MEMO: AP 06-14
DATE: June 5, 2006
TO: WIB Directors
    WIB Chairpersons
    Grant Recipients
FROM: Carl Buzzelli
    WIA Program Manager
SUBJECT: SFY 2006/2007 Youth Summer Employment Program and Year Round Youth Workforce Development Program – State Funded

Purpose:

- To issue the contract packages for the State General Fund SFY 06/07 Youth Summer Employment Program and the Year Round Youth Workforce Development Program; and
- To issue parameters for the administration and program delivery of such funds.

Background: Connecticut House Bill 5846, as amended by LCO 5627 Section 88 appropriates $4,000,000 to be distributed to the five Regional Workforce Investment Boards as follows: $1,300,000 to Capital Workforce Partners; $900,000 to the Workforce Alliance; $500,000 to the Workplace, Inc.; $900,000 to the Northwest Regional Workforce Investment Board; and $400,000 to the Eastern CT Workforce Investment Board.

Policy: At least seventy-five per cent of the amount appropriated to each Board shall be allocated to one or more distressed municipalities in such Board’s region, and the remaining amount shall be allocated to other municipalities in the region for Youth Summer Employment Programs. Each Board shall have the option to allocate up to twenty-five per cent of the amount appropriated, or any unspent amounts allocated to the Youth Summer Employment Program in such Board’s region, for other Year Round Youth Workforce Development Programs for youths fourteen to nineteen years of age who meet family income requirements, as documented by participation in reduced or fully subsidized school meal programs.
Please submit three completed contract packages, all with original signatures by June 16, 2006 to:

Connecticut Department of Labor  
WIA Administration  
Attention: Michelle LaRose  
200 Folly Brook Boulevard  
Wethersfield, CT  06109

If you have any questions, please contact your area representative.

Enclosure 1 - Contract Package  
Enclosure 2 – Interim and Closeout Reports, Participant Application Form, and Request for Funds Report
State General Fund SFY 2006/2007

Youth Summer Employment Program Requirements

Participant Eligibility:

Age: 14 to 21 years (defined as individuals born between 7/1/85 and 7/1/92; under 16 requires parental consent).

Income: Family income less than 150% of the federal poverty income level relative to family size (members of families that receive Food Stamps, cash payments under the Temporary Assistance for Needy Families and State Administered General Assistance programs are categorically income-eligible), or participation in reduced or fully subsidized school meal programs.

Residency: Local boards may set criteria for residency.

Project Parameters:

Period: Employment of participants may occur between July 1, 2006 and September 30, 2006 (administrative activities may continue through October 30, 2006).

Wages: Youth participating in a paid work experience must be paid at least the state minimum wage.

Hours: It is suggested that participating youth work between 15 and 25 hours per week.

Worksites: Public or not-for-profit, and private for profit entities; working conditions must comply with applicable health and safety laws, laws governing employment of minors.

Stipend: Where appropriate, stipends can be utilized.

Year Round Youth Workforce Development Program Requirements

Participant Eligibility:

Age: 14 to 19 years (defined as individuals born between 7/1/87 and 7/1/92; under 16 requires parental consent).

Income: Participation in reduced or fully subsidized school meal programs.

Residency: Local boards may set criteria for residency.

Project Parameters:

Period: Employment of participants may occur between July 1, 2006 and June 30, 2007.

Wages: Youth participating in a paid work experience must be paid at least the state minimum wage.

Worksites: Public or not-for-profit, and private for profit entities; working conditions must comply with applicable health and safety laws, laws governing employment of minors.

Stipend: Where appropriate, stipends can be utilized.

Funding:

Use of Funds: A minimum of 70% of the total allocation must be used to pay participant wages, up to 25% may be used for program related and supportive services necessary to ensure program participation, and up to 5% may be used for indirect costs related to program administration. The total of supportive activities and indirect costs must not exceed 30% of the total allocation.
<table>
<thead>
<tr>
<th>Workforce Board</th>
<th>Regional Appropriation</th>
<th>75% Minimum Appropriation to Distressed Municipalities for Youth Summer Employment Program</th>
<th>*25% Maximum for Optional Year Round Youth Workforce Development Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Workforce Partners</td>
<td>$1,300,000</td>
<td>$975,000</td>
<td>$325,000</td>
</tr>
<tr>
<td>Workforce Alliance</td>
<td>$900,000</td>
<td>$675,000</td>
<td>$225,000</td>
</tr>
<tr>
<td>The WorkPlace, Inc.</td>
<td>$500,000</td>
<td>$375,000</td>
<td>$125,000</td>
</tr>
<tr>
<td>Northwest</td>
<td>$900,000</td>
<td>$675,000</td>
<td>$225,000</td>
</tr>
<tr>
<td>Eastern CT</td>
<td>$400,000</td>
<td>$300,000</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

At least seventy-five per cent of the amount appropriated to each Board above, under column heading “Regional Appropriation” shall be allocated to one or more distressed municipalities in such Board’s region, and the remaining amount shall be allocated to other municipalities in the region for the Summer Youth Employment programs. Each Board shall have the option to allocate up to twenty-five per cent of the amount appropriated, or any unspent amounts allocated to the Summer Youth Employment program in such Board’s region, for other year round workforce development programs for youths fourteen to nineteen years of age who meet family income requirements, as documented by participation in reduced or fully subsidized school meal programs.

Each Board will be required to include in the contract package an explanation of the methodology used in determining the distribution of funds to distressed municipalities and other non-distressed municipalities for the Youth Summer Employment Program.

* Additional amounts from unspent Youth Summer Employment Programs may be added to this amount.
Administrative Requirements

Grant Recipient: Workforce Investment Boards.

Contract Agreement: A completed contract includes a cover page, certified resolution, specific terms, project budget, plan of service and general terms. Submit three originals of the complete package by June 16, 2006 to:

Connecticut Department of Labor
WIA Administration
Attention: Michelle LaRose
200 Folly Brook Boulevard
Wethersfield, CT 06109

Uniform Application: DOL provided Participant Application form.

Plan of Service: Due June 16, 2006; DOL provided form.

Project Reporting: Boards will be required to provide interim monthly programmatic and financial reports due August 11th and September 15th on the Youth Summer Employment Program. A final report, both financial and programmatic, for the Youth Summer Employment Program will be due October 30, 2006.

Year Round Youth Workforce Development Program reports are due on a quarterly basis 20 days after the end of the quarter.

Collective Bargaining: Employment of participants must not impair existing collective bargaining agreements or written concurrence of union required.

Payment: DOL intends to advance 35% of the contract amount upon execution/approval of grants, pending the resumption of check processing by the State Comptroller. Electronic fund transfer is not available for this project. Please use the Request for Funds form provided in the contract package to request future payment. The 35% advance and all subsequent requests are recorded against the total contract amount on a cumulative basis.
Department of Labor – Youth Summer Employment / Year Round Youth Workforce Development Programs

Standard Definitions

Applicant: An individual who has submitted a completed application for participation in the Youth Summer Employment Program or the Year Round Youth Workforce Development Program.

Cost Allocation: The distribution of costs among cost categories to the extent of benefits received in such categories (indirect, direct program & supportive services, and participant wages).

Cost Principles: The determination of allowable costs shall be guided by the OMB Cost Principles associated with the particular organization.

Direct Program Services: The personnel and non-personnel costs that are related to the provision of program services that directly benefit the participant. These costs may include personnel and non-personnel costs directly related to providing outreach, intake, eligibility determination, worksite supervision, and project coordination.

Eligibility: An individual is eligible for participation in the Youth Summer Employment Program if that individual is 14 through 21 years of age on July 1, 2006, and is a member of a family:

- a. that is receiving Temporary Assistance for Needy Families (TANF) or
- b. that is receiving State Administered General Assistance or
- c. whose income is less than 150% of the poverty income level relative to family size or
- d. eligible to participate in reduced or fully subsidized school meal programs.

Eligibility: An individual is eligible to participate in a Year Round Youth Workforce Development Program if that individual is age 14 through 19 years of age as of July 1, 2006 or on the date of program participation who meet family income requirements, as documented by participation in reduced or fully subsidized school meal programs.

*Family: A family is:
- a. an individual residing alone, or
- b. a husband, wife, and dependent children, or
- c. a parent or guardian and dependent children, or
- d. a husband and wife.

Family Income: The adjusted gross income reported on IRS form 1040, 1040A, or 1040EZ for the calendar year ending 12-31-05.

Family Size: Please enter the family size, consistent with WIA definitions.

Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Indirect Costs:
1. The cost of those activities, which are necessary to administer the program and from which participants realize no direct benefit. Indirect costs may not exceed 5% and the combined costs of indirect and direct program and support services may not exceed 30%.

2. The costs of administration are allocable portion of necessary and reasonable allowable costs of the local board, the local municipality, and the project operator. The costs of administration are the costs associated with performing the following functions: accounting, budgeting, financial and cash management functions; property management functions; personnel management functions; payroll functions, excluding participant payroll; audit and audit resolution; general legal services; developing administrative systems and procedures required for these administrative functions; performing oversight and monitoring related to administrative functions; costs of goods and services required for administrative functions; travel costs incurred for official business in carrying out administrative functions or the overall management of the program; awards to subrecipients or vendors that are solely for the performance of administrative functions are classified as administrative costs.

3. Except as provided in paragraph 1 above, all costs incurred for functions and activities of subrecipients and vendors are program costs.

Participant: An eligible individual selected for participation in the Youth Summer Employment Program or Year Round Youth Workforce Development Program.
<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$14,700</td>
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<tr>
<td>2</td>
<td>$19,800</td>
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<tr>
<td>3</td>
<td>$24,900</td>
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<tr>
<td>4</td>
<td>$30,000</td>
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<tr>
<td>5</td>
<td>$35,100</td>
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<tr>
<td>6</td>
<td>$40,200</td>
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<tr>
<td>7</td>
<td>$45,300</td>
</tr>
<tr>
<td>8</td>
<td>$50,400</td>
</tr>
</tbody>
</table>

For family size over 8 add $5,100 per family member.

**Residence**
An applicant is considered to be a resident if that individual’s regular domicile is located within the geographic boundaries of the incorporated municipality for which funds are allocated.

**Supportive Services**
The cost of those activities which are necessary to enable an individual eligible to participate who cannot afford to pay for such services. Supportive services may include transportation, health care, special services and materials for the disabled, child-care, meals, temporary shelter, financial counseling, and other reasonable expenses required for participation in the program.

**Wages**
The cost of wages paid to eligible participants. Wages shall be not less than the state minimum wage and shall be paid only for documented hours worked.

**Work Experience**
A temporary employment-related experience, such as a paid work experience, an internship or on-the-job training, which provides an individual with the opportunity to acquire the skills and knowledge necessary to perform a job, including appropriate work habits and behaviors.

**Worksite**
A work experience assignment that is consistent with terms of this agreement.

*You may utilize exceptions contained in the WIA definitions for low-income determination. If an individual has a disability that qualifies them as a family of one, the applicant file should contain documentation.*
Contract Package
Part I. Connecticut Department of Labor (CTDOL) Contract

| Parties To Contract: | Connecticut Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109  
Telephone: (860) 263-6590  
Fax: (860) 263-6216 | CONTRACT NUMBER |
<table>
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<td>06 - 6000698</td>
<td>State IRS ID No.</td>
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<tr>
<td>Contractor’s Name</td>
<td>Contractor IRS ID No.</td>
<td>Contractor IRS ID No.</td>
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<tr>
<td>and Address</td>
<td>Contractor Representative</td>
<td>Contractor Representative</td>
</tr>
<tr>
<td>Payment Address</td>
<td>Telephone Number</td>
<td>Telephone Number</td>
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<td>(complete if different)</td>
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<td>(complete if different)</td>
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<tr>
<td>Type of Ownership</td>
<td>(Check each item)</td>
<td>(Check each item)</td>
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<td>Corporation</td>
<td>☐ Yes ☐ No</td>
<td>☐ Minority Business</td>
</tr>
<tr>
<td>Incorporated</td>
<td>☐ Women Business</td>
<td>☐ Non-Profit</td>
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<td>Under the Laws of</td>
<td>☐ Governmental Entity</td>
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<td>the State of:</td>
<td>☐ Limited Liability Company</td>
<td></td>
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<tr>
<td>☐ Partnership</td>
<td>☐ Soli Proprietorship</td>
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<td>☐ Governmental Entity</td>
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<td>☐ Trusteehip</td>
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<tr>
<td>Contract Start Date</td>
<td>Contract End Date</td>
<td>Maximum Allowable Contract Amount $</td>
</tr>
</tbody>
</table>

PURPOSE:
To provide State General Fund dollars in support of employment of youth in the summer months and optional year round youth workforce development programs.

TERMS AND CONDITIONS OF CONTRACT:
The parties hereto agree that the contractor shall provide services in accordance with its proposal which is attached and made a part hereof. In consideration for the services to be provided by the contractor for the period shown above, the contractor will receive reimbursement not to exceed the total amount shown above; such amount to be paid pursuant to this Contract Face Sheet (Part I), Specific Terms (Part II), Budget Summary (Part III), and General Conditions including the State of Connecticut Assurances (Part IV), which are a part of this contract. This is a performance based contract and reimbursement is based on successful performance and actual costs incurred. The State of Connecticut assumes no liability for payment under the terms of this contract, until said contractor is notified by the Connecticut Department of Labor, that said contract has received final approval. This contract is the entire agreement between the parties hereto and may be amended only in writing by the Connecticut Department of Labor.

STATUTORY AUTHORITY: Connecticut General Statutes (CGS) Sec. 4-8, Sec. 31-250; H.B. 5846 as amended

ACCEPTANCES: In witness whereof the parties have affixed their signatures on the day, month and year written below.

COLLECTIVE BARGAINING CONCURRENCE: ☐ NOT APPLICABLE ☐ Yes, (If YES, see attachment)

CONTRACTOR APPROVAL: (Affix Corporate Seal Here)

Signature of Contractor’s Authorized Officer ____________________________  Date ____________________________

Name and Title (please print or type) ____________________________

CT DOL APPROVAL:

Labor Commissioner ____________________________  Date ____________________________

AS TO FORM (ATTORNEY GENERAL) ____________________________  Date ____________________________

CT DOL BUSINESS MANAGEMENT ____________________________  Date ____________________________

DOL-500w (Rev 12/29/99)
Instructions for Contract and Certified Resolution

Please note that at least one original (bearing “live” signatures) of the Contract for Services and Certified Resolution must be submitted, along with two sets of copies.

DUE DATE: June 16, 2006

Instructions Regarding Certification of Signatory
(Non-governmental Entities)

In order to execute a contract, the State requires from non-governmental entities that a certified copy of a corporate resolution accompany each contract.

The certification must bear an original signature by an officer of the corporation, preferable the secretary, other than the person authorized to execute the contract.

The certification shall bear the seal of the corporation.

The certification should recite the following:
1.) the name of the body adopting the resolution;
2.) the date of the adoption;
3.) the date of the certification; and
4.) the title of the certifier.

The resolution itself must authorize someone to execute the particular contract. The resolution must state the name or name/title of the person authorized to execute the contract. If the resolution only states the title, the State requires a certification by a corporate officer as to the name of the individual who holds the office.

The resolution must be adopted prior to the execution of the contract, otherwise the resolution may be treated as a ratification when there is sufficient information to determine the execution of the particular contract. However, a ratification document is preferable.

Certification, whether they are for resolutions, by-laws, or minutes should be updated annually.

The following certification resolution is an example of the format that should be used:

CERTIFICATION RESOLUTION
I, John Doe, Secretary of XYZ Corporation, a New York corporation (the "Company"), DO HEREBY certify that the following is a true and correct copy of a resolution duly adopted at a meeting of the Board of Directors of the Company duly held and convened on Month, Day, Year, at which meeting a duly constituted quorum of the Board of Directors was present and acting throughout and that such resolutions has not been modified, rescinded or revoked and is present in full force:

RESOLVED: That the President Rachel Roe, is empowered to execute and deliver contracts in the name and on behalf of this Company and to affix the corporate seal.
IN WITNESS WHEREOF, the undersigned has affixed his signature and the corporate seal of the Company this "x" day of Month, Year.

(SEAL)                                                                                                               John Doe, Secretary

In lieu of a certified resolution, a certified copy of the applicable section of the corporate by-laws which authorize execution of the contract by the signing person may be substituted, along with certification that the person signing the contract, in fact, holds the office in question.

In lieu of a certified copy of the corporate resolution or by-laws, a certified copy of the corporate minutes of the meeting of the board of directors may be submitted. These minutes must specifically authorize the signing person to execute the particular contract under review or the particular type of contract of which the one under review is an example.
Gift Affidavit
(Contract – No Previous Bid or Proposal)

Gift affidavit to accompany state procurements with a value of $50,000 or more in a calendar or fiscal year and licensing arrangements with a cost to the State greater than $500,000 in a calendar or fiscal year, pursuant Conn. Gen. Stat. §§ 4-250 and 251, and Governor M. Jodi Rell’s Executive Order No. 7B, para. 10.

I, ___________________________, hereby swear that during the two-year period preceding the date this contract was executed that neither myself nor any principals or key personnel of the contracting firm or corporation who participated directly, extensively and substantially in the negotiation or award of this contract, nor any agent of the above, gave a gift, as defined in Conn. Gen. Stat. § 1-79(e), including a life event gift as defined in Conn. Gen. Stat. § 1-79(e)(12), to (1) any public official or state employee of the state agency or quasi-public agency who executed or participated directly, extensively, and substantially in the negotiation or award of this contract or (2) to any public official or state employee who has supervisory or appointing authority over the state agency or quasi-public agency executing this contract, except the gifts listed below:

<table>
<thead>
<tr>
<th>Name of Benefactor</th>
<th>Name of recipient</th>
<th>Gift Description</th>
<th>Value</th>
<th>Date of Gift</th>
</tr>
</thead>
</table>

Further, neither I nor any principals or key personnel of the contracting firm or corporation who participated directly, extensively and substantially in the negotiation or award of this contract know of any action to circumvent this gift affidavit.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

__________________________
Signature

____________________ __________
Date

Sworn and subscribed before me on this _________ day of ________, 200__

______________________________
Commissioner of the Superior Court
Notary Public
Campaign Contribution Affidavit  
(Contract – No Previous Bid or Proposal)  

Campaign contribution affidavit to accompany executed Large State Contracts (having a total cost to the State of more than $500,000), pursuant to Governor M. Jodi Rell’s Executive Order No. 1, para 8 and Conn. Gen. Stat. § 4-250.

I, ________________________________, hereby swear that during the two-year period preceding the date this contract was executed, neither I nor any principals or key personnel of the contracting firm or corporation who participated directly, extensively and substantially in the negotiation or award of this contract, nor any agent of the above, gave a contribution to a candidate for statewide public office or the General Assembly, as defined in Conn. Gen. Stat. § 9-333b, except the contributions list below:

<table>
<thead>
<tr>
<th>Contributor</th>
<th>Recipient</th>
<th>Amount/Value</th>
<th>Date of Contribution</th>
<th>Contribution Description</th>
</tr>
</thead>
</table>

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_________________________  __________________________
Signature  Date

Sworn and subscribed before me on this __________ day of ________, 200___

__________________________
Commissioner of the Superior Court  
Notary Public
AFFIDAVIT REGARDING CONSULTING AGREEMENTS

All state contractors, vendors, consultants or other entities seeking to conduct business with the State of Connecticut who anticipate entering into, or renewing, an agreement for procurement of goods or services having a total value to the state of more than fifty thousand dollars in a calendar or fiscal year (hereinafter “agreement”) shall disclose any and all consulting agreements, whether written or oral, to the head of the contracting agency (hereinafter “such agency”).

“Consulting agreement” means any written or oral agreement to retain the services, for a fee, of an individual or business entity for the purposes of:

1. providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State of Connecticut, or
2. contacting, whether in writing or orally, any executive, judicial, or administrative office of the state, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or any other similar activity related to the procurement agreement.

“Consulting agreement” does not include those agreements or services registered under the provisions of Chapter 10 of the Connecticut General Statutes (Code of Ethics for Lobbyists).

Such disclosure affidavit shall be required if any duties of the consultant include communication concerning business of such agency, whether or not direct contact with a state agency, state official and state employee is expected or made. The disclosure affidavit shall include the name of the consultant, the consultant’s firm, whether the consultant is a former state employee or public official (if so, indicate the consultant’s former agency and termination date), the basic terms of the consulting agreement, and a brief description of the services to be provided. The disclosure affidavit shall be amended whenever such entities enter into any new consulting agreements during the term of the procurement agreement.

I, _______________________________ (name, title, and company name) disclose the following consulting agreements (if not applicable, indicate “none”):

1. 
2. 
3. 

I understand that this information shall be updated, as necessary, during the pendency of this, or any other contract that I may have with the State of Connecticut.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Name: __________________________ Signature: __________________________ Date: __________

Subscribed and Sworn before me this day of ____, 20__. 

Notary Public/Commissioner of the Superior Court
I. Responsibilities of the Contractor: The Contractor shall administer a Youth Summer Employment Program and/or Year Round Youth Workforce Development Program to provide employment opportunities and/or other supportive activities for eligible individuals in accordance with the following provisions:

1. Participant Eligibility -
   a. Youth Summer Employment Program: Eligibility for participation in the Youth Summer Employment Program is restricted to individuals who are between the ages of 14 and 21 years at the time of participation, defined as individuals born between 7/1/85 and 7/1/92; are members of families that receive Temporary Assistance for Needy Families or State Administered General Assistance or whose annual family income is less than 150% of the poverty income level relative to family size; or participating in reduced or fully subsidized school meal programs. Parental consent to participation is required for individuals under the age of 16.
   b. Year Round Youth Workforce Development Program: Eligibility for participation is restricted to youths 14 to 19 years of age who meet family income requirements, as documented by participation in reduced or fully subsidized school meal programs.

2. Participant Employment - (A) Employment of participants in the Youth Summer Employment Program shall commence no sooner than July 1, 2006 and end no later than September 30, 2006. Participants shall be paid at least the state minimum wage and may work between 15 and 25 hours per week. Participants shall be employed at worksites of public or not-for-profit and private for profit entities. (B) Employment of participants in the Year Round Youth Workforce Development Program shall commence no sooner than July 1, 2006 and end no later than June 30, 2007. Participants in work activities shall be paid at least the state minimum wage.

(B) The Contractor agrees to ensure that the working conditions of participants shall comply with the Occupational Safety and Health Act of 1970, all applicable Federal and State laws and regulations pertaining to occupational safety and health, and all applicable Federal and State laws and regulations governing the employment of minors.

(C) The Contractor shall ensure that the employment of participants does not impair existing collective bargaining agreements to which it is a party or shall secure the written concurrence of the appropriate collective bargaining agent(s) if the employment of participants would otherwise impair such collective bargaining agreement(s).

3. Project Budget/Use of Funds - The Contractor shall complete a Project Budget, which budget is attached hereto and incorporated herein by reference.

4. Participant Application - The Contractor may use the Application for Participation provided by DOL for the purpose of selecting and tracking program participants. The Contractor shall preserve and make available to DOL all Applications for a period of three years from the date of submission of the final expenditure report (Close-out Report) for this contract.

5. Project Reporting - The Contractor agrees to provide such programmatic and expenditure reports and information as requested by DOL, in the format requested or using such document(s) provided by DOL. The Contractor shall submit a Close-out Report (fiscal and participant report) for the Youth Summer Employment Program to DOL no later than October 30, 2006. The Contractor shall submit a Close-out Report (fiscal and participant report) for the Year Round Youth Workforce Development Program to DOL no later than July 31, 2007.

6. Refund/Recoupment - The Contractor agrees to return to DOL, no later than July 31, 2007, any funds not expended in accordance with the terms and conditions of the contract and, if the Contractor fails to do so on demand, DOL may recoup said funds from any future payments owing under this contract or any other contract between DOL and the Contractor or any other contract between the State of Connecticut and the Contractor.

II. Payment: DOL shall advance to the Contractor 35% of the contract amount specified in Part I upon execution of the contract by DOL’s authorized official(s). Future payments will follow the terms outlined in Part III “General Terms” item 18.
Youth Summer Employment Program Narrative

1. Please identify the municipalities in your region that are considered distressed.

2. Identify which of the distressed municipalities are receiving funds to provide summer employment.

3. Which entity (ies) within these cities are being funded and for what amount?

4. What was the methodology for determining funding?

5. Which non-distressed municipalities, if any, will be receiving funding?

6. Which entity (ies) within these municipalities are being funded and for what amount?

7. What was the methodology for determining funding?
<table>
<thead>
<tr>
<th>Municipality</th>
<th>Distressed ? Yes/No</th>
<th>Service Provider</th>
<th>Allocation</th>
<th>Number of Participants</th>
<th>Total Wages</th>
<th>Cost per Youth</th>
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Total
### DEPARTMENT OF LABOR – Youth Summer Employment Program

**PROJECT BUDGET: SFY 06-07**

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<th>Contract Number</th>
<th>Contact Person</th>
<th>Telephone Number</th>
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#### Cumulative by Month

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<th>JULY</th>
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<th>SEPTEMBER</th>
<th>OCTOBER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participant Wages (minimum 70%)</td>
<td></td>
<td></td>
<td></td>
<td><strong>No wages allowed in Oct.</strong></td>
<td></td>
</tr>
<tr>
<td>2a. Supportive Services</td>
<td></td>
<td></td>
<td></td>
<td><strong>No supportive activities costs allowed in Oct.</strong></td>
<td></td>
</tr>
<tr>
<td>2b. Direct Program Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c. Indirect Costs (max. 5%)</td>
<td></td>
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</tr>
<tr>
<td>2d. SUB-TOTAL: Direct Program, Supportive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services and Indirect Costs (Maximum 30%)</td>
<td></td>
<td></td>
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<tr>
<td>(Add lines 2a, 2b, and 2c)</td>
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<tr>
<td>TOTAL (ADD LINES 1 and 2c)</td>
<td></td>
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</tbody>
</table>

**NOTE:**

While this budget is intended primarily to assist in planning and monitoring expenditures over the course of the project, please note that the terms of the contract provide that: a) a minimum of 70% of the total contract amount must be used to pay participant wages; b) a maximum of 30% of the total contract amount may be used for direct program and supportive services activities; c) a maximum of 5% of the total contract amount may be used for indirect costs related to project administration; and d) the total of direct program and supportive services activities and indirect costs must not exceed 30% of the total amount for the Youth Summer Employment Program.
Year Round Youth Workforce Development Program Narrative
(if applicable)

Please provide an explanation of your Year Round Youth Workforce Development Program (the narrative should identify projected start and end dates, description of the program, including program activities, how funding was determined, and the benefits to be achieved by the participants).
# Part III-B – Year Round Youth Workforce Development Program
## SFY 06-07 Plan of Services

<table>
<thead>
<tr>
<th>Workforce Board</th>
<th>Contact Person</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Service Provider</th>
<th>Description of Services</th>
<th>Allocation</th>
<th># of Participants</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Total**
<table>
<thead>
<tr>
<th>Contract Number</th>
<th>Contact Person</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Cumulative by Quarter

<table>
<thead>
<tr>
<th>COST CATEGORY</th>
<th>September 06</th>
<th>December 06</th>
<th>March 07</th>
<th>June 07</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct Program Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Supportive Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Indirect Costs (max. 5%)</td>
<td></td>
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<tr>
<td>TOTAL (ADD LINES 1, 2, and 3)</td>
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</tr>
</tbody>
</table>
Interim & Closeout Report Forms
Participant Application Form
and
Request for Funds Form
### Fiscal Report

<table>
<thead>
<tr>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indirect (5%)</td>
</tr>
<tr>
<td>2. Direct Program Services</td>
</tr>
<tr>
<td>3. Supportive Services</td>
</tr>
<tr>
<td>3. Participant Wages</td>
</tr>
<tr>
<td>4. Total Contract Amount</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Indirect Expenses (5% max.)</td>
</tr>
<tr>
<td>6. Direct Program Services</td>
</tr>
<tr>
<td>7. Supportive Services</td>
</tr>
<tr>
<td>8. Participant Wages</td>
</tr>
<tr>
<td>9. Total Expenditures</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reconciliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Total Available for Youth Summer Employment Program</td>
</tr>
<tr>
<td>11. Total Expenditures</td>
</tr>
<tr>
<td>12. Difference</td>
</tr>
</tbody>
</table>

The report form must be signed and dated by the signatory authority who signed the original contract.

Close-out Reports must be completed, signed and mailed to:
Michelle Larose  
WIA Administration  
CT. Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109
## Participant Report

1. Total Participants Enrolled
   - a. Males
   - b. Females
   - c. Whites
   - d. Blacks
   - e. Hispanics
   - f. American Indians/Alaskan Natives
   - g. TANF Recipients
   - h. State Administered General Assistance Recipients
   - i. Participants in reduced or fully subsidized school meal programs

2. Total Number of Participants Successfully Completing Program Assignment
   - a. Males
   - b. Females
   - c. Whites
   - d. Blacks
   - e. Hispanics
   - f. American Indians/Alaskan Natives
   - g. TANF Recipients
   - h. State Administered General Assistance Recipients
   - i. Participants in reduced or fully subsidized school meal programs

---

**Authorized Contract Signatory**

The report form must be signed and dated by the signatory authority who signed the original contract.
# Department of Labor - Year Round Youth Workforce Development Program

## Quarterly and Close-Out Report

**Close-Out Due July 31, 2007**

## Workforce Board Contract Number

### Fiscal Report

<table>
<thead>
<tr>
<th>Availability</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indirect (5%)</td>
<td>$</td>
</tr>
<tr>
<td>2. Direct Program Services</td>
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<tr>
<td>3. Supportive Services</td>
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<td>3. Participant Wages</td>
<td>$</td>
</tr>
<tr>
<td>4. Total Contract Amount</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Indirect Expenses (5% max.)</td>
<td>$</td>
</tr>
<tr>
<td>6. Direct Program Services</td>
<td>$</td>
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<td>7. Supportive Services</td>
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<td>8. Participant Wages</td>
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<td>9. Total Expenditures</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reconciliation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Total Available for Year Round Youth Workforce Development Program</td>
<td>$</td>
</tr>
<tr>
<td>11. Total Expenditures for Year Round Youth Workforce Development Program</td>
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<tr>
<td>12. Difference</td>
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</tbody>
</table>

## Authorized Contract Signatory

The report form must be signed and dated by the signatory authority who signed the original contract.

Close-out Reports must be completed, signed and mailed to:

Michelle Larose  
WIA Administration  
CT. Department of Labor  
200 Folly Brook Boulevard  
Wethersfield, CT 06109
## Participant Report

1. **Total Participants Enrolled**
   - a. Males
   - b. Females
   - c. Whites
   - d. Blacks
   - e. Hispanics
   - f. American Indians/Alaskan Natives
   - g. Participants in reduced or fully subsidized school meal programs

2. **Total Number of Participants Successfully Completing Program Assignment**
   - a. Males
   - b. Females
   - c. Whites
   - d. Blacks
   - e. Hispanics
   - f. American Indians/Alaskan Natives
   - g. Participants in reduced or fully subsidized school meal programs

---

**Authorized Contract Signatory**

**Date**

The report form must be signed and dated by the signatory authority who signed the original contract.
Department of Labor
Youth Summer Employment/Year Round Youth Workforce Development Programs
Application for Participation

-please print-

1. applicant's last name
   first name
   mi.

2. applicant's street address (no PO boxes please)
   city
   zip

3. social security number
   4. date of birth (mm-dd-yy)
   5. gender

   — —
   — —
   male
   female

6. ethnicity

<table>
<thead>
<tr>
<th>White (non-Hispanic)</th>
<th>Black (non-Hispanic)</th>
<th>Hispanic</th>
<th>American Indian/Alaskan Native</th>
<th>Asian/Pacific Islander</th>
</tr>
</thead>
</table>

7a. Youth Summer Employment eligibility

- Recipient of Temporary Assistance for Needy Families (TANF)
- Recipient of State Administered General Assistance (SAGA)
- Family Income below 150% of poverty level
- Participation in Reduced or Fully Subsidized School Meal Program

family income $

family size

7b. Year Round Youth Workforce Development eligibility

- Participation in Reduced or Fully Subsidized School Meal Program

8. certification

I hereby certify that the information provided above is true and correct to the best of my knowledge

applicant signature

parent/guardian signature if applicant is under 16

Participant Tracking Information
(for official use only)

9. Was applicant selected for participation?
   YES
   NO

If yes...

10. Worksite assignment

11. Brief statement of duties (e.g. building maintenance, landscape maintenance)

12. Hours/Week
   $ .

13. Wage/Hour

14. Start date (mm-dd-yy)
   — —

15. End date (mm-dd-yy)
   — —

16. Reason for termination of participation (quit, completed, etc.)

17. signature of intake official
   date

Please see instructions on next page
Department of Labor  
Youth Summer Employment/Year Round Youth Workforce Development Programs  
Application Instructions  
*Please print legibly*

1. Enter the applicant’s last name, first name, and middle initial in the boxes provided.
2. Enter the applicant’s street address, city, and zip code. Participation in the Youth Summer Employment Program and/or Year Round Youth Workforce Development Program may (at the option of the local Board) be restricted to individuals who reside within the geographic boundaries of the municipality.
3. Enter the applicant’s social security number. Wages earned through participation in the Youth Summer Employment Program and/or Year Round Youth Workforce Development Program are reportable to the IRS and Social Security Administration. All applicants who are chosen for participation must have a social security number.
4. Enter the applicant’s date of birth in the following format: “month-day-year”. Participation in the Youth Summer Employment Program is restricted to individuals 14 through 21. All applicants chosen for participation must have been born between 7-1-85 and 7-1-92. All applicants chosen for participation in the Year Round Youth Workforce Development Program must have been born between 7/1/87 and 7/1/92.
5. Check the appropriate gender box.
6. Check the box that most closely represents the applicant’s ethnic or racial heritage.
7a. Eligibility for participation in the Youth Summer Employment Program is based on economic need. Applicants who are members of families that receive Temporary Assistance for Needy Families (TANF) or State Administered General Assistance (SAGA) are considered to be economically eligible without further income verification. In addition, an applicant may be eligible by participation in the free or reduced school meal program. All other applicants must verify that the families’ income is less than 150% of the poverty income level relative to family size. If income verification is required, enter the applicant’s family income for the period 1-1-05 through 12-31-05. In the box labeled “Family Size” enter the total number of persons consistent with the definition of “Family” contained herein.
7b. Eligibility for the Year Round Youth Workforce Development Program is based upon participation in the free or reduced school meal program.
8. The application form must be signed by the applicant. If the applicant is 14 or 15 years of age the application must be co-signed by a parent or guardian.

Participant Tracking Instructions  
(for official use only)

9. Indicate if the applicant was selected for participation by checking the appropriate box.
10. Identify the worksite where the participant is assigned.
11. Provide a brief explanation to the types of activities the participant will perform.
12. Enter the number of hours the participant is assigned to work per week.
13. Enter the hourly wage the participant will receive.
14. Enter the date the participant began work.
15. Enter the date the participant ended work.
16. Enter the reason the participant stopped work (e.g. completed program, disciplinary discharge, quit, etc.).
17. Sign and date the form.

This form may be duplicated as required.