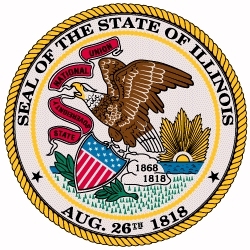
**Illinois Community College Board**

****

Customized Apprenticeship Program – IT (CAP-IT)

Programmatic Monitoring Tool

**Programmatic Monitoring**

**Purpose**

The intent of programmatic monitoring is to directly review compliance with all applicable governing laws and grant deliverables as outlined in the Notice of Funding Opportunity/Grant application and the Uniform Grant Agreement. In addition, monitoring assists in assessing whether 1) the grant recipient follows the design described in the work plan, 2) the design is successful in meeting both client needs and program goals, 3) the design needs to be changed to better align with goal attainment, and 4) the grant recipient can deliver based on the approved timeline. For the Customized Apprenticeship Programming in Information Technology Grant, the ICCB is reviewing that the subgrantees are in compliance with the following:

* the executed grant agreement, which includes compliance requirements per the FOA and agreed upon Scope of Work

During the monitoring process, information is requested and analyzed to determine the compliance of specific review items. In general, programmatic monitoring is conducted in collaboration with fiscal monitoring components over a 6 month period.

**Process**

Programmatic monitoring is a multi-step process which includes the following:

Step 1: The grantee is notified of the impending visit or desk review approximately one and a half to two weeks prior. With this notification, the entity receives the Programmatic Monitoring Tool. The date of the visit/review is set.

Step 2: The self-assessment portion of the Programmatic Monitoring Tool is completed and held until the on-site visit.

Step 3: After reviewing the self-assessment and the applicable fiscal year’s grant reports, other supplemental documentation may be requested.

1. The supplemental documentation needs to be made available during the on-site review.

Step 4: On-site visit/desk review occurs. On-site visits *may* be conducted jointly with ICCB fiscal staff.

Step 5: A consolidated fiscal and programmatic Final Monitoring Report is issued by the ICCB within 30-45 calendar days after the conclusion of the visit. This report will outline all advisory recommendations and compliance findings.

Step 6: Compliance findings will require the grantee to submit a **Corrective Action Plan**. The Corrective Action Plan is submitted for ICCB review

within 30 days of the final report submission to the grantee. ICCB staff will review and either accept the Corrective Action Plan, or ask for

more information.

**Examples of Supporting Documentation**

During the monitoring process, grantees may be asked to provide additional documentation to assist ICCB staff in their review. The following list contains items that may be reviewed during this process. This is not a complete and exhaustive list; additional items may also be requested.

* Scope of Work, including any performance or corrective action plans
* Designated personnel for grant management and service delivery
* Advisory committee meeting minutes and member lists
* Evidence of partnerships for participant support and program delivery
* Available industry-recognized credentials or certificates
* Budget and fiscal documentation, including modifications, evidence of required match, etc.
* Verification of timely and accurate submittal of reports
* Policies and procedures regarding outreach, eligibility, priority of service, training, placement, and data collection/reporting
* MOUs and/or agreements with employers for apprenticeship programming
* Models and training guidelines for apprenticeship programming
* Case notes for career and support services offered to eligible participants
* Current progress of performance
* Previous monitoring findings and corresponding documents
* Professional development offered to faculty and staff
* Updated entity contacts and/or staff information (if applicable)

The ICCB has access to all participant data through AGS Prime and will review such files to ensure compliance with participant eligibility, performance, and other policies and procedures.

**Monitoring Tool**

The Monitoring Tool is completed by the grantee as a self-assessment and is submitted to the ICCB program lead at least two weeks prior to the on-site visit. It also is used as a guide by the program lead during the monitoring visit. It contains review items that are specific to the respective grant program, as well as more general review items.

How to Complete the Self-Assessment

Grantees will rate each review item on the monitoring tool using the following descriptions and provide a rationale and written supporting evidence for each item. During and following the visit, the ICCB program lead will assign a final rating which may require subsequent actions by the grantee as described below.

|  |  |  |
| --- | --- | --- |
| **Rating** | **Description** | **Subsequent Action** |
| Satisfactory (S) | The activity or service clearly met or exceeded the necessary requirement. | No follow up required. |
| Opportunity for Improvement/Advisory Recommendation (AR) | The activity or service minimally met the requirement and needs improvement. | No Corrective Action Plan required; however, continued technical assistance and support will occur. |
| Compliance Findings (CF) | The activity or service did not meet the necessary requirement. | Corrective Action Plan is to be developed and submitted by the grantee. |

Completing the Self-Assessment includes the following steps:

1. The grantee will review the grant deliverables and outcomes, including all submitted quarterly and final reports.
2. After review, the grantee will complete the tool as a self-assessment by filling out all applicable sections and rating each element/review item as S, AR, or CF. Descriptions of each rating are described above.
3. The grantee will provide remarks on their rating of each element, including the description of completed activities, outcomes, and any barriers that existed.
4. The grantee will submit the completed self-assessment to the ICCB program lead at least two weeks prior to the on-site visit/desk review.
5. During the monitoring visit/review, ICCB staff will use the submitted self-assessment, along with any other requested documented evidence provided by the grantee, for discussion and review. The ICCB program lead will complete the “ICCB Review” column detailing notes and indicating the final assigned ratings of each element based on all reviewed documentation and interviews with grant staff during the on-site/desk visit/review. *NOTE: All notes completed by the ICCB program lead within the monitoring tool will be kept on file for ICCB use. Entities will be provided a final monitoring report which will summarize results from the monitoring visit including a list of all findings and recommendations.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Programmatic Monitoring Self-Assessment**  Complete all sections below. Rate each review item and provide written support/evidence for the basis of each given rating in the *Remarks*/*Rationale* column. The review items and corresponding comments should only reflect activities and/or services that occurred in **fiscal year 2020 through fiscal year 2021**. Descriptors of each rating are located on page 4 of this document. If you have additional questions, contact your ICCB program lead. | | | | | | | | |
| *To be completed by the grantee:* | | | | | | | | |
| **Grantee:** |  | | | | | | | |
| **Grant Administrator:** |  | | | | | | | |
| *To be completed by the ICCB:* | | | | | | | | |
| **Fiscal Year Under Review:** | **FY21 (July 1, 2020 – June 30, 2021)** | | | | | | | |
| **Visit/Review Date:** |  | | | | | | | |
| **General Review Items** | | | | | | | | |
| **Reporting Review Items** | **S** | **AR** | **CF** | **Remarks/Rationale** | **S** | **AR** | **CF** | **Remarks/Rationale** |
| The grantee has submitted all required reports accurately and in a timely manner. |  |  |  |  |  |  |  |  |
| The grantee has accurately accounted for and reported match per the FOA. |  |  |  |  |  |  |  |  |
| The grantee has entered all required data into the AGS Prime system. |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Project Administration**  Add rows as necessary.   * Rate your performance for each of the identified activities. As a reminder, S= Satisfactory, AR= Opportunity for Improvement/Advisory Recommendation, CF= Compliance Finding. See page 4 for the definitions of each of these ratings. * Under the ‘Remarks/Rationale’ column, please answer each question prompt, as well as provide the rationale for the rating you give yourself. Be sure to include any barriers that were encountered. | | | | | | | | |
| ***To be completed by grantee*** | | | | | ***To be completed by ICCB staff*** | | | | |
| **Questions** | **S** | **AR** | **CF** | **Remarks/Rationale** | **S** | **AR** | **CF** | **Remarks/Rationale** |
| 1. Partners (such as internal, IDES, AJC, or others) were engaged in this project. |  |  |  |  |  |  |  |  |
| 1. Describe how these partners were **involved** in project planning, management, implementation, and sustainability. |  |  |  |  |  |  |  |  |
| 1. There was a change in project leadership during the grant cycle. If so, describe how the grantee overcame this obstacle. If no change, leave blank. |  |  |  |  |  |  |  |  |
| 1. Based on the outcomes (short- and long-term) of your grant project, and barriers faced, the grantee had the institutional capacity to fulfill grant deliverables. |  |  |  |  |  |  |  |  |
| 1. Grant funds expended in the way that was initially outlined. Describe any unforeseen expenditures or challenges (ex. difficulty hiring project staff position). |  |  |  |  |  |  |  |  |
| 1. Rate the institution’s overall implementation and execution of the grant project and deliverables. |  |  |  |  |  |  |  |  |
| 1. The grantee ensured that programs met the 5 Hallmarks of a Quality Apprenticeship. |  |  |  |  |  |  |  |  |
| 1. Describe your process for entering into agreements with employers. *Please provide a completed employer agreement as an attachment.* |  |  |  |  |  |  |  |  |
| 1. Describe how employer agreements address apprentice mentorship. |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Activities and Outcomes**  To what extent did the grantee execute the activities that were laid out in their grant application/proposal?   * Under the ‘Grant Activities’ column, please list all activities that were conducted within this grant (from the application and any subsequent activities that were added throughout the course of the grant cycle). Add rows as necessary. * Rate your performance for each of the identified activities. As a reminder, S= Satisfactory, AR= Opportunity for Improvement/Advisory Recommendation, CF= Compliance Finding. See page 4 for the definitions of each of these ratings. * Under the ‘Remarks/Rationale’ column, please identify the outcome(s) and milestone(s) of each of those activities, as well as the rationale for the rating you give yourself. Be sure to include any barriers that were encountered, as well as to what extent timelines were followed. | | | | | | | | |
| ***To be completed by grantee*** | | | | | ***To be completed by ICCB staff*** | | | | |
| **Deliverables / Performance Measures** | **S** | **AR** | **CF** | **Remarks/Rationale** | **S** | **AR** | **CF** | **Remarks/Rationale** |
| 1. Total number of participants.  *What activities or tools have you implemented to reach this goal?* |  |  |  |  |  |  |  |  |
| 1. Total apprentices hired by an employer and enrolled in an apprenticeship.  *What activities or tools have you implemented to reach this goal?* |  |  |  |  |  |  |  |  |
| 1. Total apprentices who complete an apprenticeship. |  |  |  |  |  |  |  |  |
| 1. Total apprentices who complete an apprenticeship education/ training program and receive an industry-recognized degree or other credential. |  |  |  |  |  |  |  |  |
| 1. Total number of unemployed or underemployed apprentices prior to enrollment who complete an apprenticeship program and maintain employment. |  |  |  |  |  |  |  |  |
| 1. Total number of incumbent worker apprentices who complete an apprenticeship program and advance into a new position.  *What activities or tools have you implemented to reach this goal?* |  |  |  |  |  |  |  |  |
| 1. Total number of newly created apprenticeship programs including Registered Apprenticeship programs.  *What activities or tools have you implemented to reach this goal?* |  |  |  |  |  |  |  |  |
| 1. Total number of employers engaged (i.e., those employers that adopt apprenticeship programs as a result of your grant project).  *What activities or tools have you implemented to reach this goal?* |  |  |  |  |  |  |  |  |
| 1. Total number of expanded apprenticeship programs, including registered apprenticeship (e.g. new industries, occupations, service areas, or increasing the number of apprentices registered).  *What activities or tools have you implemented to reach this goal?* |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3: Students and Services**  To what extent did the grantee serve the intended student population? Add rows as necessary.   * Rate your performance for each of the identified activities. As a reminder, S= Satisfactory, AR= Opportunity for Improvement/Advisory Recommendation, CF= Compliance Finding. See page 4 for the definitions of each of these ratings. * Under the ‘Remarks/Rationale’ column, please answer each question prompt, as well as provide the rationale for the rating you give yourself. Be sure to include any barriers that were encountered. | | | | | | | | |
| ***To be completed by grantee*** | | | | | ***To be completed by ICCB staff*** | | | | |
| **Questions** | **S** | **AR** | **CF** | **Remarks/Rationale** | **S** | **AR** | **CF** | **Remarks/Rationale** |
| 1. Describe the process for determining and offering support services to participants*. What support services are offered?* |  |  |  |  |  |  |  |  |
| 1. Describe case management processes. *Please attach a description of your procedures.* |  |  |  |  |  |  |  |  |
| 1. Describe student eligibility determination processes. |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Additional Comments** Please denote additional comments here. |
|  |