



CAMO2COMMERCE POLICY & PROCEDURE

TITLE: Alternative Compensation Policy and Procedure

POLICY #: 584

REVISION: NA

EFFECTIVE DATE: 8/21/2017

REVISION DATE: NA

APPLIES TO: WIOA NDWG Funded Camo 2 Commerce Program

REVISION HISTORY

Revision	Date	Revision Description
Original	NA	This policy and the procedures within allows the C2C WIOA NDWG Program and program staff to provide Alternative Compensation (Stipend/Incentive payments) for individuals who are enrolled in the program and participating in training and/or education programs (Internships), that will assist them in meeting program performance targets.

PURPOSE:

This policy provides guidance and direction around approved forms of alternative compensation for C2C WIOA NDWG Programs. Alternative forms of compensation are designed and intended to offer support beyond what is otherwise available through other sources, and is provided to assist program participants in meeting emergent needs.

POLICY:

The C2C WIOA NDWG program is authorized to provide alternative compensation (Stipend/Incentive payments) for individuals who are enrolled in the program and participating in Internship based training and/or education programs that will assist them in meeting program performance targets. This alternative compensation will be issued as funds allow and in accordance with allowable cost principles.

Alternative Compensation includes many different types of payments. Among them; Incentives for Program Performance, Stipends and Needs Related Payments are included. **PacMtn does not offer Needs Related Payments, which offers cash assistance to individuals based on financial need alone.**

POLICY GUIDELINES:

Stipends and Incentive payments can be issued by C2C Program Staff (upon approval), in accordance with this local policy and must be tied to activities directly related to meeting contractual performance metrics.

Stipends and Incentive payments tied to non-performance related activity or achievement are not allowable.

To be eligible to earn stipends and incentives, individuals must:

- Be enrolled in a WIOA Program;
- Be actively engaged in services offered through a C2C WIOA NDWG Program in accordance with their Individual Service Strategy (ISS), or Individual Employment Plan (IEP). Activities not supported through the ISS or IEP will not be allowable. Approved services to earn incentives include, but are not limited to: training leading to credential, and or successful completion and intended outcomes for secondary or post-secondary education, apprenticeships, work-based learning activities and employment.
- Have not previously received an incentive in the same category without approval through a waiver request process, *(unless the multiple incentives are awarded individually as part of a total achievement and award packet for the specific allowable activity)*.

Stipend and Incentive payments issued, individually or in combination, may not exceed an accumulative total of \$6000.00 per participant.

All information related to the request, approval and payout of any alternate compensation payment must be retained in the participant file, along with proper documentation. Documentation requirements are detailed in the Alternative Compensation Procedure Section of this document.

PROCEDURE:

The C2C WIOA NDWG program may provide alternative compensation (Stipend/Incentive) payments in accordance with local policy utilizing the PacMtn approved request and approval form.

For consideration of alternative compensation awards and payments , C2C Program Staff are to complete Attachments 1 & 2 and submit them together to the C2C Program Director

Compensation requests and payments should be documented in participant files, and contain required documentation for each expenditure. Required documentation includes:

- Completed and signed Request and Approval form
- Official form of verification for achievement or completion of activity/service that merits award
- Case note confirming participant's receipt of payment

C2C Program staff must use internal controls to track and ensure no duplication of payments.

Self-attestation for achievement or completion of activity will not be accepted.

Alternative Compensation structure will be revisited and updated annually as needed, once budget is determined.

Any discrepancies arising between PacMtn policy and or procedures with federal and state provisions due to current or future revisions will default to the current minimum federal and state regulations and guidance available. PacMtn policy and or procedures may set forth stricter requirements than provided by federal and state guidance, but in no case will PacMtn policy and or procedures not meet minimum federal and state policy.

ATTACHMENTS:

Attachment 1, 2 & 3

EQUAL OPPORTUNITY:

PacMtn is an equal opportunity employer/program.

Auxiliary aids and services are available upon request to persons of disability.

REFERENCES:

Workforce Innovation and Opportunity Act of 2014

PacMtn's Alternative Compensation Policy #6200

PacMtn's Alternative Compensation Procedure #6200P

WorkSource System Policy 5602 Supportive Services and Need Related Payments

WorkSource System Policy 1019, Revision 2 & Attachment A, Eligibility Handbook

Training and Employment Guidance Letter (TEGL) 23-14

Training and Employment Guidance Letter (TEGL) 08-15

DATE APPROVED:

Direct Inquiries to:

Pacific Mountain Workforce Development Council

1570 Irving Street SW Tumwater, WA 98512

Telephone: (360) 704-3568

Email: Info@pacmtn.org

Attachment 1

**C2C WIOA NDWG Program - Alternative Compensation
Qualifying Activity and Completion Verification**

1) Program Participant

Name _____

Phone _____ *Email* _____

2) C2C WIOA Program Staff

Name _____

Phone _____ *Email* _____

3) Activity Title and Type

Activity Title _____

Activity Type _____

Start Date _____ *Activity End Date* _____

Outcome to be achieved upon completion of all planned activities: _____

4) Activity Provider

Activity Provider _____

Address _____

Phone _____ *Email* _____

5) Incremental Activity - Stipend Payment Plan

Activity/Training Plan Increments 1, 2 & 3	Incremental Achievement Completed	Date Achieved? --/--/--	Verified by Staff and Signed

For individuals being awarded multiple incentives over any pre-determined payment schedule as part of a total achievement and award packet, for the specific allowable activity, each completion and verification should be captured above as individual achievements and payments.

Stipend and Incentive payments issued, individually or in combination, may not exceed a total accumulative of \$6000.00 per participant.



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Attachment 2

STIPEND / INCENTIVE PAYMENT REQUEST AND APPROVAL FORM

Incentive and Stipend based payments are forms of Alternative Compensation which may be used to award Participants for pre-determined Program Performance outcomes.

PacMtn and the C2C WIOA NDWG Program, upon management approval, may award Alternative Compensation (Stipends and Incentive), based performance payments in accordance with local policy.

Stipends must be tied to activities directly related to meeting contractual performance outcomes.

To be eligible to earn stipends and incentives, individuals must:

- Be enrolled in a WIOA Program;
- Be actively engaged in services offered through C2C WIOA Program, in accordance with their Individual Service Strategy (ISS), or Individual Employment Plan (IEP). Activities not supported through the ISS or IEP will not be allowable
- Additional performance based achievements to earn incentives may include, but are not limited to: completion of training leading to additional credential, Exceptional rating upon completion of training program, apprenticeship, work-based learning activities, employment, or other qualifying activity
- Have not previously received an incentive in the same category.

All Stipend and incentive payments must be recorded and retained in the participant file along with proper documentation and case noting of justification of award.

Participant Name: _____

Qualifying Activity (per attachment 1): _____

○ Stipend Justification: _____

○ Incentive Justification: _____

Program Counselor: _____ **DATE:** _____

Program Director: _____

APPROVED _____ DENIED _____ **DATE:** _____

**ALTERNATIVE COMPENSATION
ACTIVITY PAYMENT/STIPEND PLAN**

Participant: _____

Provider/Employer: _____

STIPEND PLAN Earning Period End Date Payment Completion Description & Verification	Satisfactorily Acheived? Yes or No	Earning Period End Date
1.	1.	1.
2.	2.	2.
3.	3.	3.

HOH Staff: _____ Date: _____

C2C Staff: _____ Date: _____