality, Lodging &amp; Tourism-Lodging</li> <li>○ Hospitality, Lodging &amp; Tourism-Tours &amp; Reservations</li> <li>○ Hospitality, Lodging &amp; Tourism-Hospitality &amp; Tourism Management</li> <li>○ Hospitality, Lodging &amp; Tourism-Events &amp; Meetings</li> <li>○ Hospitality, Lodging &amp; Tourism-Hospitality Maintenance</li> <li>○ Hospitality, Lodging &amp; Tourism-Marketing</li> </ul> </li> </ul>
<b>Health Science</b> <ul style="list-style-type: none"> <li>• Co-op Skill Standards Certificates <ul style="list-style-type: none"> <li>○ Health Science</li> </ul> </li> </ul>
<b>Health Science</b> <ul style="list-style-type: none"> <li>• Youth Apprenticeship Certificates <ul style="list-style-type: none"> <li>○ Health Science-Dental</li> <li>○ Health Science-Nursing</li> <li>○ Health Science-Medical Assistant</li> <li>○ Health Science-Pharmacy Technician</li> <li>○ Health Science-Medical Office</li> <li>○ Health Science-Ambulatory/Support Services</li> </ul> </li> </ul>
<b>Marketing &amp; Entrepreneurship</b> <ul style="list-style-type: none"> <li>• Co-op Skill Standards Certificates <ul style="list-style-type: none"> <li>○ Marketing</li> <li>○ Advanced Marketing</li> <li>○ Professional Sales</li> <li>○ Retail Management</li> <li>○ Entrepreneurship</li> <li>○ Sports &amp; Entertainment Marketing</li> <li>○ E-Commerce Marketing</li> </ul> </li> </ul>
<b>Marketing &amp; Entrepreneurship</b> <ul style="list-style-type: none"> <li>• Youth Apprenticeship Certificates <ul style="list-style-type: none"> <li>○ Hospitality, Lodging &amp; Tourism-Marketing</li> </ul> </li> </ul>
<b>Technology &amp; Engineering</b> <ul style="list-style-type: none"> <li>• Co-op Skill Standards Certificates <ul style="list-style-type: none"> <li>○ Construction</li> <li>○ Electronics</li> </ul> </li> </ul>
<b>Technology &amp; Engineering</b> <ul style="list-style-type: none"> <li>• Youth Apprenticeship Certificates <ul style="list-style-type: none"> <li>○ Architecture &amp; Construction-Architecture</li> <li>○ Architecture &amp; Construction-Construction</li> <li>○ Arts, AV Technology &amp; Communications-Graphic Design &amp; Pre-Press</li> <li>○ Arts, AV Technology &amp; Communications-Printing</li> <li>○ Hospitality, Lodging &amp; Tourism-Hospitality Maintenance</li> <li>○ Manufacturing-Assembly &amp; Packaging</li> <li>○ Manufacturing-Manufacturing Processes</li> <li>○ Manufacturing-Machining</li> <li>○ Manufacturing-Welding</li> <li>○ Manufacturing-Production Operations Management</li> <li>○ Manufacturing-Industrial Equipment</li> <li>○ STEM-Engineering</li> <li>○ STEM-Bioscience</li> <li>○ Transportation, Distribution &amp; Logistics -Auto Collision</li> <li>○ Transportation, Distribution &amp; Logistics -Auto Technician</li> <li>○ Transportation, Distribution &amp; Logistics -Logistics &amp; Supply Chain Management</li> <li>○ Transportation, Distribution &amp; Logistics -Diesel Technician</li> </ul> </li> </ul>

## Industry Recognized Certifications

### Agriculture, Food & Natural Resources (AFNR)

- DNR Operator- Wastewater
- DNR Operator- Municipal Waterworks
- DNR Operator- Small water system
- DNR Operator- Septage
- DNR Operator- Landfill

### Business & Information Technology

- Adobe-
- Apple-
- Autodesk-
- Brainbench-
- Center for Financial Training (CFT)-
- CISCO- Certified Entry Networking Technician
- CISCO- Certified Network Associate
- CISCO- Certified Network Associate Security
- CompTIA- A+
- CompTIA- Strata
- CIW-
- Hewlett-Packard (HP) Technical Associate
- Internet Core Computing (IC3)
- Intuit-
- Linux LPC-1
- Microsoft- Technology Associate (MTA)
- Microsoft- Office Specialist (MOS)
- Microsoft- IT Pro
- Oracle-
- Quick Books-

### Family & Consumer Science

- Asst. Child Care Teacher (ACCT)
- Infant Toddler
- American & Hotel Lodging Educational Institute (AHLEI)
- ProStart®

### Health Science

- CNA (DHS)
- Dental Assistant (DANB)
- Feeding Assistant (DHS)
- Medical Lab (ASCP)
- Medication Aide (DHS)
- Pharmacy Technician (PTCB)
- Phlebotomy (ASCP, AMT, NHA)
- EMT Basic (DHS)

### Marketing & Entrepreneurship

- A\*S\*K

### Technology & Engineering

- Adobe-
- American Welding Society (AWS) Level I SENSE/Entry Welder
- AutoCAD®-
- AutoDesk-
- Automotive Service Excellence (ASE)- National Automotive Technicians Education Foundation (NATEF) Maintenance & Light Repair (MLR)
- ASE-NATEF- 4 Automotive systems (Brakes, Electrical/Electronic, Engine Performance, Suspension & Steering)

- ASE-NATEF- 4 Medium/Heavy Truck systems (Brakes, Electrical/Electronic, Diesel Engines, Steering & Suspension)
- ASE-NATEF- Painting & Refinishing
- ASE-NATEF- Structural Analysis & Damage Repair
- ASE-NATEF- Non-structural Analysis & Damage Repair
- ASE-NATEF- Mechanical/Electrical
- Automotive Youth Educational Systems (AYES)
- Commercial Driver License (DMV)
- HVAC Excellence-
- Inter-Industry Conference on Auto Collision Repair (I-CAR)- Refinish Technician ProLevel I
- Manufacturing Skills Standards Council (MSSC)- Safety Module
- Manufacturing Skills Standards Council (MSSC)- Manufacturing Processes and Production
- Manufacturing Skills Standards Council (MSSC)- Quality Practices and Measurement
- Manufacturing Skills Standards Council (MSSC)- Maintenance Awareness
- Manufacturing Skills Standards Council (MSSC)- Green Production
- Manufacturing Skills Standards Council (MSSC)- Certification Production Technician
- National Institute for Metalworking Skills (NIMS)-Machining Level I
- National Institute for Metalworking Skills (NIMS)-Metalforming Level I
- National Center for Construction Education & Research (NCCER)-
- North American Technician Excellence (NATE)-
- REVIT-
- Snap-On-
- SolidWorks-

### Wisconsin Technical College Certifications

ONLY Wisconsin Technical College System (WTCS) “State-Approved” Career Pathways Certificates (CPCs) OR “State-Approved” Embedded Technical Diplomas (ETDs) accessible by high school students are eligible. ***SEE your local technical college for a listing of these programs.***

### Appendix III - Labor Market Sectors

NAICS Code	Labor Market Sector Name
11	Agriculture, Forestry, Fishing and Hunting
21	Mining, Quarrying, and Oil and Gas Extraction
22	Utilities
23	Construction
31-33	Manufacturing
42	Wholesale Trade
44-45	Retail Trade
48-49	Transportation and Warehousing
51	Information
52	Finance and Insurance
53	Real Estate and Rental and Leasing
54	Professional, Scientific and Technical Services
55	Management of Companies and Enterprises
56	Administrative Support, Waste Management and Remediation Services
61	Educational Services
62	Health Care and Social Assistance
71	Arts, Entertainment, and Recreation
72	Accommodation and Food Services
81	Other Services, except Public Administration
92	Public Administration
99	Unclassified





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## Progress Reports

<b><i>Instructions for:</i></b>	Completing and submitting Quarterly Progress Reports.
<b><i>Purpose:</i></b>	<p>Progress Reports serve three functions:</p> <ol style="list-style-type: none"> <li><b>1. As a grant management tool for the grantee:</b> Use them to check in quarterly to see if you are on track, what you have accomplished, and where you are going.</li> <li><b>2. As a grant management tool for DWD/OSD to:</b> <ul style="list-style-type: none"> <li>• Ensure the project is on track</li> <li>• Connect grantees to other resources, if necessary</li> <li>• Plan for project closeout</li> <li>• Assess DWD/OSD performance</li> </ul> </li> <li><b>3. As a reporting tool for DWD/OSD:</b> <ul style="list-style-type: none"> <li>• Collect trainee numbers, training timelines, and overall program progress to include in statutorily required reports to the legislature.</li> <li>• Create transparency and accountability for taxpayers and stakeholders.</li> </ul> </li> </ol>
<b><i>Process:</i></b>	<ol style="list-style-type: none"> <li>1. On the 15<sup>th</sup> of the last month of a quarter (March, June, September, and December), DWD will send the Project Manager the report format for that quarter.</li> <li>2. You should report information at the end of the quarter.</li> <li>3. The report format may change slightly each quarter, so please fill-out the report that is emailed to the Project Manager.</li> <li>4. Reports are due by the 15<sup>th</sup> of the first month of the next quarter (April, July, October, and January). Submit via email to: <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a>.</li> <li>5. Missing two consecutive quarterly reports may trigger consideration of grant cancellation.</li> </ol>
<b><i>Additional Information:</i></b>	<p>A sample quarterly report will be located on our website: <a href="http://wisconsinfastforward.com/prosperity/pupil/">http://wisconsinfastforward.com/prosperity/pupil/</a></p> <p>See Contract, Section II. Project Specific Conditions / Reporting</p>

# HIGH SCHOOL PUPIL PROGRESS REPORT (Round 2 Cohort)

## 2015 QUARTER 2



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PLEASE RETURN YOUR COMPLETED REPORT TO [WFFHSPupil@dwd.wisconsin.gov](mailto:WFFHSPupil@dwd.wisconsin.gov) **By August 15, 2015**

**NOTE:** Hitting the Tab key will allow you to move through the document

### PROJECT INFORMATION

Grantee ID: Click here to enter text.	Grantee Name: Click here to enter text.	Date: Click here to enter text.
Contact Name: Click here to enter text.	Contact Email: Click here to enter text.	Telephone: Click here to enter text.
Project Name: Click here to enter text.	Project Start Date: Click here to enter text.	Project End Date: Click here to enter text.

Total number of pupils trained under program to date: Click here to enter text.

### PROJECT TIMELINE REPORT

Add rows for each additional training course and use N/A for fields that do not apply to your grant project

Activity	Projected Start Date	Actual Start Date	Projected End Date	Actual End Date
Curriculum Development	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Pupil Recruitment	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Training Program/Course [Title] Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Training Program/ Course [Title] Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Training Program/ Course [Title] Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Placement/Hiring	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**INDIVIDUAL COURSE REPORT**

Only report on courses active in 2015 Quarter 2

Course Title (add additional rows as necessary)	Number of Trainees at Beginning of Course	Number of Trainees at Conclusion of Course	Industry Recognized Credential Related to Course	Overall Comments About the Course
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

**PROJECT UPDATES**

Please describe the pupil recruitment activities:
Please describe the milestones achieved this quarter: Click here to enter text.
Please describe the challenges encountered during the last quarter: Click here to enter text.
If your project is not running according to schedule, please explain why: Click here to enter text.
Please share any suggestions for ways to improve the Wisconsin Fast Forward Program: Click here to enter text.

By entering his/her initials, the Grantee's Authorized Representative is certifying that to the best of his/her knowledge the information submitted is true and correct.

Name: Click here to enter text.	Signature: (initials) Click here to enter text.
Title: Click here to enter text.	Date: Click here to enter text.
Organization: Click here to enter text.	



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## Final Report

<b><i>Instructions for:</i></b>	Completing and submitting the Final Report.
<b><i>Purpose:</i></b>	<p>The Final Report serves three functions:</p> <ol style="list-style-type: none"> <li><b>1. As an evaluation tool for the grantee:</b> <i>This is an opportunity for you to review the progress made on the grant project, consider the outcomes, and learn how to improve for the future.</i></li> <li><b>2. As a grant management tool for DWD/OSD to:</b> <ul style="list-style-type: none"> <li>• Ensure completion of the project</li> <li>• Evaluate project outcomes</li> <li>• Assess DWD/OSD performance</li> <li>• Calculate overall return on investment for the project and program.</li> </ul> </li> <li><b>3. As a reporting tool for DWD/OSD to:</b> <ul style="list-style-type: none"> <li>• Collect trainee numbers, training timelines, and overall program progress, to include statutorily required reports to the legislature.</li> <li>• Create transparency and accountability for taxpayers and stakeholders.</li> </ul> </li> </ol>
<b><i>Process:</i></b>	<ol style="list-style-type: none"> <li>1. The Final Report document will be emailed to the Project Manager at least 30 days before the contract end date.</li> <li>2. You should report overall project information.</li> <li>3. The Final Report due date, as listed in your contract, will be due by 12/31/2016, and emailed to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a>.</li> </ol>
<b><i>Additional Information:</i></b>	<p>A sample final report will be located on our website soon. See Contract, Section II. Project Specific Conditions / Reporting</p>



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## Close Out/Evaluation

<b>Instructions for:</b>	Concluding your project.
<b>Purpose:</b>	<ul style="list-style-type: none"> <li>• To insure transparency and accountability in the project and program.</li> <li>• To insure completion of required contractual responsibilities, including required reporting and documentation thereof.</li> <li>• To determine Return on Investment (ROI).</li> <li>• To calculate final reimbursement due and process any final payments.</li> <li>• To inform DWD/OSD reporting process for statutorily required reporting.</li> </ul>
<b>Process:</b>	<p><b>Project Close-Out (12/31/2016):</b> (When a project has been completed according to the contract).</p> <ol style="list-style-type: none"> <li>1. Follow the procedure for requesting and completing the final report for your grant.</li> <li>2. <b>Grant expenditures are allowed until 10/31/2016. Final reimbursement claims must be submitted by 11/15/2016.</b></li> <li>3. Submit your final report by 12/31/2016.</li> <li>4. Ensure that all Post-Program Completion information has been submitted and/or entered for all participating students by 12/31/2016.</li> <li>5. DWD/OSD will review the final report and either:             <ol style="list-style-type: none"> <li>a) Request further information, OR</li> <li>b) Determine that all grant information is complete</li> </ol> </li> <li>6. Once the final report, post-program completion forms, and final reimbursement claims have been received and processed, DWD/OSD will issue a letter of completion closing the contract.</li> <li>7. Keep all records for three years from the latter of the end of the contract or any extensions granted, or until any applicable litigation, audit findings, or claims have been resolved.</li> </ol> <p><b>Early Project Close-Out:</b> (When a project has been started but cannot be completed as contracted)</p> <ol style="list-style-type: none"> <li>1. If a project has started and had payments and/or outcomes but is now unable to continue, the Project Director should contact DWD to determine process.</li> <li>2. The DWD/OSD will determine what further requirements are necessary, if any further payments will be made, or if repayment of grants reimbursement is required.</li> <li>3. Once all requirements are met, the Department will issue a letter of closure.</li> </ol>
<b>Additional Information:</b>	See Contract, Section II, Reporting; Section V.7, Section VI., and Section VIII.



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## Curriculum Submission

<b><i>Instructions for:</i></b>	Turning in curriculum developed with WFF funds.
<b><i>Purpose:</i></b>	<ul style="list-style-type: none"> <li>• To insure access to curriculum developed with state funds.</li> <li>• To facilitate grant close-out</li> </ul>
<b><i>Process:</i></b>	<ol style="list-style-type: none"> <li>1. Determine if grant project used Wisconsin Fast Forward (WFF) funds to develop curriculum (if funds are reimbursed under the Curriculum Development account line item then this is/may be required. Funds under other items, like Consultant/Contractual may also have resulted in items that should be sent to the state.)  Grantees should contact the DWD if there are any questions as to whether or not they should provide curriculum developed under their contract.</li> <li>2. If curriculum was developed with WFF funds then a copy of all electronic items developed should be sent to <a href="mailto:WFFHSPupil@dwd.wisconsin.gov">WFFHSPupil@dwd.wisconsin.gov</a> . Copies of any non-electronic items developed should be sent to:            Wisconsin Department of Workforce Development            Bureau of Workforce Training            ATTN: Youth &amp; At Risk Populations Section            Grant Correspondence ID# (see contract)            PO Box 7972            201 East Washington Avenue, E100            Madison, WI 53707-7946</li> <li>3. Curriculum must be turned in before the final report is submitted.</li> </ol>
<b><i>Additional Information:</i></b>	Contract: Section VI.D. Copyright

# Tab 5: Audits

- Audits
- Preparing for an Audit

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### Audit Requirements

<b><i>Instructions for:</i></b>	Understanding types of audits connected to WFF.
<b><i>Purpose:</i></b>	WFF contracts reference three types of audits.
<b><i>Process:</i></b>	<ol style="list-style-type: none"> <li>1. State Single Audit: This statutorily required audit is required for any Wisconsin Fast Forward (WFF) grantee who also receives \$500,000 or more in FEDERAL funds. Details can be found in the contract.</li> <li>2. Independently Certified Project Audit: The WFF High School Pupil contract requires this for any grantee who receives \$250,000 or more in a single round of grant funding. Grantees should contact the Department to obtain specific requirements. <b>This requirement is not applicable to High School Pupil grant projects, since no applicant may receive a total of \$150,000 individually or in multiple projects.</b></li> <li>3. DWD conducted Project Audit: <ol style="list-style-type: none"> <li>a. All WFF grants may receive a DWD conducted Project Audit. (Details covered on the How to Prepare for a Project Audit page.)</li> <li>b. WFF Project Audits will cover three sections: <ol style="list-style-type: none"> <li>i. Finances</li> <li>ii. Trainees</li> <li>iii. Curriculum Development</li> </ol> </li> </ol> </li> </ol>
<b><i>Additional Information:</i></b>	Contract section VI. H; How to Prepare for a Project Audit





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## Preparing for a Project Audits

<b>Instructions for:</b>	Understanding and Preparing for a WFF B4P Project Audit.
<b>Purpose:</b>	<p>WFF will conduct Project Audits for four purposes:</p> <ol style="list-style-type: none"> <li>1. To insure project funds have been spent according to the plan.</li> <li>2. To insure students have received training.</li> <li>3. To insure curriculum developed with WFF funds is transferred to the State.</li> <li>4. To gather success stories for program promotion.</li> </ol>
<b>Process:</b>	<ol style="list-style-type: none"> <li>1. Audit Selection:             <ol style="list-style-type: none"> <li>a. The DWD will select projects to receive an audit.</li> <li>b. Projects that are already required to do a State Single Audit or an Independently Certified Project Audit may still have a DWD Project Audit.</li> </ol> </li> <li>2. Audit Notification:             <p>While the DWD is not required to notify you of an audit in advance, we will generally work to schedule an audit at a convenient time. If possible, we will let you know in advance regarding the information to be reviewed at the audit.</p> </li> <li>3. WFF/DWD Project Audits will cover three sections:             <ol style="list-style-type: none"> <li>a. Finances: Do you have proof of payment for invoices that have been reimbursed? Do you have receipts for purchases less than \$500? Do you have evidence of match contributions, if not sent in with reimbursement requests? Do you have equipment that was purchased/leased/donated available to be seen on-site?</li> <li>b. Trainees: Do you have pay stubs to prove payment to students if student wages were included as match? Do you have pay stubs/attendance sheets, etc. to prove students were in training? Do you have proof of completion of training (test results, certificates)?</li> <li>c. Curriculum (If WFF B4P paid for curriculum development): Can we review curriculum WFF funds paid for? Have you provided a copy of curriculum to DWD? Do you have proof of sharing it with a secondary or post-secondary institution?</li> </ol> </li> <li>4. Audit Preparation before notification of an audit:             <ol style="list-style-type: none"> <li>a. Set up a record keeping system at the beginning of the project.</li> <li>b. Keep receipts (or copies of receipts) with associated reimbursement requests, even if they are not sent in.</li> <li>c. Take attendance at classes when possible.</li> </ol> </li> <li>5. Audit Preparation after notification of an audit:             <ol style="list-style-type: none"> <li>a. Confirm that all records are easily available.</li> <li>b. Create a convenient workspace for the auditors.</li> <li>c. Inform other internal departments that may be impacted by the audit.</li> </ol> </li> </ol>
<b>Additional Information:</b>	Contract Section VI.