STATEMENT OF WORK
CITY OF KEY WEST FIRE DEPARTMENT
FIRE ACADEMY TRAINING PROGRAM
September 1, 2014 – June 30, 2015

The City of Key West Fire Department (KWFD) hereby agrees to provide services as described herein in compliance with the conditions herein stated:

I. PROGRAM DESCRIPTION

A. The **City of Key West Fire Department (KWFD)** in coordination with **Key West High School (KWHS)** developed a Fire Academy Program to provide instructions to junior and senior students attending **KWHS** with the goal of facilitating the students to become Firefighter One Level in the Florida State Fire College System. After graduation the students will continue to acquire Firefighter Two Level and the Florida State Certification, and the Emergency Medical Technician Basic to be eligible for entry level employment with several Fire Departments in Monroe County, including the **KWFD**.

B. The Key West Fire Academy Program will provide First Response Medical Instructions and the Basic Fire Fighting Curriculum. Also, will use their facility to provide live burn instructions. KWHS will provide transportation and software and KWFD will provide learning materials to include books.

C. The KWFD in conjunction with KWHS, and South Florida Workforce Investment Board (SFWIB) through SFWIB's Contractor: Youth Co-Op, Inc. shall implement activities to deliver long term strategies to improve employment equity for young adults interested in employment as Firefighters through an instructional and mentoring program entitled the Key West Fire Academy Training Program.

D. The KWFD working with KWHS, and SFWIB's Contractor Youth Co-Op, Inc. will initiate an entry level pipeline for the students so they may gain skills and work experience in the field of firefighting. The program will assist young adults to gain and understanding of the firefighter duties and responsibilities and will include training and hands-on experiences that will provide work experience activities in a professional work environment.

E. The Key West Fire Academy Training Program is scheduled to begin **September 1, 2014** and end no later than **June 30, 2015**.

F. The underlining premise of the Key West Fire Academy Training Program is to target a minimum of **fifteen (15)** students to receive adequate training, a high school diploma, a credential, to become employable and to be placed in entry level positions within the Key West Fire Department or other Monroe County Emergency Service Agencies.

G. The Key West Fire Academy Training Program shall serve as a feeder program for the recruitment of qualified young adults with entry level experience as firefighters within the Fire Department's overall employment program.

II. PROGRAM ENROLLMENT/ACTIVITIES

A. Students enrolled in the Key West Fire Academy Training Program must meet the following Workforce Investment Act (WIA) eligibility requirements:

1. Between the ages of 16 through 21; and

2. A citizen of the United States or an eligible non-citizen who is authorized by the immigration and Naturalization Service; and
3. In compliance with the Selective Service Act (only relevant for males 18–21); and
4. Is a resident of Monroe County; and
5. Attend Key West Senior High School; and
6. Meet family income eligibility standards (if applicable); and
7. Meets one or more barriers to employment.

B. KWFD shall be responsible for the following, but are not limited to:

- Recruit, refer and accept in-school youth referrals to/from SFWIB's Contractor: Youth Co-Op, Inc.;
- Develop specific training curriculum with KWHS;
- Coordinate and conduct program orientation;
- Provide meaningful professional training experiences;
- Provide measurable goals and objectives for the students;
- Provide networking and mentoring opportunities;
- Provide appropriate work space, equipment, supplies and uniforms;
- Maintain time and attendance of the trainees **(Attachment 1 – Participant's Timesheet Summary Form)**; and
- Prepare evaluation on youth at end of program training activities (copies to be given to SFWIB's Contractor: Youth Co-Op, Inc. to be maintained in the participant's case file.)

C. Key West Fire Academy Training Program will align with the above agencies to provide an enhanced training and work environment that will include, but are not limited to:

- Creating a work program that is a combination of education, training and hands-on experiences;
- Creating mentorships;
- Providing a learning environment to meet the needs of the workplace and the young adult to include a job shadowing component;
- Ensuring that young people have equal access to career development and promotional opportunities within the Fire Department;
- Developing and coordinating appropriate training and information programs to ensure that the Fire Department is empowered to meet program goals;
- Developing recruitment and employment retention strategies through partnerships with educational institutions, other municipal agencies and community-based organizations;
- The young adults will gain valuable work skills, build a resume; increase their self esteem, gain valuable work readiness skills and tangible workplace experience.

D. SFWIB's Contractor, Youth Co-Op, Inc. will enroll students into their regular WIA In-School Youth Program and will determine program eligibility. Youth Co-Op, Inc. will be responsible for all WIA program requirements from intake to follow-up services for the in-school youth program.

III. MARKETING/PUBLICITY

Proactive public relation activities by the Contractor shall have prior written approval from SFWIB as set forth in **Article II, Section B of the Contract**.

IV. METHOD OF PAYMENT

A. The method of payment for services rendered under the Contract shall be set forth in **Article IV, Section I of this Contract.**

B. The amount payable to the Contractor, for instructors' wages and youth participant costs under this Contract, shall not exceed **$35,000.00.** The award will cover instructors' wages, equipment for the students, physical examinations/drug screening, classroom training, orientation, agility tests, CPR and EMT training, and uniforms (shirts, pants, badges, shoes, etc.).

V. ADDITIONAL PROGRAM PERFORMANCE DELIVERABLES

A. In addition to the Workforce Investment Act Performance Standards, the KWFD shall attain the below deliverables:

1. 100% of youth will be enrolled in program (a minimum of 15 students);
2. 100% of youth will receive training orientation;
3. 100% of youth will receive program evaluation;
4. 100% of youth receiving support services must verify with a signature contained in/on a receipt log **(Attachment 2 – Training/Equipment/Tools Receipt Log)**; and
5. 100% of youth shall have a case file maintained by KWFD
6. 85% of youth enrolled in program will complete program requirements;
7. 85% of youth enrolled in the program will attain a high school diploma; and
8. 60% of youth will obtain a Firefighter One Certificate.

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(Attachment 1)
Exhibit A

KEY WEST FIRE ACADEMY TRAINING PROGRAM

PARTICIPANT'S TIMESHEET SUMMARY FORM

PROGRAM YEAR 2014-2015

MONTH & YEAR: _____

	DAYS OF THE MONTH																
Participant's Name	**M**	**T**	**W**	**TH**	**F**	**S**	**S**	**M**	**T**	**W**	**TH**	**F**	**S**	**S**	**TOTAL HOURS**	**Participant's Signature Verifying Hours**

_____ _____ _____

Contractor's Staff Signature Verifying Attendance **Printed Name** **Date**

(Attachment 2)
Exhibit A

KEY WEST FIRE ACADEMY TRAINING PROGRAM
TRAINING/EQUIPMENT/TOOLS RECEIPT LOG
PROGRAM YEAR 2014-2015

TRAINING/EQUIPMENT/TOOLS

DESCRIPTION OF ITEMS	PARTICIPANT'S SIGNATURE	PRINTED NAME	DATE RECEIVED
FIREFIGHTER 1 TEXTBOOKS			
BUNKER GEAR (Coat, Pants, Helmet, Boots)			
UNIFORMS (Pants, T-shirts, Shoes)			
INSTRUCTION TOOLS, AED TRAINER			
EQUIPMENT (Gloves, Hoods, Hand Tools)			
FIRST RESPONDER TEXTBOOKS			
BACKGROUND SCREENING/FINGER PRINTING			
TRANSPORTATION to LIVE BURNS			
CPR CERTIFICATION			
PHYSICAL EXAMINATION/DRUG SCREENING			

(Each participant must verify with their signature receiving any of the above items at the time of receipt)

Contractor's Staff Signature Verifying Receipt _____ Printed Name _____ Date _____

Exhibit B

CODE OF BUSINESS ETHICS AFFIDAVIT

Code of Miami-Dade County Section 2-8.1(i)

I, being duly sworn, hereby state and certify that this firm has adopted a Code of Business Ethics that is fully compliant with the requirements of Section 2-8.1(i) of the Code of Miami-Dade County as amended. I further acknowledge that failure to comply with the adopted Code of Business Ethics shall render any contract with Miami-Dade County voidable, and subject this firm to debarment from County work pursuant to Section 10-38(h)(2) of the Code of Miami-Dade County as amended. I further acknowledge that failure to submit this affidavit shall render this firm ineligible for contract award.

By: _____ _____ 20___
Signature of Affiant Date

_____ ___/___-___/___/___/___/___/___/___/
Printed Name of Affiant and Title Federal Employer Identification Number

_____
Printed Name of Firm

_____
Address of Firm

SUBSCRIBED AND SWORN TO (or affirmed) before me this _____ day of _____, 20___

He/She is personally known to me or has presented _____ as identification.
Type of identification

_____ _____
Signature of Notary Serial Number

_____ _____
Print or Stamp Name of Notary Expiration Date

Notary Public – State of _____

Notary Seal

ADMINISTRATIVE CHECKLIST FOR CONTRACT COMPLIANCE
SELF-ASSESSMENT TOOL

Program Year: _____

Agency's Fiscal Year Ending: _____

Agency name, address, e-mail, telephone and fax numbers:

_____

_____

_____

_____

_____

This certification is to assure South Florida Workforce Investment Board (SFWIB) that the contracted Agency has adequate administrative procedures in place to ensure that funds disbursed by SFWIB will be safeguarded as outlined in the Office of Management and Budget (OMB) Circulars and the Code of Federal Regulations (CFR). This certification is not a waiver concerning Administrative, Programmatic, or Quality Assurance Monitoring. SFWIB reserves the right to conduct on site monitoring of contracted Agencies as it deems necessary.

Please answer all questions by checking off the applicable box. If you need to provide additional information or cannot respond to a question, please attach an explanation on a separate page or contact Dulce M. Quiñones, CFE, CFSA, FCWP-1, Contracts Compliance Supervisor, SFWIB Office of Continuous Improvement (OCI) at (305) 594-7615, extension 356.

A letter precedes each of the items in this tool as follows:

M = Mandatory or required item denotes items that are the minimum standards and for which full compliance is required.

R = Recommended item or denotes best practice items that, while not required, are considered best practice in the administration of grants.

Please provide a brief explanation on any negative response indicated.

Prior Assessments & Corrective Actions	

Objective:
To determine the Agency's prior performance and its ability to implement new procedures as needed to improve management and meet contractual requirements.

M – Review last year's assessments of the Agency's Administration and answer the following questions:

M - Were the prior assessment results shared with management? ☐ Yes ☐ No ☐ N/A

M - Was A Corrective Action Plan submitted by the Agency? ☐ Yes ☐ No ☐ N/A

M - Was the Corrective Action Plan submitted on time? ☐ Yes ☐ No ☐ N/A

M - Were the proposed corrective actions acceptable to the funding agency? ☐ Yes ☐ No ☐ N/A

M - Were the corrective actions implemented? ☐ Yes ☐ No ☐ N/A

If Yes, when? _____

If No, please elaborate (attach additional pages as needed)

_____

_____

_____

M - Did the corrective actions implemented correct the problem(s)? ☐ Yes ☐ No ☐ N/A

If No, please elaborate (attach additional pages as needed)

_____

_____

_____

M - Are there any findings, areas of concerns, or other issues that need to be revisited or reviewed during the current year? ☐ Yes ☐ No ☐ N/A

If Yes, please elaborate (attach additional pages as needed)

_____

_____

_____

Additional Comments:

Administration and Governance

Board of Directors (BOD)

Objective:
To determine the capabilities,cultural competency and involvement of the Agency's Board of Directors (BOD) to serve the target populations and that their procedures follow those recognized as best practice.

M - Is there a complete and updated BOD list available? To be considered complete, the BOD list should include each member's position, field of expertise, direct contact information (address, phone, e-mail and fax), gender, race, ethnicity, and expiration term of the position. ☐ Yes ☐ No ☐ N/A

R - Does the membership of the BOD include expertise that would promote the proper operation of the Agency and further the goals of the program? ☐ Yes ☐ No ☐ N/A
The BOD should include individuals with experience in administration, contracts, and fiscal management. In addition, the BOD should include individuals with experience in pursuing the program goals (i.e. physician for health programs, a teacher for training programs, or child development expert for Head Start Programs)

R - Is the BOD ethnically representative of the populations served by the Agency? ☐ Yes ☐ No ☐ N/A

R - Does the Agency provide pre-service and in-service training to Board members? ☐ Yes ☐ No ☐ N/A

R - Does the BOD have a well-developed structure (committees)? ☐ Yes ☐ No ☐ N/A
List the active committees and names of the members

_____ _____
_____ _____
_____ _____
_____ _____

R - Does the Agency have a clearly defined Strategic Plan? ☐ Yes ☐ No ☐ N/A

R - Does the BOD receive and review an Annual Report from the Agency's Staff? ☐ Yes ☐ No ☐ N/A

Additional Comments: _____

_____

BOD Meetings, Minutes and Resolutions

Objective:
To determine the level of involvement of the Board of Directors; and that their procedures follow those recognized as best practise.

R – How often does the BOD meet? (Check one) ☐ Yes ☐ No ☐ N/A

Full Board	___ Monthly	___ Annually
	___ Quarterly	___ Semi-annually
	___ Other (specify)_____	
Executive Board	___ Monthly	___ Annually
	___ Quarterly	___ Semi-annually
	___ Other (specify)_____	
Committees	___ Monthly	___ Annually
	___ Quarterly	___ Semi-annually
	___ Other (specify)_____	

Please indicate the dates of the last three (3) BOD meetings:

_____ _____ _____

M - Are meeting minutes detailed and complete?	☐ Yes	☐ No	☐ N/A
R - Do minutes indicate that budgetary, financial, and programmatic information is presented to the board?	☐ Yes	☐ No	☐ N/A
M - Does an authorized representative of the BOD sign the minutes?	☐ Yes	☐ No	☐ N/A
M - Are BOD resolutions properly executed and documented in the meeting minutes?	☐ Yes	☐ No	☐ N/A
M - Are BOD resolutions signed by an authorized BOD representative?	☐ Yes	☐ No	☐ N/A

Comments:

Agency Policies

Objective:
To ensure that the Agency has a set of policies that establish proper operating procedures and adherence to the law governing its operations. A well developed set of policies and procedures safeguard the Agency and its funders by clarifying expected behavior. These policies may be included in the employee manual.

M - Does the Agency have a written Personnel Policy?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have an Accounting Policy and Procedures Manual?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have a written Drug-Free Workplace Policy?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have a written Equal Employment Opportunity Policy?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have a written Florida Clean Indoor Air Act Policy?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have a written Family and Medical Leave Policy?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have written procedures to protect client confidentiality?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have a written policy regarding Nepotism?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have clear policies addressing access to public records?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have an Affirmative Action policy?	☐ Yes	☐ No	☐ N/A
M - Does the Agency have written Client Grievance procedures?	☐ Yes	☐ No	☐ N/A
M – Does the Agency have written guidelines or a methodology to distribute incentive payments?	☐ Yes	☐ No	☐ N/A
R - Does the Agency have a written Code of Ethics?	☐ Yes	☐ No	☐ N/A
R- Does the Agency have a written policy regarding Conflict of Interest?	☐ Yes	☐ No	☐ N/A
R - Does the Agency have a written Sexual & Unlawful Harassment Policy?	☐ Yes	☐ No	☐ N/A
R – Does the Agency have written emergency plans/procedures? (This may be a requirement for some funders)	☐ Yes	☐ No	☐ N/A

Additional Comments:

Organizational Structure	

Objective:
Availability and familiarity with the Agency's By-Laws and Articles of Incorporation are considered best practices in the admininstration of a non-profit organization. In addition, a clear organizational chart provides an overview of the chain of command helpful both for the internal staff and outside reviewers.

M - Is the Agency registered with the State of Florida Secretary of State? ☐ Yes ☐ No ☐ N/A

M - Are the Agency's Articles of Incorporation available for review? ☐ Yes ☐ No ☐ N/A

M - Are the Agency's By-Laws available for review? ☐ Yes ☐ No ☐ N/A

R - Is there an organizational chart available that reflects the current organization of the Agency and provides clearly delineated chain-of-command? ☐ Yes ☐ No ☐ N/A

R - Is there an organizational chart for the program(s) funded and does it provide a clearly delineated chain-of-command? ☐ Yes ☐ No ☐ N/A

Additional Comments:

Client Participation	

Objective:
To identifythe Agency's efforts to involve the populations served in the operations of the agency and in the manner services are provided.

R - Does the Agency perform any Needs Assessment activities? ☐ Yes ☐ No ☐ N/A

R - Does the Agency have a mechanism in place to monitor and respond to client comments and complaints in a systematic matter? ☐ Yes ☐ No ☐ N/A

R - Does the Agency have procedures to involve the consumer in the decision making process? Check all that apply ☐ Yes ☐ No ☐ N/A

___ Consumer representatives in BOD?
___ Community Advisory Board or Committee?
___ Consumer Evaluation Survey?
___ Other? Please explain:

Additional Comments:

Personnel

General	

Objectives:
These questions provide an overview of the capabilities of the Agency in managing human resources issues and establising and following its own procedures as required by best practises.

M - Are the policies and procedures included in the Personnel Policy followed? ☐ Yes ☐ No ☐ N/A

M - Does the Agency have established Job Qualifications that adhere to SFWIB contractual requirements?	☐ Yes	☐ No	☐ N/A
M - Are employee records securely stored (under lock & key)?	☐ Yes	☐ No	☐ N/A
M - Are Equal Employment Opportunity, Worker's Compensation, Family and Medical Leave Act, Child Labor Act, Fair Labor Standard Act, Minimum Wage, Migrant Seasonal Workers Protection, E-Verify and other mandated or relevant posters conspicuously displayed by the agency?	☐ Yes	☐ No	☐ N/A
M - Review staffing levels and current vacancies. Does the agency have problems with staff turnover?	☐ Yes	☐ No	☐ N/A
If Yes, has the agency taken steps to resolve the issue?	☐ Yes	☐ No	☐ N/A

Explain and provide documentation, if available, to document the Agency's efforts. (attach additional pages as needed)

_____

_____

_____

Additional Comments:

_____

_____

_____

Personnel/Employee File			

Objective:
To ensure that the Agency properly documents how employees are screened for a particular position, how employees are informed of the policies governing their work and how they would be evaluated. In addition, these questions seek to determine the Agency's capability to maintain required documentation and abide by requirements regarding their staff such as testing, qualifications, licenses, and training.

Select a random sample of employee files and review them to determine whether the following documentation is present and current. Note that Agencies that subcontract with individuals must keep similar files for the subcontracted individuals and those are to be reviewed following the same guidelines as personnel files.

M - Signed job application (resume is not sufficient) or subcontract detailing the scope of services to be provided.	☐ Yes	☐ No	☐ N/A
M - Proof of education (copies of diplomas, degrees and/or transcripts).	☐ Yes	☐ No	☐ N/A
M - Required licenses and/or certifications (if applicable, they must be current).	☐ Yes	☐ No	☐ N/A
M - Background screening (must be renewed according to program requirements). This may be required for some staff working with children or youth.	☐ Yes	☐ No	☐ N/A
M – Signed job description with performance standards.	☐ Yes	☐ No	☐ N/A
M - Annual Performance/Employee Evaluation.	☐ Yes	☐ No	☐ N/A
M – U.S. Citizenship and Immigration Services Form I-9.	☐ Yes	☐ No	☐ N/A
M – Current W-4.	☐ Yes	☐ No	☐ N/A

Personnel/Employee File			
M - Proof of achievement of required hours of training (i.e. Tier 1).	☐ Yes	☐ No	☐ N/A
M - Proof of receipt of the Agency's Policy & Procedures by the employees.	☐ Yes	☐ No	☐ N/A
R - Drug screening.	☐ Yes	☐ No	☐ N/A
R - Physical/TB test (must be renewed according to program requirements). This may be required for some staff working with children or youth.	☐ Yes	☐ No	☐ N/A

Additional Comments:

Payroll Records			
Objective: *To determine if the Agency has appropriate procedures to track the payroll costs and that these coincide with those approved by the funding agency.*			
M - Does staff, including management, document their work hours through a time sheet or punch clock?	☐ Yes	☐ No	☐ N/A
M - Are time records signed by both the employee and/or the supervisor?	☐ Yes	☐ No	☐ N/A
M - Payroll Registers: – Do they include staff name, salary, hours worked, payroll period, and deductions?	☐ Yes	☐ No	☐ N/A
– Do they reflect employee's time allocation among programs?	☐ Yes	☐ No	☐ N/A
M – Personnel activity reports (PARs) or equivalent forms: – Reflect an after-the-fact determination of the actual activity of each employee?	☐	☐	☐
– Account for the total activity for which employees are compensated?	☐	☐	☐
– Completed at least monthly?	☐	☐	☐
If No, please explain. (attach additional pages as needed) _____ _____ _____			
M – Do employees' positions and salaries match the budget approved by the funding agency?	☐ Yes	☐ No	☐ N/A
M - For employees charged to the program, does the recorded time worked matches time paid as reflected in the payroll register?	☐ Yes	☐ No	☐ N/A

Additional Comments:

Payroll Taxes

Objective:
To ensure that the Agency is calculating and remitting all payroll taxes, including unemployment compensation, to the appropriate agencies in a timely manner.

M - Are withholding and FICA taxes deposited on a timely basis and in accordance with payroll register data?	☐ Yes	☐ No	☐ N/A
M - Was the Quarterly IRS Form #941 properly completed, submitted, and payroll taxes timely remitted to the regulatory agency? (Trace payment to bank statement)	☐ Yes	☐ No	☐ N/A
M - Was the Quarterly Florida Form #UCT-6 properly completed, submitted and Unemployment Compensation taxes timely remitted to the regulatory agency? (Trace payment to bank statement)	☐ Yes	☐ No	☐ N/A
M - Is the Yearly IRS Form #990 properly completed, submitted, and paid on time? (Trace payment to bank statement)	☐ Yes	☐ No	☐ N/A
M – Were all Tax or Insurance payments made on time (by due date)?	☐ Yes	☐ No	☐ N/A
If No above, were interest and penalties assessed against the agency?	☐ Yes	☐ No	☐ N/A
If interest and penalties were assessed, were these costs allocated to any public funding source?	☐ Yes	☐ No	☐ N/A
M - Are IRS W-2 Forms distributed in a timely manner to current and prior employees?	☐ Yes	☐ No	☐ N/A
M – Were the IRS 1090 Forms distributed in a timely manner to all contract employees?	☐ Yes	☐ No	☐ N/A
M – Was the Social Security filing done in a timely manner?	☐ Yes	☐ No	☐ N/A

Additional Comments: _____

Other Personnel Related Payments

Objective: To ensure that fringe benefit payments are made in a timely manner that avoids penalties and ensures continued coverage and compliance with current regulations

M – Are payments to the following made in a timely manner?			
– Health Insurance Provider	☐ Yes	☐ No	☐ N/A
– Life Insurance Provider	☐ Yes	☐ No	☐ N/A
– Dental Insurance Provider	☐ Yes	☐ No	☐ N/A
– Vision Insurance Provider	☐ Yes	☐ No	☐ N/A
– Other Insurance Provider(s). Please list:_____	☐ Yes	☐ No	☐ N/A
M - If the Agency offers a retirement plan, are employee contributions and/or employer contribution deposited/submitted in a timely fashion?	☐ Yes	☐ No	☐ N/A
M – If the Agency offers a defined contribution retirement plan and has at least 100 eligible (need not be participating) staff, was an audit of the plan completed?	☐ Yes	☐ No	☐ N/A

Additional Comments: _____

Fiscal

General

Objective:
To obtain a picture of the Agency's overall fiscal capabilities.

M - Are internal policies and procedures as listed in the Agency's Accounting Policy and Procedures Manual followed? This can be established by interviewing staff to gauge familiarity with the manual or by choosing a sample of policies and testing adherence to it. ☐ Yes ☐ No ☐ N/A

M - Review the distribution of fiscal duties (i.e. who approves the expense, who cuts the check, who mails the payment). Is the distribution of duties adequate to safeguard assets? ☐ Yes ☐ No ☐ N/A

M - Chart of Accounts:

- Does it include general ledger account codes, account descriptions and account status? ☐ Yes ☐ No ☐ N/A
- Does it support proper allocation by having revenue and expense categories properly identified by program? ☐ Yes ☐ No ☐ N/A
- Does it have an unallowable cost code to properly identify unallowable costs? ☐ Yes ☐ No ☐ N/A

M - Indirect Cost.

- Is there a cost allocation plan in writing and is it representative of the allocation used? ☐ Yes ☐ No ☐ N/A

M - Review the Agency's cost allocation plan for reasonableness (i.e. are the indirect costs charged to the program representative of the program's size as compared to others operated by the agency?). Is it in compliance with the Guidance? ☐ Yes ☐ No ☐ N/A

Additional Comments:

Bank

Objective:
To ensure that the Agency has the appropriate cash flow to meet the needs of the program, that its management keeps abreast of the Agency's cash flow, and that it has taken steps to protect itself from fraudulent activities.

M - Review bank statements to determine the cash flow position of the Agency.

- Do bank statements reflect returned checks due to insufficient funds? ☐ Yes ☐ No ☐ N/A
- Do bank statements reflect a positive balance at the end of the month? ☐ Yes ☐ No ☐ N/A

M - Are bank statements reconciled monthly? ☐ Yes ☐ No ☐ N/A

M - Are adjustments properly documented and explained? ☐ Yes ☐ No ☐ N/A

M - Do the preparer and the immediate supervisor sign the reconciliation? ☐ Yes ☐ No ☐ N/A

M - Are checks pre-numbered? ☐ Yes ☐ No ☐ N/A

R - Do checks have an expiration date? To limit liability, it is recommended that check be marked with an expiration date, for example "Void after 90 days". (Some funders have guidelines and requirements as to what the valid period of a check may be.) ☐ Yes ☐ No ☐ N/A

M – Does Agency have a policy for signing checks (i.e. checks in excess of x amount require two signatures)? ☐ Yes ☐ No ☐ N/A
Note Agency's policy: _____

R – Are blank checks and the specimen signature stamp stored securely (under lock and key)? ☐ Yes ☐ No ☐ N/A

R – Are voided checks mutilated in some manner (i.e. signature section removed, perforated)? ☐ Yes ☐ No ☐ N/A

Additional Comments: _____

Journals & Ledgers

Objective:
To ensure that the Agency has an accounting system that properly tracks all financial activities for the program.

M - Does the Accounting System include these major components:

- Cash Receipts Journal? (i.e. deposit log, receipts book) ☐ Yes ☐ No ☐ N/A
- Cash Disbursements Journal? (i.e. check register) ☐ Yes ☐ No ☐ N/A
- Accounts Payable? ☐ Yes ☐ No ☐ N/A
- Accounts Receivable? ☐ Yes ☐ No ☐ N/A
- General Ledger? ☐ Yes ☐ No ☐ N/A

M - Are entries to journals performed in a timely manner (approximately 30 days)? ☐ Yes ☐ No ☐ N/A

M - Are Receipts and Disbursements reconciled monthly with the General Ledger? ☐ Yes ☐ No ☐ N/A

M - Are adjustments properly documented and explained (journal entries)? ☐ Yes ☐ No ☐ N/A

Additional Comments: _____

Budget

Objective:
To ensure that the Agency's expenditures match those approved by the funder and that the budget matches the needs of the program.

M – Does the Agency maintain an agency-wide budget by funding source and expenditure category? ☐ Yes ☐ No ☐ N/A

R – Does the Agency prepare a cash-flow analysis (expenditures vs. revenues) at least quarterly? ☐ Yes ☐ No ☐ N/A

M – Does the Agency prepare a Budget Variance Report or otherwise track expenditures versus budgeted amounts on a regular (not more than quarterly) basis? ☐ Yes ☐ No ☐ N/A

M – Do expenditure rates follow those expected from the budget approved by the funder? ☐ Yes ☐ No ☐ N/A
If No, can the Agency explain variances or is there a plan of action to reallocate ☐ ☐ ☐

Budget			
resources?	Yes	No	N/A

Additional Comments:

Accounts Payable			

Objective:
To ensure that payments are properly documented and that the Agency have procedures to protect its assets from unnecessary expenditures such as penalties and duplicate payments.

Select a random number of charges from the general ledger provided and test to determine the following:

R – Are payments generated by an original invoice?	☐ Yes	☐ No	☐ N/A
M – Do invoices detail the number of units, description, unit cost, and total?	☐ Yes	☐ No	☐ N/A
M – Is payment approved by authorized staff/management?	☐ Yes	☐ No	☐ N/A
M – Are invoices effectively cancelled to avoid duplicate payments? (i.e. marked "Paid")	☐ Yes	☐ No	☐ N/A
M – Do check and invoice amounts agree?	☐ Yes	☐ No	☐ N/A
M – Are invoices paid in a timely manner? (i.e. within 30 days)	☐ Yes	☐ No	☐ N/A
M – Are cancelled or imaged checks (front and back) available?	☐ Yes	☐ No	☐ N/A
M – For Tax-exempt Agencies ONLY, Is the Agency paying Sales Taxes?	☐ Yes	☐ No	☐ N/A
If YES, is the Agency filing for Sales Tax refunds from the State Department of Revenue?	☐ Yes	☐ No	☐ N/A

Comments:

Petty Cash			

Objective:
To ensure that cash expenditures are only used to meet small emergency needs and that the policies governing the petty cash are designed to safeguard the assets of the program and the Agency.

M – Does the Agency use a petty cash fund for any program expenses?	☐ Yes	☐ No	☐ N/A

If No or N/A, skip this section.

If Yes, review petty cash policies and procedures for the following:

– Is the petty cash fund balanced periodically?	☐ Yes	☐ No	☐ N/A
– Is petty cash used ONLY for small purchases (less than $15)?	☐ Yes	☐ No	☐ N/A
– Does Agency have a policy to perform "surprise" checks on the fund?	☐ Yes	☐ No	☐ N/A
– Is there documentation that such policy is implemented?	☐ Yes	☐ No	☐ N/A
– Is the petty cash fund replenished ONLY by check?	☐	☐	☐

Petty Cash

	Yes	No	N/A
– Are the petty cash funds securely stored (under lock & key)?	☐	☐	☐
– Are the expenses authorized and signed by a person other than the custodian or person receiving money?	☐	☐	☐
– Is documentation available to back up the expenditures of the petty cash funds?	☐	☐	☐

Additional Comments:

Documentation Protocols

Objective:
To ensure that the Agency has policies in place to protect itself and its clients by safeguarding its documentation and storing it as required by law.

	Yes	No	N/A
M – Does the Agency have a policy to maintain and store documentation as required by law and the individual funders? Note that each program, funder, and the IRS have different storage requirements. In addition, fiscal documentation and client files may have different storage requirements under the same contract. When documents fall in more than one category, they must be stored for the longest period required.	☐	☐	☐
M – Does the Agency have policies to safeguard client confidentiality?	☐	☐	☐
M – Are computerized records password protected?	☐	☐	☐
M – Are hard copy files kept under lock and key?	☐	☐	☐
M – Does the Agency have protocols to protect computer-based documents and records? (i.e. back-up onto a medium that is stored in a fire-resistant safe)	☐	☐	☐

Additional Comments:

Procurement

Objective:
To ensure that materials and services purchased with grant funds are properly reviewed and approved and are utilized by the program incurring the expense. In addition, practices such as using products with recycled materials support socially desirable causes.

	Yes	No	N/A
M – Does the Agency have written procurement policies (may be part of the Fiscal or Administrative Policy & Procedures manual), including emergency purchasing procedures?	☐	☐	☐
M – Do the policies require written quotes for purchases? Please specify the qualifying characteristic that, according to agency policies, triggers the need for written quotes (i.e. amount, type of equipment, sub-contract, etc.):	☐	☐	☐
M – Do purchase orders clearly identify the program/center for which the purchase is being made?	☐	☐	☐

Procurement			
R – Do purchases require the approval of management?	☐ Yes	☐ No	☐ N/A
M – For State Contracts ONLY:			
– Per Chapter 946, Florida Statutes, the Prison Rehabilitative Industries and Diversified Enterprises (PRIDE) is considered as a source of goods.	☐ Yes	☐ No	☐ N/A
– Where possible, products or materials with recycled content is used.	☐ Yes	☐ No	☐ N/A
– Small and Minority Businesses are utilized, when possible, as sources of materials, equipment construction, and services per section 287.0945, Florida Statutes.	☐ Yes	☐ No	☐ N/A

Additional Comments:

In-Kind Contributions			
Objective: *To identify the Agency's efforts in collaboration and ensuring that in-kind requirements for each funding source are met and do not conflict with each other.* *To ensure that in-kind contributions are utilized in accordance with the intention of the contributor.*			
M – Does the Agency receive in-kind contributions? If No or N/A, skip this section. If Yes, review for the following:	☐ Yes	☐ No	☐ N/A
M – Does the Agency have procedures in place to record receipt of in-kind contributions (materials, services or cash)?	☐ Yes	☐ No	☐ N/A
M – Are in-kind contributions properly allocated to the program for which they are made?	☐ Yes	☐ No	☐ N/A
M – Are in-kind contributions utilized in accordance with the intent of the contributor?	☐ Yes	☐ No	☐ N/A
M – Are contributions reasonably valued?	☐ Yes	☐ No	☐ N/A
M – Are in-kind contributions reported to funders appropriately and accurately?	☐ Yes	☐ No	☐ N/A
M – Are the procedures utilized by the Agency sufficient to ensure that contributions are only reported once?	☐ Yes	☐ No	☐ N/A

Additional Comments:

Travel Expenses			
Objective: *To ensure that travel expenses are properly reviewed and approved and that reimbursement procedures comply with best practices and single audit requirements.*			
M – Does the Agency have policies and procedures in reference to staff travel?	☐ Yes	☐ No	☐ N/A
M – Does out-of-town travel require prior approval by appropriate management staff and funding source?	☐ Yes	☐ No	☐ N/A
M – Are travel expense reimbursement requests properly documented with original invoices, boarding passes, receipts, maps, and other documentation as applicable?	☐ Yes	☐ No	☐ N/A
M – Is the Agency using appropriate rates for items that have a fixed reimbursement rate such as per diem or mileage rates?	☐ Yes	☐ No	☐ N/A

Travel Expenses

M – Do forms used to claim local travel reimbursement provide at least the following:

- Odometer reading for trip starts and finish. ☐ Yes ☐ No ☐ N/A
- Destination (including name and address) ☐ Yes ☐ No ☐ N/A
- Purpose/Reason ☐ Yes ☐ No ☐ N/A
- Statement signed by employee that report is true and accurate ☐ Yes ☐ No ☐ N/A
- Supervisor approval ☐ Yes ☐ No ☐ N/A

M – Is the agency following the Department of Economic Opportunities (DEO) State Travel Manual dated 9/26/11? ☐ Yes ☐ No ☐ N/A

Additional Comments:

Program Revenues

Objective:
To ensure that revenues generated through the program are properly managed and re-invested in a manner consistent with the intent of the funder.

M – Does this program generate revenues? ☐ Yes ☐ No ☐ N/A
If No or N/A, skip this section.

If Yes, review procedures to determine the following:

- Does the Agency have procedures for collection of such revenue (i.e. fees, interests)? ☐ Yes ☐ No ☐ N/A
- Are revenues promptly deposited in the bank account of the program (within 48 hours)? ☐ Yes ☐ No ☐ N/A
- Does the Agency prepare a periodic (monthly or quarterly) revenue flow report? ☐ Yes ☐ No ☐ N/A
- Are these revenues re-invested in program activities or otherwise expended as allowed by the program funder? ☐ Yes ☐ No ☐ N/A

R - Does the agency reconcile reimbursements received from funders against the amounts billed? ☐ Yes ☐ No ☐ N/A

Additional Comments:

Property

Objective:
To ensure that the Agency properly documents, tracks, and safeguards the fixed assets purchased with public funds.

Perform only if the Agency has been funded, in current or prior funding cycles, for fixed assets such as equipment, building, or building improvements. This test includes fixed price contracts where rates were based on calculations that included capital expenditures.

M – Does the fixed asset register include the following information and is signed and dated by the preparer:

- Description of the equipment ☐ Yes ☐ No ☐ N/A
- Manufacturer's serial number, model number, or other identification number ☐ ☐ ☐

Property	Yes	No	N/A
– Acquisition date and unit acquisition cost	☐ Yes	☐ No	☐ N/A
– Funding source that holds the title	☐ Yes	☐ No	☐ N/A
– Location and condition of the equipment	☐ Yes	☐ No	☐ N/A
– Custodian of the equipment	☐ Yes	☐ No	☐ N/A
– Disposition data, including date and method of disposal	☐ Yes	☐ No	☐ N/A
M – Is a physical inventory taken and recorded on an annual basis?	☐ Yes	☐ No	☐ N/A
M – Are property records reconciled to the General Ledger at least once annually?	☐ Yes	☐ No	☐ N/A
M – Perform a physical inventory of a sample drawn from the fixed assets register. Do they agree? Note any discrepancies.	☐ Yes	☐ No	☐ N/A
M – Are fixed assets being used in accordance with funding intent?	☐ Yes	☐ No	☐ N/A
M – Are fixed assets paid for by the funders paid in full and free from liens?	☐ Yes	☐ No	☐ N/A
M – Do disposal procedures include prior approval from funder?	☐ Yes	☐ No	☐ N/A
M – Were fixed assets purchased within the contract period in which they were approved / funded?	☐ Yes	☐ No	☐ N/A
R – Does the agency have a written fixed assets policies and procedures?	☐ Yes	☐ No	☐ N/A

Additional Comments:

Sub-Contractors			
Objective: *To ensure that payments made to subcontractors and consultants are properly documented and supported by properly executed contracts and/or agreements. To ensure that work performed by agents outside the Agency meet the needs of the program and the intent of the funders.*			
Perform only if there are sub-contracts in place being paid with funding from the current contract year. Note: Reviewer should differentiate between subcontracts for indirect and direct services (i.e. equipment maintenance versus medical treatment) in reviewing the following:			
M – Are sub-contracts allowed under this funding? Some funding sources do not allow the use of sub-contracts to deliver direct services.	☐ Yes	☐ No	☐ N/A
M - Was the sub-contract submitted to the funding source for approval prior to entering into the contract if required?	☐ Yes	☐ No	☐ N/A
M - Do authorized individuals from both the Agency and the sub-contractor sign the sub-contract?	☐ Yes	☐ No	☐ N/A
M – Does the sub-contract include specific details regarding the scope of work and the payment method?	☐ Yes	☐ No	☐ N/A
R – Is the sub-contract conditioned to annual renewal?	☐ Yes	☐ No	☐ N/A
R – Are sub-contractors required to carry liability insurance?	☐ Yes	☐ No	☐ N/A
M- Does the sub-contract include language to allow the termination of the same	☐	☐	☐

Sub-Contractors			
before its expiration? It should include, at a minimum, language that allows termination due to lack of performance by the sub-contractor or due to funding cuts or termination.	Yes	No	N/A
M- Does the sub-contract contain all clauses and provisions required by the program regarding record retention, privacy, access to records, and others? This test applies mostly to sub-contracts for direct services to clients/customers.	☐ Yes	☐ No	☐ N/A

Additional Comments: _____

_____

_____

Licenses & Accreditation			

Objective:
To ensure that the Agency has received the appropriate licenses and such to meet the needs of the program and comply with local, state, and federal statutes.

M – Are occupational licenses current and appropriate for the use?	☐ Yes	☐ No	☐ N/A
M – Do inspection reports show any areas of concern or non-compliance?	☐ Yes	☐ No	☐ N/A
If Yes, has the Agency taken steps to correct these areas?	☐ Yes	☐ No	☐ N/A
If No, please elaborate: _____			
M – If the services offered require special operational licenses, are they current and appropriate?	☐ Yes	☐ No	☐ N/A
M – Required Licenses:			
_____ Expiration_____	☐ Yes	☐ No	☐ N/A
_____ Expiration_____	☐ Yes	☐ No	☐ N/A
_____ Expiration_____	☐ Yes	☐ No	☐ N/A
_____ Expiration_____	☐ Yes	☐ No	☐ N/A

Additional Comments: _____

_____

_____

Insurance			

Objective:
To ensure that the Agency has adequate insurance to cover its risk exposure in a manner that ensures continued operations regardless of lawsuits or catastrophes.

M – Review the Agency's Accord Form to determine which policies are in place. The Agency should have the following:			
– Commercial General Liability - Company Rating: _____ Expiration Date:_____ Amount:_____	☐ Yes	☐ No	☐ N/A
– Property (only if capital equipment exists) - Company Rating: _____ Expiration Date:_____ Amount:_____	☐ Yes	☐ No	☐ N/A
– Worker's Compensation - Company Rating: _____ Expiration Date:_____ Amount:_____	☐ Yes	☐ No	☐ N/A
– Automobile Liability - Company Rating: _____	☐	☐	☐

Insurance

Expiration Date:_____ Amount:_____ Yes No N/A

- Professional Liability Insurance - Company Rating: _____
  Expiration Date:_____ Amount:_____ ☐ Yes ☐ No ☐ N/A

- Director's & Officers - Company Rating: _____
  Expiration Date:_____ Amount:_____ ☐ Yes ☐ No ☐ N/A

- Fidelity Bond - Company Rating: _____
  Expiration Date:_____ Amount:_____ ☐ Yes ☐ No ☐ N/A

Additional Comments:

Credit Card Transactions

Objective:
To ensure that the policies governing the use of corporate credit cards are designed to safeguard the assets of the program and the Agency and not used to circuvent normal purchasing policies.

Complete this section if corporate credit cards have been issued in the Agency's name:

M – Does the Agency perform monthly account reconciliation for all credit card accounts? ☐ Yes ☐ No ☐ N/A

M – Are original receipts attached to the statement? ☐ Yes ☐ No ☐ N/A

M – Review the number, size, and type of transactions. Are they reasonable and do not circumvent normal purchasing policies and controls? ☐ Yes ☐ No ☐ N/A

M – Does the Agency have a written agreement with employees who are issued a corporate credit card? If Yes, answer the following: ☐ Yes ☐ No ☐ N/A

- Does the agreement require the employee to submit original receipts for expenses charged to the card? ☐ Yes ☐ No ☐ N/A
- Does the agreement require that the employee return the card at the end of employment or at any time prior to separation? ☐ Yes ☐ No ☐ N/A
- Does the agreement include provisions to ensure that employees pay for personal items or other non-allowable expenses charged to the credit card? ☐ Yes ☐ No ☐ N/A

M – Does the Agency maintain a list of who has been issued credit cards and their corresponding credit card number? ☐ Yes ☐ No ☐ N/A

M – Are corporate credit cards that are loaned to employees controlled through a log or some other mechanism, indicating date loaned, person's name, purchase amount and description, and date returned. ☐ Yes ☐ No ☐ N/A

M – Are personal purchases being made by the cardholder? If yes, please elaborate on what steps the agency took to recuperate those funds and end the practice: ☐ Yes ☐ No ☐ N/A

_____

_____

_____

R – Does the agency have written credit card policies and procedures governing the credit cards? ☐ Yes ☐ No ☐ N/A

Additional Comments:

DECLARATIONS - TO BE COMPLETED BY ALL CONTRACTORS

1. Please provide a complete accounting of any and all transactions of business completed during the past twelve (12) months between your Agency and other entities or businesses owned or controlled by members of the Board of Directors and / or senior management. Please provide copies of representative invoices for these transactions and describe what steps were taken to ensure that the amounts paid were reasonable and competitive.

2. Are there any Board Members employed by any business or entity that has conducted any financial transactions with your Agency during the past twelve (12) months? If so, please provide an accounting and copies of representative invoices for these transactions and also explain what steps were taken to assure that the amounts paid were reasonable.

3. Please list any and all civil litigation pending against your Agency. Include a statement as to the amount of each claim and whether such potential for loss is covered by insurance.

4. Are any amounts or reports due to the Internal Revenue Service and/or the State of Florida that have not been paid or filed? Specify amounts, reports, and due dates.

5. Please list all persons and their titles currently authorized to sign contract(s) with SFWIB on behalf of your Agency.

6. Please list your independent auditor, contact person, office address, telephone, fax number and e-mail address.

7. Has there been any change in structure / operations of your Agency over the past year? If yes, please describe in detail.

8. Has there been staff turnover in key positions? If yes, what are the affected positions and reasons for the turnover?

9. Has there been any client grievances / complaints filed against your Agency? If yes, what was the nature of the grievances, dates, and other pertinent information? Explain in detail.

10. Do you operate satellite sites? If so, how many locations? Is the management of the satellite offices decentralized or centralized?

CERTIFICATION:

I hereby certify that the answers provided in this self-assessment document are true and accurate to the best of my knowledge. I understand that falsification or misrepresentation of any form on any question is considered a breach of contract which may lead to the immediate termination of all contracts with SFWIB.

_____ _____

Signature – President/Executive Director Date

_____

Print Name – President/Executive Director

_____ _____

Signature - Chairperson of the Board Date

_____

Print Name - Chairperson of the Board

_____ _____

Signature - Controller/Fiscal Director Date

_____

Print Name - Controller/Fiscal Director

Revised date: 6/29/12

ATTACHMENT A

LIST OF DOCUMENTS TO BE PROVIDED FOR ADMINISTRATIVE DESK REVIEW

1. Most recent independent audit and Management Letter, if applicable. If already submitted to SFWIB, please provide date submitted _____.
2. Most recent financial reports to management to include:
    a. Trial balance
    b. Balance sheet
    c. Income statement
    d. Expenditure report
    e. Budget variance report
    f. Aging schedule of accounts payable and accounts receivable
    g. Agency-wide operating budget
    h. Fixed assets trial balance.
    i. The most recent agency-wide general ledger and the two preceding months.
3. Minutes of the three (3) most recent board and finance committee meetings.
4. The two (2) most recent Employer's Quarterly Federal Tax Return submitted to the IRS (Form 941) and the Florida Department of Revenue Employer's Quarterly Report submitted to the State of Florida (Form UCT-6), as well as copies of supporting documentation evidencing the deposit of payroll taxes and payment of Unemployment Compensation taxes.
5. Complete copies of the bank statements and corresponding reconciliations for each account for the most recent three (3) month period.
6. Current chart of accounts.
7. A current roster listing the members of the Board of Directors, to include position, addresses, telephone numbers, e-mail addresses, fax number, gender, race, ethnicity and term expiration.
8. Copies of the check register for each account for the most recent three (3) month period.
9. Complete copies of the corporate credit card statements for each account for the most recent three (3) month period, if applicable.
10. An employee roster that includes positions, titles, professional licenses / certifications, assigned departments, and percentage allocated, if applicable.
11. Payroll registers for the last two (2) pay periods.
12. Cost Allocation Plan and Indirect Cost Rate Agreement, if applicable.
13. Copies of any Subcontractor or Professional Agreements whose costs have been charged in whole or in part directly or indirectly to SFWIB funds.
14. If program income was earned, please provide the allocation of the revenue to program funds or its disposition.

Note: If any item above is not applicable please mark "N/A" next to the item and briefly explain why it is not applicable to the Agency.

PERFORMANCE MEASURES/OUTCOMES

CITY OF KEY WEST FIRE DEPARTMENT
FIRE ACADEMY TRAINING PROGRAM
July 1, 2014 – June 30, 2015

PERFORMANCE MEASURES	STANDARD
Youth enrolled in program	100%
Youth to receive program orientation	100%
Youth to receive a program evaluation(s)	100%
Youth receiving support services must verify with a signature contained in/on a receipt log	100%
Youth shall have a case file maintained by the KWFD	100%
Youth enrolled in the program will complete the program	85%
Youth enrolled in the program will attain a high school diploma	85%
Youth enrolled in the program will obtain a Firefighter One Certificate	60%
Youth enrolled in the program will obtain a EMS Certificate	60%

Exhibit E

REPORTING REQUIREMENTS
CITY OF KEY WEST FIRE DEPARTMENT
FIRE ACADEMY TRAINING PROGRAM
July 1, 2014 – June 30, 2015

Report Description	Due Date	Number of Copies (Electronic)	Submit to:
Monthly Activity Report **(Attachment 1)**	10th of each month	**1**	Youth Programs Coordinator/Manager
Self-Assessment Tool	Not later than 30 Calendar Days after Contract Execution	**1**	Office of Continuous Improvement (OCI)
Cost Allocation Plan	Not later than 30 Calendar Days after Contract Execution	**1**	Office of Continuous Improvement (OCI)

(Attachment 1)
Exhibit E

KEY WEST FIRE ACADEMY PROGRAM
MONTHLY ACTIVITY REPORT
PROGRAM YEAR 2014-2015

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	TOTALS
Number of youth recruited for program										
Number of youth referred to Youth Co-Op										
Number of youth enrolled in KWFD program										
Number of youth receivied program orientation from KWFD										
Number of youth attending classroom activities										
Number of youth completing classroom activities										
Number of youth graduating from high school										
Number of youth receiving firefighter certification										
Number of youth receiving EMS certification										

Contractor's Staff Signature

Date

Print Name

DEFINITIONS
KEY WEST FIRE ACADEMY TRAINING PROGRAM

Administrative Costs: Costs that are associated with the overall management and administration of the program and are not related to the provisions of services to participants.

Allowable Costs: Those costs which are necessary, reasonable and allowable under applicable Federal, state and local law for the proper administration and performance of the services to be provided under this Contract. The Contractor payments or reimbursements under this Contract are for allowable costs only.

Audit: A systematic review by a CPA or other duly certified and licensed individual or organization to determine and report whether Contractor's financial operations are being properly conducted, financial reports are being presented fairly and applicable laws and regulations are being complied with.

Background Screening: Search of an individual's criminal records. A background checks may include the search of driving records, former employer references, character references.

Career Counseling: The process of increasing a youth's awareness and understanding of the relationship between their interests, aptitudes, current skill level and knowledge and the range and requirements of career options that are available to them.

Case Management: The provision of a client-oriented approach in the delivery of services, designed to prepare and coordinate comprehensive educational and employment plans for participants to ensure access to necessary workforce investment activities and support services and successful completion of the program.

Computers: Refers to the desktop and laptop computers that most people use. When referring to a desktop model, the term "computer" as used herein refers to the motherboard, CPU, memory (or RAM), hard drive, video card, monitor, keyboard, mouse, and all other components attached and/or contained within the case.

Contractor: The organization that enters into this Contract with SFWIB.

Cost Allocation Plan: A plan, which identifies and distributes the cost of services provided by support staff and/or departments or functions. It is the means to substantiate and support how the costs of a program are charged to a particular cost category.

Data: A representation of information, knowledge, facts, concepts, computer software, computer programs, or instructions. Data may be in any form, in storage media or stored in the memory of the computer or in transit or presented on a display device.

Data Collection: The collection and recording of information pertinent to the contract.

Data in Transit: Data being transferred via the following, but not limited to, networks (e.g. the Internet), mobile telephones, wireless microphones, wireless intercom systems, Bluetooth devices, etc.

Data Storage: The act of saving electronic, audio/visual, oral, and written information to an electronic or conventional location for archival purposes.

Data Transmission: The act of sending electronic, audio/visual, oral, and written information to a specified location(s).

Documentation: The physical evidence that is obtained during the verification process and is maintained in the participant's file. Such evidence would be hard copies of documents, completed telephone/documents inspection forms and signed self-certification statement.

Encryption: The process of transforming information, using an algorithm, into unintelligible messages that can only be decoded by specific individuals in order to prevent any but the intended recipient from reading the data.

In-School Youth Program: SFWIB's in-school youth program is a comprehensive, year-round, multi-year academic and career linkage program that targets high school youth who are most at-risk of dropping out of school. In-school youth are defined as an eligible young person, ages 14-21, who has not received a high-school degree or its recognized equivalent (GED) and is attending high school or alternative school at the time of enrollment.

Mentor: A caring adult who is matched with a student, who meets with the student once a week to assist with academics, provide college and career guidance and strengthen the student's social skills. Mentors provide students with valuable guidance, motivation and life lessons.

Mentoring: The process of matching an adult mentor with a student in order to assist the student in successfully completing high school. Serving as a model for others who are inexperienced; includes both the physical modeling of a task or behavior as well as the mental (thinking) steps required to effectively perform the task or behavior.

Modification: A letter or formal modification executed by both parties which provides for a change to the terms and conditions of this Contract or to the services to be provided under this Contract.

Participant: An individual that has been determined eligible to participate in and who is receiving services from a program covered by this Contract.

Participation: When a student takes part in any one of the youth development activities and meets the minimum level of participation as required by this Contract.

Program: Activities and services to be provided by the Contractor under and pursuant to this Contract.

Program Cost: The Contractor's cost to deliver the contracted services excluding administrative costs. Costs associated with the management of the program funded by this Contract that directly and immediately benefit program customers and are necessary for effective delivery of services.

Program Year: The period between July 1 of a calendar year and June 30 of the following calendar year as determined by the funding source guidelines.

Referral: To direct an individual or program participant to another contractor, community based organization or agency or other community resources to receive services, information or assistance.

Statement of Work: That portion of the contract document, which describes the work to be performed by means of specifications or other minimum requirements, quantities, performance dates, and a statement of the outcomes expected.

Storage Device: A computer storage device is any type of device or hardware that is capable of storing data and includes, but is not limited to laptops, hard drives, external hard drives that connect via Firewire and USB, disks, Flash memory devices, such as USB keychain drives or iPod nanos, MP3 players, digital cameras, compact flash and SD cards, tape drives, personal digital assistants (PDA's), smart phones, etc.

Work Experience: Planned, structured learning experiences that take place in a workplace for a limited period of time; Work experience workplaces may be in private, for-profit, non-profit or the public sectors.

FINANCIAL CLOSEOUT PROCEDURES

I. Purpose

The purpose of this procedure is to document and provide guidance to Contractors and South Florida Workforce Investment Board (SFWIB) staff on the required process to close out contracts at the expiration or termination date.

II. Policy

A. Contractors shall complete and submit a Financial Closeout for each contract on or before thirty (30) calendar days after the contract expires, or upon termination of the contract. For example, if the contract expires June 30, the Financial Closeout will be due to SFWIB on or before July 30.

B. The Final Contract Invoice shall be submitted with the Financial Closeout. All costs included with a late Financial Closeout shall be disallowed.

C. If the Contractor's Final Expenditure Report indicates that payments were made to the Contractor in excess of the actual costs of providing contracted services, the Contractor shall refund the difference to the SFWIB forthwith. If the Contractor does not repay the difference within thirty (30) calendar days following SFWIB notification of overpayment, the SFWIB will charge the Contractor the lawful rate of interest on the outstanding amount.

D. The following required Financial Closeout documents shall be submitted by the Contractor:

1. Final Expenditure Report (Enclosure 1)
2. Final Contract Invoice (Exhibit I of the Contract)

E. Upon the request of the Contractor, SFWIB Accountant will provide technical assistance on completing the Financial Closeout.

III. Procedure

A. Salaries /Wages

Staff persons may be paid for absences (vacations, sick leave, etc.), if such a provision for payment is included in the Contractor's personnel policies and procedures manual that was submitted as part of the operational documents. All Contractors are encouraged to allow staff to take time off rather than issue payment for leave time.

Staff persons may be paid for unused vacation time once they are terminated from the program. This payment shall be charged to staff salaries unless such payment, when added to the total salary, is such that it exceeds the maximum salary established in the operating budget.

B. Insurance

The Contractor shall keep in force all insurance policies, which are applicable to their program(s). If premium refunds are due to the Contractor, the Contractor shall request that the premium be returned with a credit invoice from the insurance company showing the adjustment. Any refunds received by the Contractor shall be returned to SFWIB.

C. Professional Service, Sub-Contract & Rental Agreements

The Contractor shall cancel all of the following services, which will not be applicable to any future contract with SFWIB:

1. All professional service agreements and sub-contract agreements paid by funds generated from this Contract;
2. All rental contracts associated with office space, equipment, and/or vehicles and maintenance contracts which are paid with funds generated from this Contract;
3. All utility services associated with the operation of Contractor's program (i.e. telephone, electricity, water) paid by funds generated from this Contract.

D. Completion of Financial Closeout

1. **Final Expenditure Report (Enclosure 1):**
   The Contractor shall submit an actual expenditure report within thirty (30) days following the end of the contract. This report shall reflect:
   - A summation of the cumulative expenditures incurred by the Contractor for providing the contracted services.
   - A summation of the cash reimbursements and credits received by the Contractor for providing the contracted services.
   - The difference between the approved expenditures and the reimbursements received by the Contractor. This difference will reflect either an amount that is due and payable to the Contractor or an overpayment that the Contractor received that is due and payable to SFWIB.

2. **Final Contract Invoice (Exhibit I of the Contract):**
   The Final Contract Invoice shall reflect only those allowable expenses incurred and paid by the Contractor for which no prior reimbursement has been received. Upon satisfactory review and approval of the Final Contract Invoice and the required supporting documentation, SFWIB shall make payment to the Contractor.

E. SFWIB Accountant Responsibility

The SFWIB Accountant assigned to the contract will provide technical assistance to complete the Financial Closeout upon request.

The SFWIB Accountant will perform the following functions:

1. Verify that all required enclosures are completed, signed and dated.
2. Audit final payment request and update the financial record accordingly.
3. Verify Contractor's total expenditure against the financial record.

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Enclosure 1
(Exhibit G)

FINAL EXPENDITURE REPORT

Contractor Name:		**Prepared By:**	
Program Name:		**Index Code:**	

CUMMULATIVE PROGRAM EXPENDITURES

Year to Date Expenditures Approved by SFWIB (from Reimbursement Requests)	$ -
Expenditures per Final Contract Invoice	$ -
Purchases made by SFWIB on behalf of the Contractor	$ -
Less: Year to Date Late Invoicing Amount	$ -
Total Expenditures	$ -

CUMMULATIVE REIMBURSEMENTS

Year to Date Cash Payments Received from SFWIB	$ -
Purchases made by SFWIB on behalf of the Contractor	$ -
Total Reimbursements	$ -

BALANCE DUE TO / FROM CONTRACTOR

$ -

Please detail any balance(s) due from Contractor by reimbursement packages:_____

_____

Pursuant to the terms of the Contractual Agreement between the Contractor listed above and the SFWIB, and in consideration of the total amounts paid to the Contractor, which equals $_____ the Contractor does remise, release, and discharge the SFWIB, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the Contractual Agreement.

_____

Name of Official Authorized to Sign the Contract

_____

Signature of Official Authorized to Sign the Contract /Date

Exhibit I

CONTRACT INVOICE

Contractor Name: _____ Prepared By: _____

Index Code: _____ Telephone #: _____

Location Code: _____ Invoice Date: _____

Program Code: _____ Invoice Period: _____

Acct #			PROGRAM COSTS		
			WIA Youth		TOTAL
5205	Consulting Fee (Program-Related)				$ -
5207	Other Professional Services (specify)				$ -
5209	Temporary Agency-Staff				$ -
5210	Storage Expense-Iron Mountain/Archives				$ -
5211	Building Lease/Rent				$ -
5213	Equipment Lease/Rent				$ -
5215	Equipment Repair & Maintenance				$ -
5216	Building Repair & Maintenance				$ -
5217	Security				$ -
5219	Printing (outside)				$ -
5221	Office & Computer Supplies (incl. Reproduction)				$ -
5223	Postage				$ -
5225	Electricity				$ -
5227	Telephone (including Cell)				$ -
5229	Internet Service				$ -
5230	Staff Background Screening (incl. Drug Testing & Finger Printing)				$ -
5231	Advertising				$ -
5241	Local Travel (incl. Toll & Parking)				$ -
5243	Out of Town Travel				$ -
5245	Staff Training				$ -
5247	Meetings & Conferences				$ -
5249	Cleaning Supplies				$ -
5250	General Liability Insurance				$ -
5251	Auto Insurance				$ -
5252	Property Insurance				$ -
5254	Crime Insurance				$ -
5255	Flood Insurance				$ -
5256	Bonding Insurance				$ -
5402	Capital Equipment (not incl. Software & Hardware)				$ -
5404	Non-Capital Equipment (not incl. Software & Hardware)				$ -
5405	Capital Software & Hardware				$ -
5406	Non-Capital Software & Hardware				$ -
5517	Tuition/Certification				$ -
5520	Participant Background & Fingerprinting				$ -
5521	Participant Internships Wages-Year Round				$ -
5524	Participant Field Trips (include bus, admission)				$ -
5525	Participant Training Materials & Supplies				$ -
5535	Participant Tutoring				$ -
5531	Training/Instruction				
5537	Participant Clothing				$ -
5540	Participant Wages-Summer				$ -
5544	Participant Internship Fringes-Year Round				$ -
5545	Participant Fringes-Summer				$ -
5575	Participant Leadership				$ -
5580	Participant End of Year Activities				$ -
5585	Participant Nutrition/Snacks				$ -
5613	Common Area Maintenance				$ -
5618	Alarm Service				$ -
5619	Garbage Disposal				$ -
5620	Water & Sewer				$ -
5621	Pest Control				$ -
5680	Childcare Services				$ -
5530	SAMS-Training				$ -

CONTRACT INVOICE

5550	SAMS-Support Services				$ -
5541	SAMS-Training Support Services (uniforms, fees, certificates)				$ -
5590	SAMS-Incentives				$ -
5560	SAMS-Transportation				$ -
	Other (Please specify)				$ -
	Total Other Expenditures	-	$ -	$ -	$ -
	TOTAL PROGRAM COSTS	-	$ -	$ -	$ -

		INVOICE TOTALS		
		WIA Youth		TOTAL
TOTAL PROGRAM		$ -	$ -	$ -
TOTAL PAYABLE		$ -	$ -	$ -

The salary information and distribution across program funding streams are accurate and supported through detailed time sheets that meet OMB A-133, OMB A-122, OMB A-87, and Federal Requirements as outlined in the One-Stop Comprehensive Financial Assistance Guide, published July 2002 by the U.S. Department of Labor.

We understand that failure to maintain the required supporting documentation for staff time and all related expenses will result in payment disallowances that will either be deducted from future contract payments and / or payable in full to the South Florida Workforce Investment Board.

Name of Person Authorized to Sign Reimbursement/Justification Packages

Signature of Person Authorized to Sign Reimbursement/Justification Packages

Date