



Youth Pilot Grantee Meeting

July 27, 2017

Purpose and Goals



...to connect youth to meaningful education, training, and employment opportunities.

A pilot project, or experimental trial, is a small-scale, short-term preliminary project created in order to evaluate feasibility, time, cost, adverse events, etc. in an attempt to predict scalability, sustainability, and improve upon the design prior to performance of a full-scale program.

...outcome of these pilot projects will help inform the direction of future work in Illinois for Youth.



Program Requirements

Eligibility

A “youth” customer under WIOA must meet general eligibility requirements and, at the time of eligibility determination, meet the requirements for an in-school or an out-of-school youth.

Out-of-School Youth Eligibility



- ▶ To be provided services under the youth funding stream as an “out-of-school youth”, the individual must be:
 - ▶ Not attending any school (as defined under State law); individuals attending Adult Education provided under Title II of WIOA, YouthBuild or Job Corps are also classified as out-of-school youth;
 - ▶ Not younger than age 16 or older than age 24; and
 - ▶ One or more of the following:
 - ▶ A school dropout as defined by the state,
 - ▶ Within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter as defined by the school district and the applicable school based on the student’s residence or assignment,
 - ▶ A recipient of a secondary school diploma or its recognized equivalent who is a low-income individual and is
 - ▶ Basic skills deficient (20 CFR 681.290); or
 - ▶ An English language learner.
 - ▶ Subject to the juvenile or adult justice system,
 - ▶ Homeless, a homeless child or youth, a runaway, in foster care or aged out of the foster care system, a child eligible for assistance under section 477 of the Social Security Act, or in an out-of-home placement;
 - ▶ Pregnant or parenting
 - ▶ An individual with a disability,
 - ▶ A low-income individual requiring additional assistance to enter or complete an educational program or to secure or hold employment.

In School Youth Eligibility



- ▶ To be provided services under the youth funding stream as an “in-school youth”, the individual must be:
 - ▶ Attending school (as defined by State law);
 - ▶ Not younger than 14 (unless individual with a disability attending school under State law) or older than 21;
 - ▶ A low-income individual, including an individual that receives or is eligible to receive a free or reduced price lunch under the Richard B. Russell National School Lunch Act (Sec. 3(36)(A)(iv) or who lives in a high poverty area; and
 - ▶ One or more of the following:
 - ▶ Basic skills deficient.
 - ▶ An English language learner.
 - ▶ An offender
 - ▶ Homeless, a homeless child or youth, a runaway, in foster care or aged out of the foster care system, a child eligible for assistance under section 477 of the Social Security Act, or in an out-of-home placement.

Case Management



- ▶ Illinois WorkNet
- ▶ Illinois Workforce Development System (IWDS)

Illinois workNet



- ▶ The Illinois workNet portal will be the primary case management system for all youth grants
- ▶ Tools include:
 - ▶ Application
 - ▶ Suitability assessment
 - ▶ Live outcome dashboard
 - ▶ Scheduling tools
 - ▶ Case Note function



Application

Customer/Partner View

- ▶ Can be completed by partner or customer.
 - ▶ Customers access through their Illinois workNet account
 - ▶ Partners access through the Progress Page.
- ▶ Populates IWDS upon submittal.
- ▶ Includes:
 - ▶ Contact Information
 - ▶ Information About You (Demographics)
 - ▶ Employment Goals
 - ▶ Education Level (Credentials Earned)
 - ▶ Employment History
 - ▶ Potential Barriers to Employment
 - ▶ Final Questions (Working With Other Service Providers)

Contact Information	Information About You	Employment Goals	Education Level	Employment History
First Name *	Jack			
Last Name *	Black			
Email *	black@noemail.com			
Confirm Email *				
Social Security Number (Format: XXX-XX-XXXX) *	xxx-xx-6315			
Confirm Social Security Number (Format: XXX-XX-XXXX) *				
Street Address 1 *	123 main st			
Street Address 2				

Dashboards

Partner View

Partners only have access to the customers that have been assigned to them.

Dashboards Provide:

- ▶ Customer Status/Progress
- ▶ Filtered Customer List Count and Link
- ▶ Data Source Description for Each Area
- ▶ Loss/Success Rate (when applicable)

DASHBOARDS ▾
 ASSESSMENT
 BUILDING FUTURES
 WORKSITE

BUILDING FUTURES DASHBOARD

Office:

Filter

Step	Count	%	Loss Rate	Pass Rate
Intake				
Not Scheduled For LWIA Initial Meeting	9	41%		
Scheduled For LWIA Initial Meeting	2	9%		
⚠ Need Enrollment Status Set	9	41%		
Enrolled Customers	2	9%		100%
Not Enrolled - No Contact	0	0%	0%	
Declined to Participate - Not Interested	0	0%	0%	
Declined to Participate - Already Employed	0	0%	0%	
Declined to Participate - In Higher Education	0	0%	0%	
Not Eligible	0	0%	0%	
Total Customers	22			
Show/Hide Co-Enrollment Status				
Show/Hide Customer Type				
Customer Service Status				
No Services Added	1	50%		
⚠ Self-Service Not Complete	1	50%		
Self-Service Complete	0	0%		

Service Delivery Tools

Partner View

Include:

- ▶ Services/outcomes
- ▶ Case Notes
- ▶ Assessments
- ▶ Optimal Resume Tools

Application Progress Services/Outcomes Case Notes

SERVICES/OUTCOMES

Profile

First Name Jack
Last Name Black
Email black@noemail.com
User Name jBlack1

Start Date
Filter Export
Show 30 entries
Comment

Services/Program Name	Provider	Start Date	End Date	Status	Credential Earned	Source
Financial Literacy Education	N/A	7/18/2017	Not Complete (Scheduled)	Not Started	N/A	workNet
Initial Assessment	N/A	7/4/2017	Not Complete	Started/Open	N/A	workNet
Self-Accessed Job Listings	N/A	7/3/2017	Not Complete	Started/Open	N/A	workNet
Self-Accessed Job Listings	N/A	7/3/2017	Not Complete	Started/Open	N/A	workNet

Reset Password Send Message

Application Progress Services/Outcomes Case Notes Assessments Optimal Resume

OPTIMAL RESUME

Profile

First Name Jack
Last Name Black
Email black@noemail.com
User Name jBlack1

Name	Type	Date Created	Date Last Updated	View Options
Basic Skills Assessment	Assessment	10/25/2016	10/25/2016	Web
Professional Portfolio	Portfolio	10/25/2016	10/25/2016	Web
Professional Resume	Resume	10/25/2016	10/25/2016	Web - RTF - PDF
Project/Website	Website	10/25/2016	10/25/2016	Web

Application Progress Services/Outcomes Case Notes Assessments Optimal Resume

ASSESSMENTS

Profile

First Name Jack
Last Name Black
Email black@noemail.com
User Name jBlack1
Last 4 SSN 6315
DOB 3/8/1987
DCFS ID 33264996

Disability Benefits Estimator | Employment 101 | NOCTI | Observational Evaluation | Worksite Evaluation | No Skills and Interest Results

DISABILITY BENEFITS ESTIMATOR
EMPLOYMENT 101
NOCTI RESULTS
OBSERVATIONAL EVALUATION
WORKSITE EVALUATION

Assessments Not Available Through Illinois workNet

ENTER MORE ASSESSMENTS

Add Assessment Results

Assessment Name/Description	Edits/View Results	Assessment Date	Type	Category	Updated
TABE	1.7	7/3/2017	Basic Skills	Adult Basic Education-ABE	info@train17_slucwd.com 7/10/2017
TABE	1.7	7/3/2017	Basic Skills	Adult Basic Education-ABE	info@train17_slucwd.com 7/10/2017

Reset Password Send Message



IWDS (Illinois Workforce Development System)

- ▶ Data system used for reporting to USDOL on all federally funded workforce development activity
- ▶ WIOA Providers/Partners will use the IWDS system
- ▶ IWDS will be used primarily for:
 - ▶ Certification of eligibility by WIOA providers/partners
 - ▶ Entry of enrolled WIOA services such as training and supportive services
 - ▶ Exit of closed files upon placement of youth who are leaving the program

Reporting



- ▶ Programmatic and Fiscal Reports are due according to the schedule in your grant agreement
- ▶ Generally due 30 days after each Calendar Quarter
- ▶ All activities and costs should be reported in a timely fashion
- ▶ Failure to submit Quarterly Reports will result in an automated notice from the Department of Commerce legal unit

Quarterly Programmatic Reporting





Quarterly Programmatic Report (DGR)

- ▶ The DGR Template is available for download from this webinar, project leads have also been sent the document.



File Naming Conventions

Every Quarter, submitted reports **MUST** be named accordingly:

Programmatic:

- ▶ [Grant Number] DGR [06-30-2016]

Fiscal:

- ▶ [Grant Number] Trial Balance [06-30-2016]

Header



Grant Number:		Grantee Name:		Report Period	From	6/1/2016	To	
---------------	--	---------------	--	---------------	------	----------	----	--

Grantee Information



Department of Commerce and Economic Opportunity Grantee Report				
Grant Number:			Check box if this is the final report	<input type="checkbox"/>
Grantee Name:				
DCEO Program Name:	2017 Youth Apprenticeship/Career Pathways			
Report Period	From:	6/1/16	To:	
Prepared By:				
Contact Phone Number/Email:				
Date Prepared:				
Check box to indicate if GRS has been updated with information required to complete Section I - Expenditure Reporting, if applicable to grant. If box is checked, detailed information is not required in Section I of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section II - Key Deliverables/Task Items/Performance Measurement, if applicable to grant. If box is checked, detailed information in not required in Section II of this form.	<input checked="" type="checkbox"/>	Check box if another system has been updated with information required to complete Section III - Job Count Certification, if applicable to grant. If box is checked, detailed information in not required in Section III of this form.
		Indicate all systems updated to meet reporting requirements for Section II	Illinois Worknet	Indicate all systems updated to meet reporting requirements for Section III
Check box to indicate if there is no change in Section I - Expenditure reporting, and leave Section I blank	No changes from prior reporting period			
	<input type="checkbox"/>			
Check box to indicate if there is no change in Section II - Key Deliverables/Task Items/Performance Measure reporting, and leave Section II blank	No changes from prior reporting period			
	<input type="checkbox"/>			
Check box to indicate if there is no change in Section III - Job Count Certification reporting, and leave Section III blank	No changes from prior reporting period			
	<input type="checkbox"/>			

Section 1 Grant Amount

SECTION I: EXPENDITURE REPORTING							
Subpart A. GRANT AMOUNT							
1	2	3	4	5	6	7	8
Cost Category Number	Cost Category Description	DCED Budget Amount	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (#4-5)	Amount of Accruals Included in Column 5 (if Applicable)	List Documentation Included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
See GPS				\$0.00	\$0.00		See Total Balance
				\$0.00	\$0.00		
				\$0.00	\$0.00		
				\$0.00	\$0.00		
				\$0.00	\$0.00		
				\$0.00	\$0.00		
				\$0.00	\$0.00		
				\$0.00	\$0.00		
				\$0.00	\$0.00		
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subpart B. MATCH AMOUNT if applicable							
1	2	3	4	5	6	7	8
Cost Category Number listed in Grant Agreement Part I Budget	Cost Category Description listed in Grant Agreement Part I Budget	Matching Funds Requirement listed in Grant Agreement	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (#4-5)	Amount of Accruals Included in Column 5 (if Applicable)	List Documentation Included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
					\$0.00		
Total		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Subpart C. GRANT FUNDS RECEIVED AND CASH REQUESTED							
1	2	3	4	5			
Grant Amount	Previous Cash Requested + Previous Grant Funds Received	Current Cash Request + Current Grant Funds Received	Remaining Grant Funds	Grant Funds on Hand			
\$0.00				\$0.00			
Subpart D. GRANT PROGRAM INCOME or GRANT PROGRAM INTEREST (if applicable)							
1	2	3	4	5			
Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (D-12-3)	Supporting Documentation/Explanation of Adjustment			
			\$0.00				
			\$0.00				

Section 2: Deliverables



SECTION II: KEY DELIVERABLE/TASK ITEMS/PERFORMANCE MEASUREMENT							
Subpart A. Scope of Work (SOW) Item							
1	2		4	5	6	7	
	Planned Completion Date						
Scope of Work Deliverable, Task or Activity Item	Required	Estimated	% Complete	Actual Completion Date	Provide explanation if missed Completion Date or if not on target to meet	Provide Brief Narrative of Deliverable/Task Status and Indicate Documentation Included with Report to Support Deliverable/Task	
Subpart B. Program Specific Reports and Schedules (if applicable)							
1	2		3				
Program Specific Report/Schedule	Submission Due Date		If Submittal Due Date is not met/will not be met, please explain				
Subpart C. Performance Measurement (if applicable)							
1	2		4	5	6	7	8
	Target						
Performance Measure (PM)	Required	Estimated	Previous Actual	Current Actual	Actual to Date (#4-5)	If PM or target for PM is not met, please provide explanation	Indicate Documentation Included with Report to Support Attainment of PM
					0		
					0		
					0		
					0		
					0		

Section 4: Feedback & Signatures



SECTION IV: Success Stories/Additional Grantee Feedback		
Subpart A: SUCCESS STORIES/ADDITIONAL ACTIVITIES ACCOMPLISHED		
Subpart B: ADDITIONAL CONCERNS AND/OR FEEDBACK		
Submit Report to DCEO email address or hard copy address listed in the Welcome Package		
GRANTEE CERTIFICATION:		
<small>Grantee certifies that all information reported to the Department on this form and in any required system is accurate; that all expenditures from these project funds are for approved project costs only; supporting documentation has been submitted as required by Program; all supporting documentation is on file with the Grantee; and the individual submitting this report has full signature authority to sign on behalf of the Grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any item or expenditure described herein shall be considered conditional and subject to further review and verification in accordance with the Monitoring and Records Retention Sections of the Grant Agreement.</small>		
Grantee Signature	Name & Title	Date

Fiscal Reporting



Quarterly Fiscal Reports



- ▶ The Quarterly Fiscal Report is due along with your DGR
 - ▶ The Quarterly Fiscal Report should be a Trial Balance from the Grantee's accounting system
 - ▶ A cost center should be built out to isolate grant costs
 - ▶ Fiscal monitors check to assure that the trial balance submitted matches GRS

Reimbursement



- ▶ Costs are logged through the GRS system
- ▶ Fiscal Staff must have a login credential (RACF ID)
- ▶ The login credential will start with the letters "MHD"
- ▶ Grantees must report costs in GRS by the 20th of each month

GATA: 2018 ICQ



- ▶ All Grantees were required to submit a 2017 Internal Control Questionnaire (ICQ) prior to receipt of their grant. These must be completed once a year.
- ▶ Unfortunately, this is a yearly requirement and the time for the new questionnaire is now. If you have not done so already, please complete your 2018 ICQ at your earliest convenience. Please notify Matt Hillen and Terah Scott when you have done so.
- ▶ This is a compliance issue.

Implementation Plans



- ▶ Terah Scott reached out to all grantees this week to schedule a meeting to finalize your Implementation Plan
- ▶ All Plans are fully incorporated into your grant agreement upon approval by DCEO, per the language therein.

Communication Moving Forward



- ▶ Transmitting ideas and information
- ▶ Scheduled weekly group calls to start late August
- ▶ TA Webinars for grantees and employer partners
- ▶ Email/Phone calls

Staying in Touch!



- Grantees inform State of your special events or interesting things you are working on
- “No surprises” - if grantee is experiencing “bumps” or major changes, etc., let State know (open, honest, candid communication)
- On-demand technical assistance/Q&A
- Updates from the State to Grantees

Community of Practice (CoP)



- ▶ Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor: a tribe learning to survive, a band of artists seeking new forms of expression, a group of engineers working on similar problems, a clique of pupils defining their identity in the school, a network of surgeons exploring novel techniques, a gathering of first-time managers helping each other cope.
- ▶ In a nutshell:
 - Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly*
- ▶ Weekly phone calls

Opportunity Youth Ambassador Program



- ▶ Program leads identify youth to act as program ambassador
- ▶ Youth Program Ambassador(s) participate regularly in calls and/or meetings
- ▶ Young Invincibles
 - Regularly evaluate youth's experience in order to create a feedback loop that allows a timely response from the Governor's Cabinet on Children and Youth and the Illinois Workforce Innovation Board

Technical Assistance



- ▶ Day-to-day assistance, as needed
- ▶ Young Invincibles
 - ▶ Will provide resources and supports that address businesses' concerns.
 - ▶ Supports will help employers recruit, onboard, and mentor youth participants as well as address other concerns employers raise.
 - ▶ Activities may include providing webinars or trainings, leading consultation sessions, and creating employer-facing materials that support the range of staff.

Point of Contact



- ▶ List of contacts for specific pieces of communication
- ▶ Identify individual and collective roles and responsibilities
- ▶ Contact Rosters have been received from most grantees

Grantee Partnerships



- ▶ Community of Practice
- ▶ Partnerships within own grant
- ▶ State help in identifying other partners

State of Illinois Contacts



Jennifer Foil

815-753-1765

jfoil@niu.edu

Matt Hillen

312-835-2734

Matthew.Hillen@Illinois.gov

Terah Scott

312-814-6696

Terah.Scott@Illinois.gov