

# Project Implementation

## AB 2060 2.0

Supervised Population Training Grant

*Webinar Link:* <https://edd.connectsolutions.com/r6826chvy2a/>

*Conference Call:* : 888-808-6929

*Participant Code:* 3243425

Participants will be muted, please use the Chat feature to communicate with the host

# Objectives

- Required EDD project implementation forms
- Assistance to set up project in CalJOBS<sup>SM</sup>
- Upcoming CalJOBS<sup>SM</sup> training opportunities
- Grant timeline
- Monthly and Quarterly Reporting requirements
- Fiscal Reporting
- Contact Information

# Reminders

- CalJOBS<sup>SM</sup> set up and training forms
- Review Directive WSD13-15 Organizational Information Change

[http://www.edd.ca.gov/Jobs\\_and\\_Training/pubs/wsd13-15.pdf](http://www.edd.ca.gov/Jobs_and_Training/pubs/wsd13-15.pdf)

- Subrecipient Information Change Form – Type 1
- Subrecipient Information Change Form – Type 2
- Tax Identification Information Form
- Single Point of Contact (SPOC) List

Return completed forms to your Project Manager,  
Kae Chin by Friday, June 18<sup>th</sup>

# Subrecipient Information Change Form Type 1

Subrecipient Information Change Form – Type 1				
LWIA <input type="checkbox"/>		Non-LWIA <input type="checkbox"/>		
Entity Name			Entity Site Address	
[ ]			[ ]	
Entity Mailing Address			Main Public Phone	
[ ]			[ ]	
Entity Director/Administrator				
Salutation	First	MI	Last	Title
[ ]	[ ]	[ ]	[ ]	[ ]
Address [ ]				
Phone [ ]		Fax [ ]	E-Mail Address [ ]	
Entity Director/Administrator Alternate				
Salutation	First	MI	Last	Title
[ ]	[ ]	[ ]	[ ]	[ ]
Address [ ]				
Phone [ ]		Fax [ ]	E-Mail Address [ ]	
LWIA Only:				
Local Workforce Investment Board Chair				
Salutation	First	MI	Last	Title
[ ]	[ ]	[ ]	[ ]	[ ]
Board Name [ ]				
Address [ ]				
Phone [ ]		Fax [ ]	E-Mail Address [ ]	
Chief Elected Official				
Salutation	First	MI	Last	Title
[ ]	[ ]	[ ]	[ ]	[ ]

# Subrecipient Information Change Form Type 2

**Subrecipient Information Change Form – Type 2**

LWIA  Non-LWIA

<b>Entity Name</b>				
<b>Entity Website Address</b>				
<b>Management Information System Administrator</b>				
Solution	First	MI	Last	Title
Address				
Phone	Fax	E-Mail Address		
<b>Management Information System Alternate</b>				
Solution	First	MI	Last	Title
Address				
Phone	Fax	E-Mail Address		
<b>Fiscal Administrator</b>				
Solution	First	MI	Last	Title
Address				
Phone	Fax	E-Mail Address		
<b>Fiscal Administrator Alternate</b>				
Solution	First	MI	Last	Title
Address				
Phone	Fax	E-Mail Address		
<b>LWIA Only:</b>				
<b>Rapid Response Coordinator</b>				
Solution	First	MI	Last	Title
Address				
Phone	Fax	E-Mail Address		

Printed Name	Title
Signature	Date

**Return by:** \_\_\_\_\_

Page 1 of 1 8/14

# Tax Identification Information Form

## SUBRECIPIENT TAX IDENTIFICATION INFORMATION FORM

*To be completed for each subrecipient.*

*Return to:*

**Attention:** *David Davis, SSMI  
Project Management Unit  
Workforce Services Division  
P.O. Box 826880, MIC 50  
Sacramento, CA 94280-0001*

Subrecipient Name \_\_\_\_\_

Subrecipient Address \_\_\_\_\_  
\_\_\_\_\_

Subrecipient CalJOBS<sup>SM</sup> Code (3 letters) \_\_\_\_\_ *(located on top right hand corner of  
subgrant agreement)*

Employer Identification Number (EIN)/Federal Tax Identification Number  
(Refer to [www.irs.gov](http://www.irs.gov))

\_\_\_\_\_

Person to contact regarding this form \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

**Return form by:** \_\_\_\_\_

# Subrecipient CalJOBS<sup>SM</sup> Code

The Subrecipient Tax Identification Information Form requires a three-letter Subrecipient CalJOBS<sup>SM</sup> Code:

- PM to provide via email

Remember to copy your Project Manager on all correspondence/requests to EDD

# SPOC List

**\*\*GRANT NAME\*\***

Awardee Name: \_\_\_\_\_

Designated person for:	Name	Email	Phone number
Program SPOC-			
MIS Administrator-			
MIS Administrator Alternate-			
Narrative Reports SPOC-			
Staff with CalJOBS Access-	1.)		
	2.)		
	3.)		
	4.)		
CalJOBS Reports SPOC-			
Fiscal/Invoices SPOC-			
Authorized Invoice Signer:			
Alternate Authorized Invoice Signer:			

# MIS Administrator

- Primary contact for the CalJOBS system.
- Request access to CalJOBS for awardee staff.
- Return completed CalJOBS System Access Request Form to [caljobsadmin@edd.ca.gov](mailto:caljobsadmin@edd.ca.gov).
- Provide technical assistance for the CalJOBS system.

Remember to copy your Project Manager on all correspondence/requests to EDD

# CalJOBS<sup>SM</sup> System Access Request Form

## CalJOBS<sup>SM</sup> System Access Request Form

(Managed Career Solutions, Inc.)  
(VEAP 2014-15)



Requested Accounts	User 1	User 2	User 3
* Type: (Add/Change/Delete)	Add	Add	Add
* First Name:	Octavia	Edith	
* Last Name:	Williams	Gomez	
* Subgrantee Code	K599605 & K6100434	K599605 & K6100434	
* Job Title:	Case Manager	Retention specialist	
* ZIP:	90029	91801	
* County:	Los Angeles	Los Angeles	
* Email:	<b>owilliams@mcs-careergroup.com</b>	egomez@mcs-careergroup.com	
* Phone:	(323) 454-6125	(626) 877- 6512	
* Address	4311 Melrose ave. Los Angeles, CA 90029	2550 W. Main St. #101 Alhambra, CA 91801	
* Position:	<input type="checkbox"/> Supervisor <input type="checkbox"/> Staff	<input type="checkbox"/> Supervisor <input type="checkbox"/> Staff	<input type="checkbox"/> Supervisor <input type="checkbox"/> Staff
Requestor Information			
* Subgrantee Name	Managed Career Solutions, Inc		
* Requestor Name:	Ripsime Markaryan		
* Requestor Email:	rmarkaryan@mcs-careergroup.com		
* Phone Number:	(323) 647-6507		
* Office Name:	Managed Career Solutions, Inc		
* CalJOBS <sup>SM</sup> Office ID:			
Requested Usernames and Passwords will be sent to Requestor by Email			

Return to: CalJOBS Operations Unit at [caljobsadmin@edd.ca.gov](mailto:caljobsadmin@edd.ca.gov)

For assistance:  
[caljobsadmin@edd.ca.gov](mailto:caljobsadmin@edd.ca.gov)  
916-653-0202

# CalJOBS<sup>SM</sup> Training

- Intro to CalJOBS and Navigation
  - Individual Registration
  - Program Applications and Eligibility
  - Participation and Enrollment
- Case Notes and Alerts
  - Closure of Activities
  - Follow-up
  - Reports

# Grant Codes

For service tracking purposes, use the following CalJOBS Grant Code for reporting participant activities:

- 2028 for Adults



# Reporting Requirements

Specific required elements for awardees:

- Quarterly reports throughout the grant term.
- Questions on each quarterly report may vary.
- SPOC must ensure the correct narrative report has been completed before submitting to EDD Project Manager.

# Fiscal Reporting

EDD Project Manager will send Service Cash Invoice (SCI) Template to:

- Awardees
- Designated Fiscal/Invoice SPOC
- SCI due 20<sup>th</sup> of the month

# SCI Template



Workforce Services Branch  
722 Capitol Mall, room 5099  
Sacramento, CA 95814



**"CONTRACT GRANT NAME"**  
**SERVICE CASH INVOICE**

I. Date of Request:

II. Invoice #:

III. Invoice Period: From:  To:

IV. Contract #:

V. Awardee Name:

(Approval Stamp For APG)

Full Address:			Phone number:		
Invoice Contact:			Email Address:		
VI.	Current Expenditures	YTD Expenditures	Leveraged Expenditures	Is Leverage Funding: Cash / In-Kind	Leveraged YTD Expenditures
1. STAFF:				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
a.) Salaries				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
b.) Fringe Benefits % of Salaries				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
2. Staff Travel				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
3. Communications				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
4. Facility Rent				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
5. Facility Utilities				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
6. Facilities Maintenance				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
7. Office Supplies				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
8. Testing & Instructional Materials				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
9. Equipment Purchases				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
10. Equipment Leases/Use-Charge				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
11. Tools and Supplies				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
12. Support Services				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
13. Indirect Costs				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
14. Total Costs listed in Item 14 of Budget Details				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
15. Total Costs listed in Item 15 of Budget Details				Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	
16. GRAND TOTAL	\$0.00	\$0.00	\$0.00	Cash <input type="checkbox"/> In-Kind <input type="checkbox"/>	\$0.00

# Reimbursement Requirements

- Submit an SCI monthly for reimbursement of prior month grant expenditures.
- Invoices must be received no later than the 20<sup>th</sup> of the following month.
- Send invoice in PDF to EDD Project Manager Kae Chin.

# Service Cash Invoice Training

- Brief high-level overview of the SCI template.
- Step by step information on how to complete the SCI properly.
- Relevance of timely SCI and maintaining accurate records, and year-to-date expenditures.
- Common errors/mistakes to avoid delay of payment.
- Mandatory training.
- Scheduled for June 22, 2016 from 10 to 11 A.M.

# Grant Timeline

Start Date	Will Vary
Term Date	06/30/16 – 12/31/17
Return Completed Forms <ul style="list-style-type: none"> <li>• Subrecipient Information Change Form Type 1 &amp; 2</li> <li>• Tax Identification Information Form</li> <li>• Single Point of Contact (SPOC) List</li> <li>• CalJOBS System Access Request Form</li> </ul>	06/18/16
Service Cash Invoice Training	6/22/16 10-11AM
Service Cash Invoice (Cash Monthly Report)	Every 20 <sup>th</sup> of the month
Quarterly Narrative Report	20 <sup>th</sup> of the following month
CalJOBS Training	TBD

# Narrative Report Timeline

- Required on a quarterly basis.
- EDD Project Manager to provide templates when available.
- Submit to EDD Project Manager Kae Chin.

<b>Quarter</b>	<b>Period</b>	<b>Due Dates</b>
1 <sup>st</sup>	June 30 <sup>th</sup> – September 30 <sup>th</sup>	October 20 <sup>th</sup>
2 <sup>nd</sup>	October 1 <sup>st</sup> – December 31 <sup>st</sup>	January 20 <sup>th</sup>
3 <sup>rd</sup>	January 1 <sup>st</sup> – March 31 <sup>st</sup>	April 20 <sup>th</sup>
4 <sup>th</sup>	April 1 <sup>st</sup> – June 30 <sup>th</sup>	July 20 <sup>th</sup>
5 <sup>th</sup>	July 1 <sup>st</sup> – September 30 <sup>th</sup>	October 20 <sup>th</sup>
6 <sup>th</sup>	October 1 <sup>st</sup> – December 31 <sup>st</sup>	January 20 <sup>th</sup>

# Contact Information

For all project needs

Kae Chin, EDD Project Manager

[Kae.Chin@edd.ca.gov](mailto:Kae.Chin@edd.ca.gov)

916-654-9695

- Monthly invoices
- Monthly/quarterly and closeout reports
- CalJOBS<sup>SM</sup>
- Grant Management/Contract Identification
- Budget and reporting discrepancies

# Contact Information

For all program needs

Danielle Vienna, State Board Program Manager

[Danielle.Vienna@CWDB.ca.gov](mailto:Danielle.Vienna@CWDB.ca.gov)

916-657-1455

- Learning Communities
- Evaluations (including site visits)
- Best practices
- Contract amendments and budget authorization

# Contact Information

For all CalJOBS<sup>SM</sup> needs

Technical Assistance, privileges, system access, codes

[CalJOBSadmin@edd.ca.gov](mailto:CalJOBSadmin@edd.ca.gov)

Participant Performance

[manageperformance.wsb@edd.ca.gov](mailto:manageperformance.wsb@edd.ca.gov)

Participant Reporting

[cwsnreporting@edd.ca.gov](mailto:cwsnreporting@edd.ca.gov)

CalJOBS<sup>SM</sup> Training Assistance

- CalJOBS<sup>SM</sup> Open Lab every other Friday
- Request to be placed on distribution list

[CalJOBStrainingteam@edd.ca.gov](mailto:CalJOBStrainingteam@edd.ca.gov)

# Questions & Answers

