

Section-03 Programs and Eligibility	P-0300500	Effective Date: 10/21/2021
Replaces TAWDB Incentive Policy dated 2/16/2017 and EWB Youth Incentive and Stipend Policy, Change 2 dated September 2019. Combines specific information for Youth Incentives from TAWDB Youth Program Policy dated 10/25/2018 and EWD Youth Objective Assessment and Individual Service Strategy		
Delaney Rea, GCWDB Chair		

## Youth Incentive Policy

Green Country Workforce Development Board (GCWDB) has determined that Youth Incentives including stipends or bonus payments shall be offered to participants in recognition of milestones achieved through their participation in training activities and work experiences.

**I. Incentives:** Incentive payments to youth participants are permitted for recognition and achievement directly tied to training activities and work experiences. Incentives may be paid to WIOA In School Youth (ISY) and Out of School Youth (OSY) for milestones such as receiving a high school diploma or high school equivalency or other acceptable credentials. The work experience incentive must be directly tied to the completion of work experience.

**II. Allowable Youth Program Funds:** As described in Section 129 of the WIOA, local elements and requirements include utilizing the Title I Youth Program (Youth Program) funds for:

- A. Activities leading to the attainment of a secondary school diploma or its recognized equivalent, or a recognized postsecondary credential
- B. Preparation for postsecondary educational and training opportunities
- C. Strong linkages between academic instruction and occupational education that led to the attainment of recognized postsecondary credentials
- D. Preparation for unsubsidized employment opportunities, in appropriate cases
- E. Effective connections to employers, including small employers, in in-demand industry sectors and occupations of the local and regional labor markets.

**III. Documentation:** Program notes, the Service & Training Plan (S&T), and the Individual Service Strategy (ISS) shall document the use of activities or planned outcomes which result in stipend or bonus payments. Additional information can be found in the Youth Incentive Operating Procedure, OP-0300501.

EQUAL OPPORTUNITY AND NONDISCRIMINATION: All providers must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity. Auxiliary aids and services are available upon request to individuals with disabilities. Green Country Workforce is an equal opportunity employer/program. BABEL NOTICE: (29CFR 38.9(g)(3)): This document contains vital service information. If needed, call 918-796-1200 for assistance in the translation and understanding of the information in the document(s) you have received.

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**IV. Equal Opportunity and Nondiscrimination Statement:** All recipients, and subrecipients/subgrantees must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity.

**V. Action:** The Executive Director is responsible for compliance of this policy. The Executive Director is responsible for annual review and revisions if needed. Any exceptions to this policy statement will require prior written approval from the Executive Director or chair of the Green Country Workforce Development Board.

This policy will be effective immediately upon approval of the GCWDB membership.



10/21/2021

Chair, Green Country Workforce Development Board / Date

**ATTACHMENTS:**

- Attachment A: Stipend Obligation for Staff-Provided Services
- Attachment B: Stipend Obligation for Partner-Provided Services
- Attachment C: Attendance Report
- Attachment D: Bonus Payment Authorization

**EQUAL OPPORTUNITY AND NONDISCRIMINATION:** All providers must comply with WIOA's Equal Opportunity and Nondiscrimination provisions which prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, political affiliation or belief, or, for beneficiaries, applicants, and participants only, on the basis of citizenship status or participation in a WIOA Title-I financially assisted program or activity. Auxiliary aids and services are available upon request to individuals with disabilities. Green Country Workforce is an equal opportunity employer/program. BABEL NOTICE: (29CFR 38.9(g)(3)): This document contains vital service information. If needed, call 918-796-1200 for assistance in the translation and understanding of the information in the document(s) you have received.



Attachment A

Revised 08/19/2021

## WIOA Youth Program

### STIPEND OBLIGATION STAFF-PROVIDED SERVICES

CLIENT NAME: \_\_\_\_\_ CLIENT PID: \_\_\_\_\_

ISY  OSY

SERVICE: \_\_\_\_\_

Start Date:	End Date:
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Student will be paid only for hours actually attended. Time attended will be validated by an *Attendance Report*.

Maximum Hrs. =          Hrs.    X    \$          per Hr.    =    \$          Maximum Possible Stipend

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Providing Service

\_\_\_\_\_  
Date

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**WIOA Youth Program  
STIPEND OBLIGATION FOR  
PARTNER-PROVIDED SERVICES**

CLIENT: \_\_\_\_\_ PID# \_\_\_\_\_

SERVICE:

PARTNER PROVIDER:

TELEPHONE:

FAX:

Start Date:	End Date:
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Student will be paid only for hours actually attended. Time attended will be validated by a completed *Attendance Report*.

Maximum Hours = \_\_\_\_\_ X \_\_\_\_\_ per hour = \_\_\_\_\_ Maximum Possible Stipend

**The partner provider, \_\_\_\_\_, agrees to provide services to the Client named above as an in-kind service. The partner-provider agrees to submit Attendance Reports to verify attendance.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Representative's Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Career Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Approval

\_\_\_\_\_  
Date

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### ATTENDANCE REPORT

TRAINEE: \_\_\_\_\_ PID# \_\_\_\_\_

( ) ADULT ( ) DLW ( ) ISY ( ) OSY

TRAINING SITE: \_\_\_\_\_

CLASS/COURSE NAME: \_\_\_\_\_

FOR PERIOD ENDING: MONTH \_\_\_\_\_ YEAR 20 \_\_\_\_\_

SCHEDULED DAYS OF ATTENDANCE:(Circle Days That Apply) M – T – W – T – F – S

***” COMPLETE IN INK – NO WHITE OUT – TRAINEE AND INSTRUCTOR MUST INITIAL ALL CHANGES”***

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

DATE	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Indicate hours of attendance on appropriate date. If student does not attend on a scheduled day, indicate with “A” for ABSENT.

\_\_\_\_\_  
**TRAINEE SIGNATURE & DATE**  
 I certify that the above record of my daily attendance is correct.

\_\_\_\_\_  
**INSTRUCTOR SIGNATURE & DATE**  
 I certify that this trainee is under my supervision and the attendance recorded is correct.

The student listed above is in good standing with both grades and attendance.  Yes  No  
 If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Career Manager Signature

\_\_\_\_\_  
 Date

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**BONUS PAYMENT AUTHORIZATION**

The following individual has successfully completed requirements for a bonus award:

Client Name: \_\_\_\_\_ PID #: \_\_\_\_\_

ISY  OSY

Bonus Award Activity: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Amount of Bonus Award: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Career Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fiscal Approval

\_\_\_\_\_  
Date

*(Documentation validating successful completion of bonus award activity must be attached before payment is issued.)*

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