



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## SPECIAL MEETING

**December 10, 2020  
3:00 p.m.**

Meeting will be held as a *Teleconference Meeting*  
**Workforce Assistance Center**  
**2037 W. Cleveland Avenue, Madera, CA 93637, 559-662-4589**

Per Executive Order N-29-20, which allows local and state legislative bodies to hold meetings via teleconference and to make meetings accessible electronically, this regular meeting will be held via conference call and can be accessed as follows:

Join Zoom Meeting: <https://us02web.zoom.us/j/81999204075?pwd=TDh2T0t0SmI3SEU1K2NJcFhFaEtndz09>;

Please call: 1 (669) 900-9128; Meeting ID: 819 9920 4075; Password: 945567.

The public may participate in the meeting as otherwise permitted under the Brown Act by calling into the number above.

**REASONABLE ACCOMMODATION FOR ANY INDIVIDUAL WITH A DISABILITY** Pursuant to the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, any individual with a disability who requires reasonable accommodation to attend or participate in a meeting or function of the Madera County Workforce Investment Corporation, may request assistance by contacting the Executive Assistant at Madera County Workforce Investment Corporation office, 2037 W. Cleveland Avenue, Madera, CA 93637; Telephone 559/662-4589; CRS 711; Fax 559/673-1794.

This agenda and supporting documents relating to the items on this agenda are available through the Madera County Workforce Investment Corporation (MCWIC) website at <http://www.maderaworkforce.org/mcwic-meetings-and-agenda/>. These documents are also available at the Workforce Assistance Center – office of the Executive Director. MCWIC is an equal Opportunity Employer/Program. Auxiliary aids and services are available upon request.

## **ELECTRONIC MEETING INSTRUCTIONS**

The Madera County Workforce Investment Corporation uses Zoom as the tool to facilitate electronic meetings. Our desire is to ensure orderly Zoom meetings and to help attendees have confidence in how the meeting will be facilitated and that all members and public will be effectively heard. The following instructions provide consistent methods that will lead us to realizing that desire.

- We highly recommend use of the Zoom client app, as this tool greatly enhances the attendee's experience and provides readily accessible controls.
- Remain muted until speaking and mute again when finished speaking.
- Ensure your name shows on your connection.
- Votes will be facilitated with a roll call.
- When connecting to Zoom, if using the phone is preferred over computer audio, we request you connect to the Zoom meeting first and then choose Phone for the preferred audio connection. Input the meeting and participant IDs to relate your phone audio to your Zoom connection.
- Please avoid having both computer audio and phone audio activated as this can cause sound problems.
- If connecting via phone only, \*6 will toggle mute/unmute.
- Public comments will only be taken when a hand is raised. On the phone-only connection, \*9 raises the hand. You must be recognized by the presiding officer of the meeting before speaking.



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## SPECIAL MEETING A G E N D A

December 10, 2020  
3:00 p.m.

### 1.0 Call to Order

- 1.1 Pledge of Allegiance

### 2.0 Additions to the Agenda

Items identified after preparation of the Agenda for which there is a need to take immediate action. Two-thirds vote required for consideration (Government Code Section 54954.2(b)(2))

### 3.0 Public Comment

This time is made available for comment from the public on matters within the Board's jurisdiction but not appearing on the agenda. The Board will not take action on any items presented under public comment. The comment period will be limited to 15 minutes.

### 4.0 Introductions and Recognitions

### 5.0 Adoption of Board Agenda

### 6.0 Consent Calendar

- 6.1 Consideration of approval of the October 22, 2020 Madera County Workforce Investment Corporation (MCWIC) meeting minutes.

### 7.0 Action Items

- 7.1 Consideration of approval of the MCWIC year-to-date financial reports for period ending October 31, 2020.
- 7.2 Consideration of approval of the de-obligation of \$10,000 from the COVID Supportive Services grant.
- 7.3 Consideration of approval of a budget adjustment for facility costs related to Madera Community College's delayed lease start date.
- 7.4 Review of Form 990 2019 tax returns by the MCWIC Board of Directors in preparation for submittal to the IRS
- 7.5 Consideration of approval of the America's Job Center of California (AJCC) Adult and Dislocated Worker Career Services Provider application.

### 8.0 Information Items

- 8.1 Workforce Development Board (WDB) of Madera County Update
- 8.2 Program Update
- 8.3 Local and Regional Plans Update
- 8.4 One Stop Operator Request for Proposals Update
- 8.5 Information on Weekly Unemployment Insurance (UI) Initial Claims for Madera County
- 8.6 COVID-19 Update

### 9.0 Written Communication

### 10.0 Open Discussion/Reports/Information

- 10.1 Board Members
- 10.2 Staff

**11.0 Next Meeting**

January 28, 2021

**12.0 Adjournment**



## MINUTES

**October 22, 2022**

**Convened at Madera County Workforce Assistance Center – via Teleconference  
 Teleconference Line: (669) 900-9128  
 2037 W. Cleveland Avenue, Madera, CA 93637**

**PRESENT:** Debi Bray, Gabriel Mejia, Mattie Mendez, Mike Farmer, Ramona Davie, Robyn Smith, Roger Leach, Tim Riche

**ABSENT:**

**GUEST:** Doug Sampson

**STAFF:** Jessica Roche, Maiknue Vang, Nicki Martin, Tracie Scott-Contreras

**1.0 Call to Order**

*Meeting called to order at 3:03 p.m. Chair Debi Bray.*

**1.1 Pledge of Allegiance**

**2.0 Additions to the Agenda**

*None.*

**3.0 Public Comment**

*None.*

**4.0 Introductions and Recognitions**

*Tracie Scott-Contreras, Executive Director, introduced Doug Sampson. Doug will be presenting the auditing report to the Board.*

**5.0 Adoption of Board Agenda**

*Gabriel Mejia moved to adopt the agenda, seconded by Robyn Smith.*

*Vote: Approved – unanimous*

*Yes: Debi Bray, Gabriel Mejia, Mattie Mendez, Mike Farmer, Ramona Davie, Robyn Smith, Roger Leach, Tim Riche*

**6.0 Consent Calendar**

**6.1 Consideration of approval of the September 24, 2020 Madera County Workforce Investment Corporation (MCWIC) meeting minutes.**

*Roger Leach moved to approve, seconded by Mike Farmer.*

*Vote: Approved – unanimous*

Yes: Debi Bray, Gabriel Mejia, Mattie Mendez, Mike Farmer, Ramona Davie, Robyn Smith, Roger Leach, Tim Riche

## 7.0 Action Items

### 7.1 Consideration of approval of the Audit Report for the 2020 audited financial statements submitted by Moss Adams.

Doug Sampson, Moss Adams, presented the audited reports to the MCWIC. The report of independent auditors explains what reports are included and summarizes the managers responsibilities. The report also explains the auditing standards used. Government auditing standards are used. The MCWIC financial statements received a clean, unmodified opinion. The audit is also conducted under government uniform guidance which means there is a schedule of expenditures of federal awards which merits its own opinion. That schedule is also receiving a clean, unmodified opinion. Government auditing standards require additional reports which are provided towards the end of the report. The statement of financial position was reviewed. Assets listed on the statement are listed at approximately \$650,000, liabilities at approximately \$144,000 and net asset position on June 30, 2020 at approximately \$500,000. The Statement of Activities shows the revenue and gains for the organization. It shows what the organization's expenses are. Total expenses for the year total \$3,155,754. This total was up slightly from the previous year by approximately \$75,000. Revenues exceeded expenses. The Statement of Functional Expenses is a required report and is unique to non-profits. This report provides more detail on program expenses or administrative expenses. The Statement of Cash Flows is also required. This report reconciles the cash balance from the beginning of the year to the end of the year. All financial statements will include a set of basic footnotes. Auditors will point out if there have been any major changes from one year to another in the footnotes. There are no significant changes to note. Topic 958 is a new standard that every non-profit had to adopt. It will not be included in the notes next year. Schedule of Expenditures of Federal Awards shows the expenditures of federal funds received. The Workforce Innovation and Opportunity Act (WIOA) requires that local areas show how each grant expended its funds. The Schedule of Grant Expenses lists expenses by program and category. The auditors report on internal control over financial reporting on compliance and other matters is required due to government standards and uniform guidance standards. If any material weaknesses or deficiencies are found during the audit, this report would include those findings. MCWIC did not have any weaknesses or deficiencies. There were also no findings for compliance or other matters. The report on compliance required by the uniform guidance has a clean and unmodified opinion. Information on internal controls over compliance is also included. The report on internal controls would also list any deficiencies – none were found. The Schedule of Findings and Questioned Costs summarizes the audit report. Staff expressed their appreciation to the auditors for their work. Tracie thanked the Fiscal team for their hard work.

Roger Leach moved to approve, seconded by Mattie Mendez.

Vote: Approved – unanimous

Yes: Debi Bray, Gabriel Mejia, Mattie Mendez, Mike Farmer, Ramona Davie, Robyn Smith, Roger Leach, Tim Riche

### 7.2 Consideration of approval of the MCWIC year-to-date financial reports for period ending August 31, 2020.

The CLEO agreement states that the financial reports need to be approved by the board on a monthly basis. The Center is still seeing lower than usual traffic. Everything is proceeding well. If the county goes to the less restrictive red category, hopefully that will bring more people into the Center and Partners can consider coming back into the building.

Robyn Smith moved to approved, seconded by Mike Farmer.

Vote: Approved – unanimous

Yes: Debi Bray, Gabriel Mejia, Mattie Mendez, Mike Farmer, Ramona Davie, Robyn Smith, Roger Leach, Tim Riche

**7.3 Consideration of approval of an Employee Assistance Program (EAP) as provided by Halcyon Behavioral.**

*There has been much information on the importance of an EAP for employees, especially since staff have continued to work on-site throughout the pandemic. Halcyon provides support and resources including telephonic support, support and resources for childcare, pet care and financial support. They also provide telehealth counseling. Monthly webinars are also available. Their services are primarily online but they also provide one-on-one services. Halcyon's organizational services fee is \$606 per year.*

*Roger Leach moved to approve, seconded by Ramona Davie.*

*Vote: Approved – unanimous*

*Yes: Debi Bray, Gabriel Mejia, Mattie Mendez, Mike Farmer, Ramona Davie, Robyn Smith, Roger Leach, Tim Riche*

**8.0 Information Items**

**8.1 Workforce Development Board (WDB) of Madera County Update**

*Local areas are moving into local planning. The first local plan discussion took place with the WDB at their October 15, 2020 meeting. David Shinder, consultant, facilitated a discussion on the Board's strategic vision – strategies for better aligning economic development and workforce development in the county, improving opportunities for the system's customers towards economic self-sufficiency and strategies to make services more equitable for customers. Community and stakeholder events will start taking place that will include Board members, community members and partners. MCWIC members will also be invited to participate. Additional information provided within the agenda packet.*

**8.2 Program Update**

*The program update document is now separated between formula funds and special grants. Participants are now being enrolled into the national dislocated worker grant. Tracie submitted a concept paper to the State specific to the disaster recovery efforts due to the wildfires. The paper focuses on an effort to place displaced community members within organizations that are working on the wildfire recovery effort. This would be temporary employment for participants. She reached out to Supervisor Wheeler's office and Jay Varney in order to possibly work together and work on possibly providing workshop in their areas for displaced community members. The priority of work for the area will be prioritize cleanup, work on roads, signs and trees. Participants affected would get to be a part of the recovery effort in their areas. The concept paper was due today. The Workforce English Language Learner (ELL) grant partnered with various Partners and the Education & Leadership Foundation (ELF) on a drive-thru resource and food fair scheduled for October 12, 2020 from 9:00 a.m. to 12:00 p.m. ELF secured 200 boxes of food for distribution. Participants drove up and received various informational resources as well as a box of food. The food ran out by 11:00 a.m. The event was very well attended. Staff have worked with the City for PPE supplies distribution. Supplies were provided to business according to the number of employees. Staff provided labor market information to help identify businesses. Staff also helped prepare the PPE packages for distribution. Debi Bray stated that the Madera Chamber is also participating in PPE distribution. Additional information provided within the agenda packet.*

**8.3 MCWIC Building Lease Update**

*Staff are hoping that the Employment Development Department (EDD) will take the 2 existing classrooms as well as expanding their current space. P. Steve Ramirez Vocational Training Centers leases some space and moved into the building last week. They currently have 3 staff but expect to bring more into the building. This has helped reduce MCWIC's share of the lease. Additional information provided within the agenda packet.*

**8.4 MCWIC Holiday Meeting Schedule**

*The November MCWIC board meeting falls on the Thanksgiving holiday and the office will be closed. An alternate date needs to be selected for the next meeting. December 10, 2020 was selected for the next meeting. Additional information provided within the agenda packet.*

## **8.5 MCWIC One Stop Operator Request for Proposal (RFP) Update**

*The current contract with ProPath, Inc. is expiring and a procurement needs to be let for the One Stop Operator (OSO). Madera is the lead for the regional OSO. The regional OSO procurement is discussed and planned for at the Central Valley Workforce Collaborative (CCWC) meetings. The selection and approval of the OSO falls to the WDB but the MCWIC will issue the contract. MCWIC board members may be invited to participate in the process. The OSO contract will be effective July 1, 2021. Additional information provided within the agenda packet.*

## **8.6 MCWIC Workforce Technician Lead Job Description Revisions**

*The changes to the job description were not substantive. This position and description came over from Madera County Office of Education. The revisions included changes to actual duties in order to bring the position in line with the earnings. Additional information provided within the agenda packet.*

## **8.7 Information on Weekly Unemployment Insurance (UI) Initial Claims for Madera County**

*The total UI numbers are almost at 44,000. They are currently decreasing. The numbers reflect those people who are actively looking for employment and are getting UI – not those that have left the workforce entirely. Additional information provided within the agenda packet.*

## **8.8 COVID-19 Update**

*There have been no new additional exposures. Staff are in the process of finalizing an injury prevention program. An Injury and Illness Prevention Program policy will be brought to the MCWIC for approval. The policy will include a pandemic response. Additional information provided within the agenda packet.*

# **9.0 Written Communication**

## **9.1 Annual Review of Workforce Innovation and Opportunity Act (WIOA) Monitoring Report**

*Because the State was unable to do an audit due to the pandemic, Madera County conducted an audit. The audit was conducted via desk and virtual. There were 2 areas that needed attention but it has already been addressed. The County auditor is very knowledgeable. The County is ultimately responsible for the Workforce program. They have fiduciary responsibility for the program.*

# **10.0 Open Discussion/Reports/Information**

## **10.1 Board Members**

*None.*

## **10.2 Staff**

- Jessica Roche, Controller, thanked the fiscal and all staff for their work which helps with positive audits.
- Tracie spoke with Marina about possible membership but has not heard back from her and will follow up. She continues to reach out to other possible members.

# **11.0 Next Meeting**

*December 10, 2020*

# **12.0 Adjournment**

*Tim Riche moved to adjourn at 4:14 p.m., seconded by Mike Farmer.*

**Madera County Workforce Investment Corporation**  
**Aged Receivables by Invoice Date**  
**Aging Date - 10/1/2020**  
**From 7/1/2020 Through 10/31/2020**

Customer ID	Customer Name	Invoice Date	Invoice Number	Total	Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due
1000	Central Valley Opportunity Center	9/30/2020	ARDoc1283	395.57	0.00	395.57	0.00	0.00	0.00
1000		10/31/2020	ARDoc1299	353.38	353.38	0.00	0.00	0.00	0.00
Total 1000	Central Valley Opportunity Center			748.95	353.38	395.57	0.00	0.00	0.00
1001	CONSTELLATION WINES US/MISSION BELL WINERY	9/11/2020	ARDoc1259	558.00	0.00	558.00	0.00	0.00	0.00
1001		9/17/2020	ARDoc1272	279.00	0.00	279.00	0.00	0.00	0.00
1001		9/29/2020	ARDoc1279	558.00	0.00	558.00	0.00	0.00	0.00
1001		10/8/2020	ARDoc1282	279.00	279.00	0.00	0.00	0.00	0.00
1001		10/21/2020	ARDoc1293	279.00	279.00	0.00	0.00	0.00	0.00
Total 1001	CONSTELLATION WINES US/MISSION BELL WINERY			1,953.00	558.00	1,395.00	0.00	0.00	0.00
1003	EDD - WIOA Cash Draw	10/29/2020	ARDoc1296	36,304.08	36,304.08	0.00	0.00	0.00	0.00
Total 1003	EDD - WIOA Cash Draw			36,304.08	36,304.08	0.00	0.00	0.00	0.00
1004	State Center Community College District	7/31/2020	ARDoc1252	763.00	0.00	0.00	0.00	763.00	0.00
1004		9/30/2020	ARDoc1288	763.00	0.00	763.00	0.00	0.00	0.00
1004		10/31/2020	ARDoc1302	763.00	763.00	0.00	0.00	0.00	0.00
Total 1004	State Center Community College District			2,289.00	763.00	763.00	0.00	763.00	0.00

**Madera County Workforce Investment Corporation**

Aged Receivables by Invoice Date

Aging Date - 10/1/2020

From 7/1/2020 Through 10/31/2020

Customer ID	Customer Name	Invoice Date	Invoice Number	Total	Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due
1005	Madera County Probation Department	10/31/2020	ARDoc1307	1,101.23	1,101.23	0.00	0.00	0.00	0.00
1005		10/31/2020	ARDoc1308	2,490.10	2,490.10	0.00	0.00	0.00	0.00
Total 1005	Madera County Probation Department			3,591.33	3,591.33	0.00	0.00	0.00	0.00
1008	Department of Rehabilitation	7/31/2020	ARDoc1249	452.84	0.00	0.00	0.00	452.84	0.00
1008		8/31/2020	ARDoc1264	452.84	0.00	0.00	452.84	0.00	0.00
1008		9/30/2020	ARDoc1285	452.84	0.00	452.84	0.00	0.00	0.00
1008		10/31/2020	ARDoc1303	452.84	452.84	0.00	0.00	0.00	0.00
Total 1008	Department of Rehabilitation			1,811.36	452.84	452.84	452.84	452.84	0.00
1052	CertainTeed LLC	8/31/2019	ARDoc1066	(892.50)	0.00	0.00	0.00	0.00	(892.50)
1052		2/29/2020	ARDoc1164	510.00	0.00	0.00	0.00	0.00	510.00
Total 1052	CertainTeed LLC			(382.50)	0.00	0.00	0.00	0.00	(382.50)
1065	Madera Adult School	9/30/2020	ARDoc1284	5,058.53	0.00	5,058.53	0.00	0.00	0.00
1065		10/31/2020	ARDoc1298	3,577.84	3,577.84	0.00	0.00	0.00	0.00
Total 1065	Madera Adult School			8,636.37	3,577.84	5,058.53	0.00	0.00	0.00
1073	EDD-DGS	7/31/2020	ARDoc1250	135.00	0.00	0.00	0.00	135.00	0.00
1073		8/31/2020	ARDoc1266	135.00	0.00	0.00	135.00	0.00	0.00
1073		9/30/2020	ARDoc1287	135.00	0.00	135.00	0.00	0.00	0.00
1073		10/1/2020	ARDoc1286	5,472.00	5,472.00	0.00	0.00	0.00	0.00
1073		10/31/2020	ARDoc1304	135.00	135.00	0.00	0.00	0.00	0.00
Total 1073	EDD-DGS			6,012.00	5,607.00	135.00	135.00	135.00	0.00

**Madera County Workforce Investment Corporation**  
 Aged Receivables by Invoice Date  
 Aging Date - 10/1/2020  
 From 7/1/2020 Through 10/31/2020

Customer ID	Customer Name	Invoice Date	Invoice Number	Total	Current	1 - 30 Days Past Due	31 - 60 Days Past Due	61 - 90 Days Past Due	Over 90 Days Past Due
1106	County of San Joaquin	7/31/2020	ARDoc1253	2,096.48	0.00	0.00	0.00	2,096.48	0.00
		8/31/2020	ARDoc1262	3,085.12	0.00	0.00	3,085.12	0.00	0.00
		8/31/2020	ARDoc1263	1,630.26	0.00	0.00	1,630.26	0.00	0.00
		9/30/2020	ARDoc1291	2,586.38	0.00	2,586.38	0.00	0.00	0.00
		9/30/2020	ARDoc1292	3,136.31	0.00	3,136.31	0.00	0.00	0.00
		10/31/2020	ARDoc1305	3,256.83	3,256.83	0.00	0.00	0.00	0.00
		10/31/2020	ARDoc1306	5,713.01	5,713.01	0.00	0.00	0.00	0.00
Total 1106	County of San Joaquin			21,504.39	8,969.84	5,722.69	4,715.38	2,096.48	0.00
1118	P. Steve Ramirez Vocational Training Centers	10/27/2020	ARDoc1295	774.00	774.00	0.00	0.00	0.00	0.00
1118		11/1/2020	ARDoc1300	2,539.76	2,539.76	0.00	0.00	0.00	0.00
Total 1118	P. Steve Ramirez Vocational Training Centers			3,313.76	3,313.76	0.00	0.00	0.00	0.00
Report Total				85,781.74	63,491.07	13,922.63	5,303.22	3,447.32	(382.50)
				=====	=====	=====	=====	=====	=====

**Madera County Workforce Investment Corporation**  
**Aged Payables by Invoice Date - Aged Payables**  
**Aging Date - 10/1/2020**  
**From 7/1/2020 Through 10/31/2020**

Vendor ID	Date Invoiced	Invoice Number	Amount Due	1 - 30 Days Past Due	31 - 60 Days Past Due
1007	10/27/2020	APDoc5245	793.07	0.00	0.00
	10/27/2020	APDoc5246	703.71	0.00	0.00
	10/27/2020	APDoc5247	1,049.98	0.00	0.00
	11/4/2020	APDoc5249	413.70	0.00	0.00
Total 1007			2,960.46	0.00	0.00
1013	10/27/2020	APDoc5248	144.06	0.00	0.00
Total 1013			144.06	0.00	0.00
1017	11/4/2020	APDoc5275	289.85	0.00	0.00
	11/5/2020	APDoc5276	88.50	0.00	0.00
	11/5/2020	APDoc5277	108.85	0.00	0.00
	11/6/2020	APDoc5270	191.25	0.00	0.00
	11/6/2020	APDoc5271	216.75	0.00	0.00
	11/6/2020	APDoc5272	204.00	0.00	0.00
	11/6/2020	APDoc5273	135.15	0.00	0.00
Total 1017			1,234.35	0.00	0.00
1031	10/7/2020	1245559	336.00	0.00	0.00
Total 1031			336.00	0.00	0.00
1098	10/26/2020	APDoc5280	45.00	0.00	0.00
	10/28/2020	APDoc5281	120.00	0.00	0.00
	10/28/2020	APDoc5283	277.82	0.00	0.00
	11/2/2020	APDoc5279	128.82	0.00	0.00
Total 1098			571.64	0.00	0.00
1338	10/6/2020	APDoc5274	1,900.00	0.00	0.00
Total 1338			1,900.00	0.00	0.00
1601	10/29/2020	Madera-2108	6,407.34	0.00	0.00
Total 1601			6,407.34	0.00	0.00

**Madera County Workforce Investment Corporation**

Aged Payables by Invoice Date - Aged Payables

Aging Date - 10/1/2020

From 7/1/2020 Through 10/31/2020

<u>Vendor ID</u>	<u>Date Invoiced</u>	<u>Invoice Number</u>	<u>Amount Due</u>	<u>1 - 30 Days Past Due</u>	<u>31 - 60 Days Past Due</u>
1711	10/31/2020	57437	400.00	0.00	0.00
Total 1711			400.00	0.00	0.00
1738	10/28/2020	APDoc5250	20.00	0.00	0.00
Total 1738			20.00	0.00	0.00
1864	11/2/2020	1019859	254.82	0.00	0.00
Total 1864			254.82	0.00	0.00
1908	11/5/2020	APDoc5259	56.00	0.00	0.00
Total 1908			56.00	0.00	0.00
1911	11/3/2020	APDoc5240	90.00	0.00	0.00
Total 1911			90.00	0.00	0.00
1914	11/6/2020	APDoc5267	72.00	0.00	0.00
	11/6/2020	APDoc5268	72.00	0.00	0.00
	11/6/2020	APDoc5269	18.00	0.00	0.00
Total 1914			162.00	0.00	0.00
1920	11/4/2020	APDoc5265	200.00	0.00	0.00
	11/4/2020	APDoc5266	170.00	0.00	0.00
Total 1920			370.00	0.00	0.00
1939	10/26/2020	537051	144.42	0.00	0.00
Total 1939			144.42	0.00	0.00
1944	10/30/2020	APDoc5243	81.00	0.00	0.00
Total 1944			81.00	0.00	0.00
1949	11/4/2020	APDoc5261	90.00	0.00	0.00

**Madera County Workforce Investment Corporation**

Aged Payables by Invoice Date - Aged Payables

Aging Date - 10/1/2020

From 7/1/2020 Through 10/31/2020

<u>Vendor ID</u>	<u>Date Invoiced</u>	<u>Invoice Number</u>	<u>Amount Due</u>	<u>1 - 30 Days Past Due</u>	<u>31 - 60 Days Past Due</u>
Total 1949			90.00	0.00	0.00
1951	11/4/2020	APDoc5237	100.00	0.00	0.00
	11/4/2020	APDoc5238	90.00	0.00	0.00
Total 1951			190.00	0.00	0.00
1953	11/2/2020	APDoc5239	80.00	0.00	0.00
Total 1953			80.00	0.00	0.00
1957	11/3/2020	APDoc5241	80.00	0.00	0.00
	11/3/2020	APDoc5242	30.00	0.00	0.00
Total 1957			110.00	0.00	0.00
1959	11/4/2020	APDoc5262	90.00	0.00	0.00
	11/4/2020	APDoc5263	80.00	0.00	0.00
Total 1959			170.00	0.00	0.00
1965	10/27/2020	APDoc5244	10.00	0.00	0.00
Total 1965			10.00	0.00	0.00
1971	10/7/2020	522	74.00	0.00	0.00
Total 1971			74.00	0.00	0.00
1979	11/5/2020	APDoc5260	63.00	0.00	0.00
Total 1979			63.00	0.00	0.00
Report Total			15,919.09	0.00	0.00
			<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

## Madera County Workforce Investment Corporation

Budget to Actual FY 2020-2021

From 7/1/2020 to 10/31/2020

**Fund 01 Summary**

Revenue	GL Code	GL Description	Available Budget				
			Budget	YTD Actual	Encumbrance	Balance	Variance
<b>Revenue</b>							
4000	Grant Revenue	\$ 3,383,658	\$ 661,990	\$ -	\$ 2,721,668	80%	
4300	Other Income	\$ 618,915	\$ 88,432	\$ -	\$ 530,483	86%	
4500	Interest Revenue	\$ -	\$ 1	\$ -	\$ (1)	#DIV/0!	
4100	Contribution Income	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
4200	Contribution In-Kind (goods)	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Total Revenue</b>		<b>\$ 4,002,573</b>	<b>\$ 750,422</b>	<b>\$ -</b>	<b>\$ 3,252,151</b>	<b>81%</b>	
<b>Expenditures</b>							
Personnel Costs							
5100	Staff Salaries	\$ 1,378,590	\$ 404,123	\$ -	\$ 974,467	71%	
5105	Vacation	\$ -	\$ 32,360	\$ -	\$ (32,360)	#DIV/0!	
5106	FFCRA Emergency Sick Leave Wags	\$ -	\$ 971	\$ -	\$ (971)	#DIV/0!	
5111	Employer Medicare Expense	\$ 21,183	\$ 6,619	\$ -	\$ 14,564	69%	
5112	Social Security Employer Exp	\$ 90,637	\$ 28,243	\$ -	\$ 62,394	69%	
5115	CA Unemployment Insurance Exp	\$ 10,193	\$ 784	\$ -	\$ 9,409	92%	
5116	CA Training Tax Expense	\$ 185	\$ 14	\$ -	\$ 171	92%	
5120	Workers Compensation Expense	\$ 3,426	\$ 1,008	\$ -	\$ 2,418	71%	
5130	Group Health Insurance Expense	\$ 132,621	\$ 32,386	\$ -	\$ 100,235	76%	
5140	Employers 457 Expense	\$ 82,717	\$ 24,726	\$ -	\$ 57,991	70%	
5160	Group Dental Insurance	\$ 13,323	\$ 2,133	\$ -	\$ 11,190	84%	
5170	Group Vision Insurance	\$ 2,971	\$ 670	\$ -	\$ 2,301	77%	
5180	Group Life Insurance	\$ 2,873	\$ 922	\$ -	\$ 1,952	68%	
<b>Total Personnel Costs</b>		<b>\$ 1,738,719</b>	<b>\$ 534,960</b>	<b>\$ -</b>	<b>\$ 1,203,759</b>	<b>69%</b>	
General Operating Costs							
5210	Facility Materials and Supplies	\$ 2,492	\$ 1,068	\$ -	\$ 1,424	57%	
5300	Rent Expense	\$ 213,845	\$ 71,284	\$ -	\$ 142,561	67%	
5310	Common Area Maintenance	\$ 27,357	\$ -	\$ -	\$ 27,357	100%	
5330	Utilities Expense	\$ 84,161	\$ 31,646	\$ -	\$ 52,515	62%	
5820	Facility Maintenance Services	\$ 20,473	\$ -	\$ -	\$ 20,473	100%	
5200	Materials and Supplies	\$ 24,840	\$ 4,158	\$ 26	\$ 20,656	83%	
5230	Contributed Materials and Supplie	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
5320	Telephone Expense	\$ 31,799	\$ 5,652	\$ -	\$ 26,147	82%	
5340	Property & Liability Insurance	\$ 5,458	\$ -	\$ -	\$ 5,458	100%	
5400	Postage Expense	\$ 1,500	\$ -	\$ -	\$ 1,500	100%	
5410	Printing Expense	\$ 3,330	\$ -	\$ 233	\$ 3,097	93%	
5420	Advertising Expense	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
5430	Bank Charges	\$ 200	\$ 40	\$ -	\$ 160	80%	
5440	Dues and Membership Expense	\$ 8,306	\$ 179	\$ -	\$ 8,127	98%	
5500	Auditing Fees	\$ 27,018	\$ 23,500	\$ -	\$ 3,518	13%	
5510	Legal Fees	\$ 7,001	\$ 126	\$ -	\$ 6,875	98%	
5520	Consulting/Professional Services	\$ 34,707	\$ 1,315	\$ 16,200	\$ 17,192	50%	
5530	Taxes and Fees	\$ 255	\$ 4	\$ -	\$ 251	98%	
5600	Office Equipment	\$ -	\$ 914	\$ -	\$ (914)	#DIV/0!	
5610	Equipment Maintenance	\$ 10,372	\$ 2,778	\$ -	\$ 7,594	73%	
5620	Equipment Rental	\$ 12,843	\$ 1,110	\$ -	\$ 11,733	91%	
5630	Software Expense	\$ 9,285	\$ 480	\$ -	\$ 8,805	95%	
5631	Software Maintenance	\$ 7,494	\$ 5,898	\$ -	\$ 1,596	21%	
5640	Internet Expense	\$ 10,577	\$ 3,363	\$ -	\$ 7,214	68%	
5650	Computer Hardware	\$ 15,024	\$ 2,255	\$ -	\$ 12,769	85%	
5660	Furniture & Fixtures	\$ 1,504	\$ -	\$ -	\$ 1,504	100%	
5710	Staff Training Expense	\$ 6,380	\$ 238	\$ -	\$ 6,142	96%	
5720	Staff Travel Expense	\$ 33,546	\$ 328	\$ -	\$ 33,218	99%	
5730	Conference, Conventions & Meetin	\$ 2,220	\$ 1,737	\$ -	\$ 483	22%	
5810	General Operating Services	\$ 93,034	\$ 34,829	\$ -	\$ 58,205	63%	
5900	Insurance Expense	\$ 3,845	\$ 251	\$ -	\$ 3,594	93%	
5980	Fixed Assets - Expense Offset	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
7310	Fiscal Processing Fee Offset	\$ -	\$ -	\$ -	\$ -	#DIV/0!	
<b>Total General Operating Costs</b>		<b>\$ 698,866</b>	<b>\$ 193,152</b>	<b>\$ 16,459</b>	<b>\$ 489,254</b>	<b>70%</b>	
Direct Participant Costs							
5220	Client Materials and Supplies	\$ 12,188	\$ 4,278	\$ 8,221	\$ (312)	-3%	
5700	Client Transportation Assistance E:	\$ 61,990	\$ 7,594	\$ 14,290	\$ 40,106	65%	
5800	Subcontracted Program Services	\$ 1,233,752	\$ 139,615	\$ 244,377	\$ 849,760	69%	
<b>Total Direct Participant Costs</b>		<b>\$ 1,307,930</b>	<b>\$ 151,488</b>	<b>\$ 266,888</b>	<b>\$ 889,554</b>	<b>68%</b>	
<b>Total Expenditures</b>		<b>\$ 3,745,515</b>	<b>\$ 879,600</b>	<b>\$ 283,348</b>	<b>\$ 2,582,568</b>	<b>69%</b>	
<b>Net Revenue Over/(Under) Expense</b>		<b>\$ 257,058</b>	<b>\$ (129,177)</b>	<b>\$ (283,348)</b>	<b>\$ 669,583</b>		

**Madera County Workforce Investment Corporation**  
**Statement of Cash Flows - Statement of Cash Flows**  
**As of 10/31/2021**  
(In Whole Numbers)

	Current Month	Current Fiscal Year
<b>CASH FLOWS FROM OPERATING ACTIVITES</b>		
Change in Net Assets	(80,861)	(87,813)
Change in Operating Assets:		
Accounts Receivable	83,427	52,015
Total Change in Operating Assets:	83,427	52,015
Change in Operating Liabilities:	(69,112)	(113,968)
Total CASH FLOWS FROM OPERATING ACTIVITES	(66,546)	(149,766)
Net Change in Cash and Cash Equivalents	(66,546)	(149,766)
Cash and Cash Equivalents at the Beginning of the Year		
	351,944	435,163
Total Cash and Cash Equivalents at the Beginning of the Year	351,944	435,163
Cash and Cash Equivalents as of Current Period End Date	285,398	285,398

**Madera County Workforce Investment Corporation**  
**Balance Sheet - Statement of Financial Position FY 2020-2021**

As of 10/31/2020

(In Whole Numbers)

	Current Fiscal Year	Prior Year Financials Ending Balance
<b>CURRENT ASSETS</b>		
Cash and cash equivalents		
Cash in BA - Main	333,550	350,576
Cash in BA - Payroll	23,737	84,587
Total Cash and cash equivalents	<u>357,287</u>	<u>435,163</u>
Accounts Receivable		
Accounts Receivable	85,782	169,970
Total Accounts Receivable	<u>85,782</u>	<u>169,970</u>
Prepaid Expenses		
Prepaid Expense	3,217	3,217
Total Prepaid Expenses	<u>3,217</u>	<u>3,217</u>
Total assets, net		
Computer & Software	149,116	149,116
Office Equipment	18,438	18,438
Vehicles	0	0
Furniture & Fixtures	550	550
Accumulated Depreciation	(125,118)	(125,118)
Total Total assets, net	<u>42,986</u>	<u>42,986</u>
Total CURRENT ASSETS	<u>489,272</u>	<u>651,337</u>
<b>CURRENT LIABILITIES</b>		
Accounts Payable	15,919	50,329
Accrued payroll and related expenses	64,628	63,105
Vacation Payable	30,746	30,746
Total CURRENT LIABILITIES	<u>111,292</u>	<u>144,180</u>
<b>NET ASSETS</b>		
Temporary restricted and unrestricted		
Unrestricted	(382,262)	(504,628)
Restricted	4,282	(2,529)
Total Temporary restricted and unrestricted	<u>(377,980)</u>	<u>(507,157)</u>
Total NET ASSETS	<u>(377,980)</u>	<u>(507,157)</u>
Total liabilities and net assets	<u>489,272</u>	<u>651,337</u>

## Budget Adjustment Request

**Grant:** Underserved COVID Supportive Services

**Net Amount:** (\$10,000)

**Date of Adjustment:** 10/1/2020

**Requester:** Jessica Roche, Controller

**Board Approval Needed (as outlined in policy):** Yes    or    No

### Requested Budget Adjustment

Requested EDD to de-obligate grant by \$10,000 due to lack of demand by public as well as limited timeline for grant, end date 12/31/20. EDD granted de-obligation, therefore current year budget (carryover amount) was \$25,000, now reflects \$15,000.

### Rationale

Lack of demand and timeline of grant

### Signatures

I request approval for this budget adjustment:

Deputy Director Markus M. Yang Date 10/30/2020

Reviewed and Approved:

Executive Director Jessica Roche, Controller Date 10/23/2020

Quick Search Quick Search How to  
Enter Search...



Username

Password

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**Sign In**

Forgot your Username or Not Registered?

Subgrantee	MADERA COUNTY WORKFORCE INVESTMENT CORP		
Subgrant Number	AA011014	Status	Open
Program	DOL WIA/WIOA	Agreement Type	Subgrant
Modification Number	11	Year of Appropriation	2019
Term Begin Date	04/01/2019	Term End Date	03/31/2022
Grant Code / Modification Types			

## Grant Code / Modification Types

Grant Code:1187 (Underserved COVID-19 Impacted Individuals Grants)

Project Name: None Selected ▾ [Edit Projects]

Modification Type:  Amounts  
 Line Item Dates  
 Program Narrative  
 Exhibits

Amounts

## Amounts

Initial Allocation: \$0.00

Other Modifications: \$27,000.00

Amount Before Modification: \$27,000.00

Amount Change Type: Deobligation ▾

Modification Amount: (\$ 10,000.00)

Amount After Modification: \$17,000.00

## Term Dates

Line Item Begin Date:03/01/2020

Line Item End Date:12/31/2020

Save new Grant Codes first to gain access to Program Narratives, and Exhibits.

## Program Narratives

Selected Program Narratives

### Selected Program Narratives

Narrative Description	Narrative
Extend Term Date	The purpose of this modification is to deobligate \$10,000 of unexpended funds and extend the term en

[ Add Narrative ]

## Funding Notification

[ Show/Hide Funding Notification Text ]

The text below can be used to send a funding notification. Update as needed and then copy the text into an email message.

Subgrantee Code/Name: MAD - MADERA COUNTY WORKFORCE INVESTMENT CORP  
Funding Type: DOL WIA/WIOA 25% - Dislocated Worker Rapid Resp  
Subgrant No.: AA011014  
PY: 2019/22  
Grant Code: 1187 (Underserved COVID-19 Impacted Individuals Grants)  
Amount: \$17,000.00  
Ledger: 98420

graphic

## Budget Adjustment Request

**Grant:** AJCC Facility Partner – SCCCC #523

**Net Amount:** Approx. \$6,000

**Date of Adjustment:** 12/15/2020

**Requester:** Jessica Roche, Controller

**Board Approval Needed (as outlined in policy):** Yes  or No

### Requested Budget Adjustment

State Center Community College/Madera Community College District is unable to initiate the start date of their lease on July 1, 2020. Start date is being moved out to Jan 1, 2021. Therefore, facility costs charged to account #523 will need to be absorbed by WIOA.

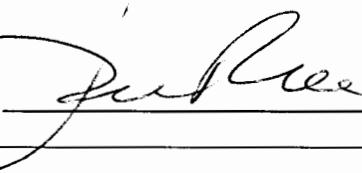
### Rationale

No lease agreement

### Signatures

I request approval for this budget adjustment:

Controller



Date

12/1/20

Reviewed and Approved:

Executive Director



Date

12/1/2020

AGENDA ITEM 7.4

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY



MOSSADAMS

T (559) 389-5700  
F (559) 389-5701

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265 E. River Park Circle  
Suite 110  
Fresno, CA 93720

November 12, 2020

Tracie Scott-Contreras  
Madera County Workforce Corp.  
2037 W. Cleveland Ave  
Madera, CA 93637

Dear Tracie:

Enclosed is the organization's 2019 extension form. The state extension information is also enclosed.

Specific filing instructions are as follows.

**FORM 8868 FOR FORM 990 RETURN:**

The extension for Form 990 has qualified for electronic filing. Form 8868 extends the due date of the organization's Form 990 return until May 17, 2021. The extension has been transmitted electronically to the IRS and no further action is required.

No payment is due with Form 8868.

**CALIFORNIA FORM 199 RETURN:**

California grants an automatic extension of time to file.

The filing due date of Form 199 is automatically extended until May 17, 2021.

No payment is required.

**CALIFORNIA FORM RRF-1:**

A copy of federal Form 8868 will be used to extend the filing due date of Form RRF-1 until May 17, 2021. Form 8868 will be filed with the completed annual report.

No payment is required until the final form is filed.

We will include copies of the 2019 extension forms with the completed returns.

We will notify you upon completion of the organization's tax returns. If information pertinent to the returns becomes available, please forward it to us as soon as possible. If you have questions, please do not hesitate to contact our office.

Sincerely,

*Tracy S. Paglia*  
for Moss Adams LLP

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

**FOR THE YEAR ENDING**

June 30, 2020

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**Prepared For:**

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION  
2037 W. CLEVELAND AVE  
MADERA, CA 93637

---

**Prepared By:**

Moss Adams LLP  
265 E. River Park Circle Ste 110  
Fresno, CA 93720

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020**2019**

► Do not send to the IRS. Keep for your records.

► Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Employer identification number

**45-5243432**

Name and title of officer

**TRACIE SCOTT-CONTRERAS  
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

- |   |   |                             |
|---|---|-----------------------------|
| <b>1a</b> Form 990 check here ► <input checked="" type="checkbox"/> | <b>b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....</b> | <b>1b</b> <u>3,231,129.</u> |
| <b>2a</b> Form 990-EZ check here ► <input type="checkbox"/>         | <b>b Total revenue, if any (Form 990-EZ, line 9) .....</b>                      | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here ► <input type="checkbox"/>       | <b>b Total tax (Form 1120-POL, line 22) .....</b>                               | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here ► <input type="checkbox"/>         | <b>b Tax based on investment income (Form 990-PF, Part VI, line 5) .....</b>    | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here ► <input type="checkbox"/>           | <b>b Balance Due (Form 8868, line 3c) .....</b>                                 | <b>5b</b> _____             |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize MOSS ADAMS LLP to enter my PIN 78593  
 ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**77535178593**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► \_\_\_\_\_ Date ► 11/12/20

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION  
2037 W. CLEVELAND AVE  
MADERA, CA 93637

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

|||||

FORM 990

**990**  
 Form 990  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

EXTENDED TO MAY 17, 2021

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

**A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020**

<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MADERA COUNTY WORKFORCE INVESTMENT CORPORATION</b>  <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) <b>2037 W. CLEVELAND AVE</b> Room/suite	<b>D Employer identification number</b> <b>45-5243432</b>  <b>E Telephone number</b> <b>(559) 662-4500</b>  <b>G Gross receipts \$</b> <b>3,231,129.</b>
	<b>F Name and address of principal officer:</b> <b>TRACIE SCOTT-CONTRERAS</b> <b>SAME AS C ABOVE</b>	<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J Website:</b> ► <a href="http://WWW.MADERAWORKFORCE.ORG">WWW.MADERAWORKFORCE.ORG</a>
	<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	<b>L Year of formation:</b> <b>2011</b> <b>M State of legal domicile:</b> <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>8</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>8</b>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b> <b>28</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b> <b>8</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b> <b>0.</b>
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>3,137,173.</b> <b>Current Year</b> <b>2,951,936.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>11,086.</b> <b>3,315.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b> <b>0.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>315,757.</b> <b>275,878.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,464,016.</b> <b>3,231,129.</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b> <b>0.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,687,332.</b> <b>1,726,833.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,624,648.</b> <b>1,428,921.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,311,980.</b> <b>3,155,754.</b>
	19 Revenue less expenses. Subtract line 18 from line 12	<b>152,036.</b> <b>75,375.</b>
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>695,166.</b> <b>End of Year</b> <b>651,336.</b>
	21 Total liabilities (Part X, line 26)	<b>263,384.</b> <b>144,179.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>431,782.</b> <b>507,157.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	► Signature of officer <b>TRACIE SCOTT-CONTRERAS, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY S. PAGLIA</b> Firm's name ► <b>MOSS ADAMS LLP</b> Firm's address ► <b>265 E. RIVER PARK CIRCLE STE 110</b> <b>FRESNO, CA 93720</b>	Preparer's signature <b>TRACY S. PAGLIA</b> Date <b>11/12/20</b> Check <input type="checkbox"/> if self-employed <b>PTIN P00366884</b> Firm's EIN ► <b>91-0189318</b> Phone no. <b>559-389-5700</b>

May the IRS discuss this return with the preparer shown above? (see instructions) .....  Yes  No

MADERA COUNTY WORKFORCE INVESTMENT  
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**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III .....  X

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  X No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  X No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 2,666,311. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,315.)

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) THE WIOA ENACTED IN 2015 IS A FEDERAL ACT DESIGNED TO STRENGTHEN AND IMPROVE OUR NATION'S PUBLIC WORKFORCE SYSTEM AND HELP GET AMERICANS, INCLUDING YOUTH AND THOSE WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INTO HIGH-QUALITY JOBS AND CAREERS AND HELP EMPLOYERS HIRE AND RETAIN SKILLED WORKERS. THE WIOA REPLACES THE PREVIOUS WORKFORCE INVESTMENT ACT OF 1998.

4b (Code: \_\_\_\_\_) (Expenses \$ 71,265. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

MADERA COUNTY DEPARTMENT OF CORRECTIONS REALIGNMENT SERVICES - CAREER DEVELOPMENT WORKSHOPS WILL BE PROVIDED TO IMPROVE THE VOCATIONAL APTITUDE OF OFFENDERS WHILE IN CUSTODY AND WHILE ON PROBATION TO INCREASE THE LIKELIHOOD OF THEIR SECURED EMPLOYMENT AND TO REDUCE RECIDIVISM.

4c (Code: \_\_\_\_\_) (Expenses \$ 66,810. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

PRISON TO EMPLOYMENT INITIATIVE GRANT WILL PROVIDE FUNDS FOR SUPPORTIVE SERVICES AND "EARN AND LEARN" OPPORTUNITIES FOR JUSTICE-INVOLVED AND THE FORMERLY INCARCERATED INDIVIDUALS, IN ORDER TO REDUCE RECIDIVISM IN THE ADULT CORRECTIONS SYSTEM. FUNDS WILL ALSO HELP BUILD CONNECTIONS BETWEEN LOCAL PAROLE, AJCC, AND EMPLOYERS IN ORDER TO STRENGTHEN THE CONNECTION WITHIN THE LOCAL COMMUNITY.

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 66,669. including grants of \$ \_\_\_\_\_)

(Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 2,871,055.

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	11a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	11c X	
14a Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	11d X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	11e X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	11f X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	12a X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	12b X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	13 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	14a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	14b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
20a	20a X	
20b	20b X	
	21 X	

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	16
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	28
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	X
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders .....	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	13b	
<b>c</b>	Enter the amount of reserves on hand .....	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	14a	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X
	If "Yes," complete Form 4720, Schedule O.		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI  X

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....	<b>1a</b>	8	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>1b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	8	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....			
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....			
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....			
	<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ► \_\_\_\_\_  
**JESSICA ROCHE - 559 662-4500**  
**2037 W. CLEVELAND AVE, MADERA, CA 93637**

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## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>1b Subtotal .....</b>	<b>►</b>	<b>208,834.</b>	<b>0.</b>	<b>12,113.</b>
<b>c Total from continuation sheets to Part VII, Section A .....</b>	<b>►</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c) .....</b>	<b>►</b>	<b>208,834.</b>	<b>0.</b>	<b>12,113.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

	Yes	No
3		X
4		X
5		X

### **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **0**

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**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514				
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a Federated campaigns .....</b>	<b>1a</b>							
	<b>b Membership dues .....</b>	<b>1b</b>							
	<b>c Fundraising events .....</b>	<b>1c</b>							
	<b>d Related organizations .....</b>	<b>1d</b>							
	<b>e Government grants (contributions) .....</b>	<b>1e</b> <b>2,951,713.</b>							
	<b>f All other contributions, gifts, grants, and similar amounts not included above ...</b>	<b>1f</b> <b>223.</b>							
	<b>g Noncash contributions included in lines 1a-1f .....</b>	<b>1g</b> <b>\$</b>							
	<b>h Total. Add lines 1a-1f .....</b>		<b>► 2,951,936.</b>						
<b>Program Service Revenue</b>	<b>2 a PROGRAM SERVICE FEES .....</b>	<b>Business Code</b> <b>900099</b>	<b>3,315.</b>	<b>3,315.</b>					
	<b>b .....</b>								
	<b>c .....</b>								
	<b>d .....</b>								
	<b>e .....</b>								
	<b>f All other program service revenue .....</b>								
	<b>g Total. Add lines 2a-2f .....</b>		<b>► 3,315.</b>						
<b>Other Revenue</b>	<b>3 Investment income (including dividends, interest, and other similar amounts) .....</b>								
	<b>4 Income from investment of tax-exempt bond proceeds .....</b>								
	<b>5 Royalties .....</b>								
	<b>6 a Gross rents .....</b>	<table border="1"><tr><td>(i) Real</td><td>(ii) Personal</td></tr><tr><td><b>6a</b> <b>275,878.</b></td><td></td></tr></table>	(i) Real	(ii) Personal	<b>6a</b> <b>275,878.</b>				
(i) Real	(ii) Personal								
<b>6a</b> <b>275,878.</b>									
	<b>b Less: rental expenses .....</b>	<b>6b</b> <b>0.</b>							
	<b>c Rental income or (loss) .....</b>	<b>6c</b> <b>275,878.</b>							
	<b>d Net rental income or (loss) .....</b>		<b>► 275,878.</b>		<b>275,878.</b>				
	<b>7 a Gross amount from sales of assets other than inventory .....</b>	<table border="1"><tr><td>(i) Securities</td><td>(ii) Other</td></tr><tr><td><b>7a</b></td><td></td></tr></table>	(i) Securities	(ii) Other	<b>7a</b>				
(i) Securities	(ii) Other								
<b>7a</b>									
	<b>b Less: cost or other basis and sales expenses .....</b>	<b>7b</b>							
	<b>c Gain or (loss) .....</b>	<b>7c</b>							
	<b>d Net gain or (loss) .....</b>								
	<b>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....</b>	<table border="1"><tr><td></td><td></td></tr><tr><td><b>8a</b></td><td></td></tr></table>			<b>8a</b>				
<b>8a</b>									
	<b>b Less: direct expenses .....</b>	<b>8b</b>							
	<b>c Net income or (loss) from fundraising events .....</b>		<b>►</b>						
	<b>9 a Gross income from gaming activities. See Part IV, line 19 .....</b>	<table border="1"><tr><td></td><td></td></tr><tr><td><b>9a</b></td><td></td></tr></table>			<b>9a</b>				
<b>9a</b>									
	<b>b Less: direct expenses .....</b>	<b>9b</b>							
	<b>c Net income or (loss) from gaming activities .....</b>		<b>►</b>						
	<b>10 a Gross sales of inventory, less returns and allowances .....</b>	<table border="1"><tr><td></td><td></td></tr><tr><td><b>10a</b></td><td></td></tr></table>			<b>10a</b>				
<b>10a</b>									
	<b>b Less: cost of goods sold .....</b>	<b>10b</b>							
	<b>c Net income or (loss) from sales of inventory .....</b>		<b>►</b>						
<b>Miscellaneous Revenue</b>	<b>11 a .....</b>	<b>Business Code</b>							
	<b>b .....</b>								
	<b>c .....</b>								
	<b>d All other revenue .....</b>								
	<b>e Total. Add lines 11a-11d .....</b>		<b>►</b>						
	<b>12 Total revenue. See instructions .....</b>		<b>► 3,231,129.</b>	<b>3,315.</b>	<b>0.</b> <b>275,878.</b>				

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	202,578.	202,578.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,185,491.	1,162,072.	23,419.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	211,464.	210,198.	1,266.	
10 Payroll taxes .....	127,300.	123,916.	3,384.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	14,347.		14,347.	
c Accounting .....	21,348.		21,348.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....				
12 Advertising and promotion .....	5,984.	3,796.	2,188.	
13 Office expenses .....	129,542.	119,742.	9,800.	
14 Information technology .....	27,944.	27,944.		
15 Royalties .....				
16 Occupancy .....	296,658.	124,582.	172,076.	
17 Travel .....	13,891.	11,336.	2,555.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	9,089.	9,014.	75.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	25,928.		25,928.	
23 Insurance .....	10,481.	8,319.	2,162.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a <b>CLIENT PROGRAM EXPENSES</b> .....	794,729.	794,729.		
b <b>EQUIPMENT</b> .....	25,956.	20,125.	5,831.	
c <b>DUES &amp; SUBSCRIPTIONS</b> .....	10,243.	9,923.	320.	
d .....				
e All other expenses .....	42,781.	42,781.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e .....	3,155,754.	2,871,055.	284,699.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Form 990 (2019)

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	279,841.	1	435,163.
	2 Savings and temporary cash investments .....	2		
	3 Pledges and grants receivable, net .....	315,958.	3	158,236.
	4 Accounts receivable, net .....	34,297.	4	11,734.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	2,807.	9	3,217.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a   168,104.		
	b Less: accumulated depreciation .....	10b   125,118.	62,263.	10c   42,986.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	695,166.	16	651,336.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	149,994.	17	144,179.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	113,390.	25	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	263,384.	26	144,179.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	398,743.	27	471,589.
	28 Net assets with donor restrictions .....	33,039.	28	35,568.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	431,782.	32	507,157.
	<b>33 Total liabilities and net assets/fund balances</b> .....	695,166.	33	651,336.

Form 990 (2019)

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Form 990 (2019)

45-5243432 Page 12

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	3,231,129.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	3,155,754.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	75,375.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	431,782.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	507,157.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	X

Form 990 (2019)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number
		45-5243432

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4871792.	2876559.	2336951.	3137173.	2951936.	16174411.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	4871792.	2876559.	2336951.	3137173.	2951936.	16174411.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						16174411.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	4871792.	2876559.	2336951.	3137173.	2951936.	16174411.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	27,334.	144,170.	258,741.	315,757.	275,878.	1021880.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						17196291.
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....				12		246,497.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	94.06	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	95.16	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2019 from Section C, line 6	
<b>10</b>	Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Schedule A (Form 990 or 990-EZ) 2019

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Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Employer identification number

**45-5243432**

Organization type (check one):

**Filers of:**Form 990 or 990-EZ       501(c)( 3 ) (enter number) organization           4947(a)(1) nonexempt charitable trust **not** treated as a private foundation           527 political organizationForm 990-PF       501(c)(3) exempt private foundation           4947(a)(1) nonexempt charitable trust treated as a private foundation           501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Employer identification number

45-5243432

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT  PO BOX 826880  SACRAMENTO, CA 94280	\$ 2,700,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF MADERA  200 W 4TH STREET  MADERA, CA 93637	\$ 71,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF SAN JOAQUIN EMPLOYMENT DEVELOPMENT DEPARTMENT  44 N. SAN JOAQUIN STREET  SATOCKTON, CA 95202	\$ 66,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

**Employer identification number**

45-5243432

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Employer identification number

45-5243432

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2019**  
Open to Public  
Inspection

► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	2a	
b Total acreage restricted by conservation easements .....	2b	
c Number of conservation easements on a certified historic structure included in (a) .....	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____		
4 Number of states where property subject to conservation easement is located ► _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
(ii) Assets included in Form 990, Part X .....	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
b Assets included in Form 990, Part X .....	► \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

932051 10-02-19

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Schedule D (Form 990) 2019

45-5243432 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .....  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? .....  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance .....             |        |
| <b>d</b> Additions during the year .....     |        |
| <b>e</b> Distributions during the year ..... |        |
| <b>f</b> Ending balance .....                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? .....  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	33,039.	24,103.	38,589.	14,797.	26,029.
<b>b</b> Contributions .....				40,000.	
<b>c</b> Net investment earnings, gains, and losses .....	-20,000.	-20,000.			
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	17,471.	11,064.	14,486.	16,208.	11,232.
<b>g</b> End of year balance .....	35,568.	33,039.	24,103.	38,589.	14,797.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► 100.00 %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations .....
- (ii) Related organizations .....

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....	168,104.	125,118.	42,986.	
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 42,986.

Schedule D (Form 990) 2019

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Schedule D (Form 990) 2019

45-5243432 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...  X

Schedule D (Form 990) 2019

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Schedule D (Form 990) 2019

45-5243432 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .....	1	3,231,129.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments .....	2a	
b Donated services and use of facilities .....	2b	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	0.
3 Subtract line 2e from line 1 .....	3	3,231,129.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	3,231,129.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .....	1	3,155,754.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	0.
3 Subtract line 2e from line 1 .....	3	3,155,754.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	3,155,754.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF  
THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE  
ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY  
UNCERTAIN TAX POSITIONS.**

## **Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**

Open to Public  
Inspection

Name of the organization

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Employer identification number  
45-5243432

### 990 PART I, LINE 1

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION PROVIDES AND INVESTS IN  
A COMPREHENSIVE ARRAY OF BUSINESS AND CAREER SERVICES, INCLUDING JOB  
TRAINING AND SKILLS DEVELOPMENT, THAT PROMOTE ECONOMIC HEALTH AND  
PROSPERITY, AND SUPPORT THE ECONOMIC SUCCESS OF RESIDENTS, BUSINESSES,  
AND COMMUNITIES IN MADERA COUNTY.

### 990 PART III, LINE 1

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION PROVIDES AND INVESTS IN  
A COMPREHENSIVE ARRAY OF BUSINESS AND CAREER SERVICES, INCLUDING JOB  
TRAINING AND SKILLS DEVELOPMENT, THAT PROMOTE ECONOMIC HEALTH AND  
PROSPERITY, AND SUPPORT THE ECONOMIC SUCCESS OF RESIDENTS, BUSINESSES,  
AND COMMUNITIES IN MADERA COUNTY.

### FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PRGRAM SERVICES INCLUDE MADERA COUNTY DEPARTMENT OF SOCIAL  
SERVICES EMPLOYMENT ASSESSMENT SERVICES BASED ON REFERRALS FROM DSS  
STAFF, JOB FAIR FACILITATION SERVICES, AND TJT CONTRACT SERVICES BASED  
ON REFERRALS FROM DSS STAFF. THEY ALSO INCLUDE THE WELLS FARGO  
FOUNDATION GRANTS, WHICH PROVIDED A DEDICATED HI-SET/GED CONTRACTED  
CLASS FOR PARTICIPANTS WHO NEEDED TO OBTAIN THEIR GED, IN ORDER FOR  
THEM TO BECOME EMPLOYED OR MOVE ONTO ADDITIONAL TRAINING.

EXPENSES \$ 66,669. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION
--------------------------	--

Employer identification number	45-5243432
--------------------------------	------------

FORM 990, PART VI, SECTION B, LINE 11B:

MCWIC'S ANNUAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD PRIOR TO BEING FILED WITH THE IRS. HOWEVER, IN THE CASE OF A PENDING SUBMISSION DEADLINE AND TO AVOID PENALTY BY THE IRS, THE FORM 990 MAY BE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR PRIOR TO BEING FILED, AND WILL BE REVIEWED BY THE BOARD AFTER BEING FILED. THE INTERNAL REVENUE CODE AND REGULATIONS DO NOT REQUIRE THE GOVERNING BOARD TO REVIEW THE FORM 990, THEREFORE, THE IRS DOES NOT REQUIRE AN ORGANIZATION'S BOARD TO DO SO.  
HOWEVER, THE IRS BELIEVES THAT BOARD REVIEW OF FORM 990 MAY REFLECT GOOD GOVERNANCE; IN PARTICULAR, A BOARD THAT IS MORE PROACTIVE, INFORMED AND ENGAGED IN ENSURING THAT THE ORGANIZATION CONTINUES TO BE ORGANIZED AND OPERATED EXCLUSIVELY FOR EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND OFFICER IS REQUIRED TO REVIEW AND SIGN A DISCLOSURE OF INTEREST AND THE ACKNOWLEDGEMENT OF CONFLICT OF INTEREST ON AN ANNUAL BASIS. THIS KNOWLEDGE IS REVIEWED BY THE EXECUTIVE COMMITTEE WHEN POSSIBLE CONFLICTS EXIST. THERE HAVE BEEN NO CONFLICTS IDENTIFIED IN THE PAST YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. IF MEMBERS OF THE BOARD HAVE A CONFLICT, THEY ARE NOT INVOLVED. AS STATED IN QUESTION 12C, THERE HAVE BEEN NO CONFLICTS IDENTIFIED IN THE PAST YEAR.

OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, AND REVIEWED BY THE BOARD OF DIRECTORS.

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION
--------------------------	---

Employer identification number	45-5243432
--------------------------------	------------

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE MAINTAINED AT THE MADERA COUNTY WORKFORCE INVESTMENT

CORPORATIONS OFFICE AND ARE AVAILABLE FOR REVIEW.

PART XII, LINE 2C

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE

AUDIT, REVIEW, COMPIRATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF

AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED ITS

OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► File a separate application for each return.

► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>MADERA COUNTY WORKFORCE INVESTMENT CORPORATION</b>	Taxpayer identification number (TIN) <b>45-5243432</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2037 W. CLEVELAND AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MADERA, CA 93637</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JESSICA ROCHE**

- The books are in the care of ► **2037 W. CLEVELAND AVE – MADERA, CA 93637**
- Telephone No. ► **559 662-4500** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

**STATE COPY**

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION  
2037 W. CLEVELAND AVE  
MADERA, CA 93637

FRANCHISE TAX BOARD  
P.O. BOX 942857  
SACRAMENTO, CA 94257-0500

FORM 199

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION  
2037 W. CLEVELAND AVE  
MADERA, CA 93637

REGISTRY OF CHARITABLE TRUSTS  
P.O. BOX 903447  
SACRAMENTO, CA 94203-4470

FORM RRF-1

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

## FOR THE YEAR ENDING

June 30, 2020

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**Prepared For:**

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION  
2037 W. CLEVELAND AVE  
MADERA, CA 93637

---

**Prepared By:**

Moss Adams LLP  
265 E. River Park Circle Ste 110  
Fresno, CA 93720

---

**To be Signed and Dated By:**

Not applicable

---

**Amount of Tax:**

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
No payment is required	\$	.....

---

**Overpayment:**

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

This return has qualified for electronic filing. Please review the return for completeness and accuracy. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

---

**Return Must be Mailed On or Before:**

Not applicable

---

**Special Instructions:**

# **TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA FORM RRF-1

## **FOR THE YEAR ENDING**

June 30, 2020

---

**Prepared For:**

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION  
2037 W. CLEVELAND AVE  
MADERA, CA 93637

---

**Prepared By:**

Moss Adams LLP  
265 E. River Park Circle Ste 110  
Fresno, CA 93720

---

**Amount of Tax:**

Balance due of \$150

---

**Make Check Payable To:**

Department of Justice

---

**Mail Tax Return To:**

Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

---

**Return Must Be Mailed On Or Before:**

May 17, 2021

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**Special Instructions:**

The report should be signed and dated by an authorized individual(s).

TAXABLE YEAR  
**2019****California Exempt Organization  
Annual Information Return**

928941 12-04-19

FORM

**199**

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy)

**07/01/2019**

, and ending (mm/dd/yyyy)

**06/30/2020**

Corporation/Organization name

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Additional information. See instructions.

California corporation number

**3435527**

FEIN

**45-5243432**

Street address (suite or room)

**2037 W. CLEVELAND AVE**

City

**MADERA**

State

**CA**

ZIP code

**93637**

Foreign country name

Foreign province/state/county

Foreign postal code

- A** First Return .....  Yes  No  
**B** Amended Return .....  Yes  No  
**C** IRC Section 4947(a)(1) trust .....  Yes  No  
**D** Final Information Return?  
 •  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) • \_\_\_\_\_  
**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other  
**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990)  
 (4)  Other 990 series  
**G** Is this a group filing? See instructions .....  Yes  No  
**H** Is this organization in a group exemption .....  Yes  No  
 If "Yes," what is the parent's name?  
**I** Did the organization have any changes to its guidelines  
 not reported to the FTB? See instructions .....  Yes  No

- J** If exempt under R&TC Section 23701d, has the organization  
 engaged in political activities? See instructions. ..... •  Yes  No  
**K** Is the organization exempt under R&TC Section 23701g? ..... •  Yes  No  
 If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_  
**L** If organization is a public charity exempt under R&TC  
 Section 23701d and meets the filing fee exception, check  
 box. No filing fee is required ..... •   
**M** Is the organization a Limited Liability Company? ..... •  Yes  No  
**N** Did the organization file Form 100 or Form 109 to  
 report taxable income? ..... •  Yes  No  
**O** Is the organization under audit by the IRS or has the  
 IRS audited in a prior year? ..... •  Yes  No  
**P** Is federal Form 1023/1024 pending? ..... •  Yes  No  
 Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	• 1	<b>279,193</b> 00
	2 Gross dues and assessments from members and affiliates	• 2	00
	3 Gross contributions, gifts, grants, and similar amounts received	• 3	<b>2,951,936</b> 00
	Total gross receipts for filing requirement test. Add line 1 through line 3.	• 4	<b>3,231,129</b> 00
	This line must be completed. If the result is less than \$50,000, see General Information B	• 5	00
<b>Expenses</b>	6 Cost or other basis, and sales expenses of assets sold	• 6	00
	7 Total costs. Add line 5 and line 6	• 7	00
	8 Total gross income. Subtract line 7 from line 4	• 8	<b>3,231,129</b> 00
	9 Total expenses and disbursements. From Side 2, Part II, line 18	• 9	<b>3,155,754</b> 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	• 10	<b>75,375</b> 00
<b>Filing Fee</b>	11 Total payments	• 11	00
	12 Use tax. See General Information K	• 12	00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	• 13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	• 14	00
	15 Filing fee \$10 or \$25. See General Information F	• 15	<b>N/A</b> 00
	16 Penalties and Interest. See General Information J	• 16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	• 17	00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer ►	Title <b>EXECUTIVE DIRE</b>	Date	• Telephone <b>559 662-4500</b>
----------------------	------------------------	--------------------------------	------	------------------------------------

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <b>TRACY S. PAGLIA</b>	Date <b>11/12/20</b>	Check if self-employed ► <input type="checkbox"/>	<b>P00366884</b>
	Firm's name (or yours, if self- employed) and address ► <b>MOSS ADAMS LLP</b> <b>265 E. RIVER PARK CIRCLE STE 110</b> <b>FRESNO, CA 93720</b>		• PTIN  • Firm's FEIN  • Telephone  <b>559-389-5700</b>	<b>91-0189318</b>

May the FTB discuss this return with the preparer shown above? See instructions

•  Yes  No

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

45-5243432

928951 12-04-19

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions .....	•	1	00
	2 Interest .....	•	2	00
	3 Dividends .....	•	3	00
	4 Gross rents .....	•	4	00
	5 Gross royalties .....	•	5	00
	6 Gross amount received from sale of assets (See Instructions) .....	•	6	00
	7 Other income .....	•	7	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	00
	9 Contributions, gifts, grants, and similar amounts paid .....	•	9	00
	10 Disbursements to or for members .....	•	10	00
	11 Compensation of officers, directors, and trustees .....	•	11	00
	12 Other salaries and wages .....	•	12	00
	13 Interest .....	•	13	00
	14 Taxes .....	•	14	00
	15 Rents .....	•	15	00
	16 Depreciation and depletion (See instructions) .....	•	16	00
	17 Other Expenses and Disbursements .....	•	17	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	00

**Schedule L Balance Sheet** Beginning of taxable year End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash .....				•
2 Net accounts receivable .....				•
3 Net notes receivable .....				•
4 Inventories .....				•
5 Federal and state government obligations .....				•
6 Investments in other bonds .....				•
7 Investments in stock .....				•
8 Mortgage loans .....				•
9 Other investments .....				•
10 a Depreciable assets .....				
b Less accumulated depreciation .....	( )		( )	
11 Land .....				•
12 Other assets .....				•
13 Total assets .....				
Liabilities and net worth				
14 Accounts payable .....				•
15 Contributions, gifts, or grants payable .....				•
16 Bonds and notes payable .....				•
17 Mortgages payable .....				•
18 Other liabilities .....				
19 Capital stock or principal fund .....				•
20 Paid-in or capital surplus. Attach reconciliation .....				•
21 Retained earnings or income fund .....				•
22 Total liabilities and net worth .....				

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books .....	•	7 Income recorded on books this year not included in this return .....	
2 Federal income tax .....	•	8 Deductions in this return not charged against book income this year .....	
3 Excess of capital losses over capital gains .....	•	9 Total. Add line 7 and line 8 .....	
4 Income not recorded on books this year .....	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return .....	•	Subtract line 9 from line 6 .....	
6 Total. Add line 1 through line 5 .....			

CA 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT	PO BOX 826880 SACRAMENTO, CA 94280		2,700,096.
COUNTY OF MADERA	200 W 4TH STREET MADERA, CA 93637		71,265.
DEPARTMENT OF SOCIAL SERVICES	744 P ST. SACRAMENTO, CA 95814		49,598.
COUNTY OF SAN JOAQUIN EMPLOYMENT DEVELOPMENT DEPARTMENT	44 N. SAN JOAQUIN STREET SATOCKTON, CA 95202		66,810.
TOTAL INCLUDED ON LINE 3			<u>2,887,769.</u>

TAXABLE YEAR  
2019**California e-file Return Authorization for  
Exempt Organizations**FORM  
**8453-EO**

Exempt Organization name

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Identifying number

**45-5243432****Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4) .....	1	3 , 231 , 129
2 Total gross income (Form 199, line 8) .....	2	3 , 231 , 129
3 Total expenses and disbursements (Form 199, line 9) .....	3	3 , 155 , 754

**Part II Settle Your Account Electronically for Taxable Year 2019**4  Electronic funds withdrawal      4a Amount      4b Withdrawal date (mm/dd/yyyy)**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5 Routing number \_\_\_\_\_

7 Type of account:  Checking  Savings**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**  Signature of officer      Date

 **EXECUTIVE DIRECTOR**  Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> <b>Must Sign</b>	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00366884</b>
Firm's name (or yours if self-employed) and address	MOSS ADAMS LLP 265 E. RIVER PARK CIRCLE STE 110 FRESNO, CA				Firm's FEIN <b>91-0189318</b>
					ZIP code <b>93720</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> <b>Must Sign</b>	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Firm's name (or yours if self-employed) and address				Firm's FEIN
				ZIP code

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code  
11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

### MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

Name of Organization

List all DBAs and names the organization uses or has used

2037 W. CLEVELAND AVE

Address (Number and Street)

MADERA, CA 93637

City or Town, State, and ZIP Code

(559) 662-4500

Telephone Number

E-mail Address

Check if:

- Change of address  
 Amended report

State Charity Registration Number CT0197640

Corporation or Organization No. 3435527

Federal Employer ID No. 45-5243432

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2019 ending 06/30/2020) list:

Gross Annual Revenue \$ 3,231,129 Noncash Contributions \$ 0 Total Assets \$ 651,336  
Program Expenses \$ 2,871,055 Total Expenses \$ 3,155,754

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

Yes No

- |  |                   |
|--|-------------------|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | X                 |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  | X                 |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  | X                 |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   | X                 |
| 5. During this reporting period, did the organization receive any governmental funding?  | SEE STATEMENT 2 X |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?   | X                 |
| 7. Does the organization conduct a vehicle donation program?   | X                 |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?   | X                 |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   | X                 |

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

TRACIE SCOTT-CONTRERAS

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 2

STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT  
P.O. BOX 826880  
SACRAMENTO, CA 94280  
WORKFORCE SERVICES BRANCH  
FINANCIAL MANAGEMENT UNIT (FMU)  
916-651-0618

MADERA COUNTY PROBATION  
209 WEST YOSEMITE AVE.  
MADERA, CA 93637  
WHITNEY COX  
559-675-7739

WORKNET MERCED COUNTY  
1205 W. 18TH STREET  
MERCED, CA 95340  
LINDA GUTIERREZ  
209-724-2041

DEPARTMENT OF SOCIAL SERVICES  
700 E. YOSEMITE AVE.  
MADERA, CA 93638  
BARBARA HALE  
559-675-2361

COUNTY OF SAN JOAQUIN EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT  
44 N. SAN JOAQUIN STREET  
STOCKTON, CA 95202  
ALFREDO MENDOZA  
209-468-3651

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► File a separate application for each return.

► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. <b>MADERA COUNTY WORKFORCE INVESTMENT CORPORATION</b>	Taxpayer identification number (TIN) <b>45-5243432</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2037 W. CLEVELAND AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MADERA, CA 93637</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JESSICA ROCHE**

- The books are in the care of ► **2037 W. CLEVELAND AVE – MADERA, CA 93637**
- Telephone No. ► **559 662-4500** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_ ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year \_\_\_\_\_ or  
 tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>0.</b>
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

EXTENDED TO MAY 17, 2021

**990**  
 Form 990  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020**

<b>B Check if applicable:</b> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>MADERA COUNTY WORKFORCE INVESTMENT CORPORATION</b>  <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) <b>2037 W. CLEVELAND AVE</b> Room/suite _____ City or town, state or province, country, and ZIP or foreign postal code <b>MADERA, CA 93637</b>	<b>D Employer identification number</b> <b>45-5243432</b>  <b>E Telephone number</b> <b>(559) 662-4500</b>  <b>G Gross receipts \$</b> <b>3,231,129.</b>
		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		<b>H(c) Group exemption number</b> ►
	<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	<b>J Website:</b> ► <a href="http://WWW.MADERAWORKFORCE.ORG">WWW.MADERAWORKFORCE.ORG</a>	
	<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	
	<b>L Year of formation:</b> <b>2011</b> <b>M State of legal domicile:</b> <b>CA</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b>	<b>8</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b>	<b>8</b>
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) ..... <b>5</b>	<b>28</b>
	6 Total number of volunteers (estimate if necessary) ..... <b>6</b>	<b>8</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b>	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 39 ..... <b>7b</b>	<b>0.</b>
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) ..... <b>3,137,173.</b>	<b>Prior Year</b> <b>Current Year</b> <b>3,137,173.</b> <b>2,951,936.</b>
	9 Program service revenue (Part VIII, line 2g) ..... <b>11,086.</b>	<b>11,086.</b> <b>3,315.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>0.</b>	<b>0.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>315,757.</b>	<b>275,878.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>3,464,016.</b>	<b>3,231,129.</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>0.</b>	<b>0.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,687,332.</b>	<b>1,726,833.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b>	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>0.</b>	<b>0.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,624,648.</b>	<b>1,428,921.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,311,980.</b>	<b>3,155,754.</b>
	19 Revenue less expenses. Subtract line 18 from line 12 ..... <b>152,036.</b>	<b>75,375.</b>
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> <b>695,166.</b>	<b>End of Year</b> <b>651,336.</b>
	21 Total liabilities (Part X, line 26) ..... <b>263,384.</b>	<b>144,179.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20 ..... <b>431,782.</b>	<b>507,157.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	► Signature of officer <b>TRACIE SCOTT-CONTRERAS, EXECUTIVE DIRECTOR</b> Type or print name and title	Date _____ Date _____
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TRACY S. PAGLIA</b> Preparer's signature <b>TRACY S. PAGLIA</b> Date <b>11/12/20</b> Check <input type="checkbox"/> if self-employed <b>PTIN P00366884</b>	
	Firm's name ► <b>MOSS ADAMS LLP</b> Firm's address ► <b>265 E. RIVER PARK CIRCLE STE 110 FRESNO, CA 93720</b> Firm's EIN ► <b>91-0189318</b>	
	Phone no. <b>559-389-5700</b>	

May the IRS discuss this return with the preparer shown above? (see instructions) .....  Yes  No

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Form 990 (2019)

45-5243432 Page 2

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III .....  X

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

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- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  X No  
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  X No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 2,666,311. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,315.)

WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) THE WIOA ENACTED IN 2015 IS A FEDERAL ACT DESIGNED TO STRENGTHEN AND IMPROVE OUR NATION'S PUBLIC WORKFORCE SYSTEM AND HELP GET AMERICANS, INCLUDING YOUTH AND THOSE WITH SIGNIFICANT BARRIERS TO EMPLOYMENT, INTO HIGH-QUALITY JOBS AND CAREERS AND HELP EMPLOYERS HIRE AND RETAIN SKILLED WORKERS. THE WIOA REPLACES THE PREVIOUS WORKFORCE INVESTMENT ACT OF 1998.

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4b (Code: \_\_\_\_\_) (Expenses \$ 71,265. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

MADERA COUNTY DEPARTMENT OF CORRECTIONS REALIGNMENT SERVICES - CAREER DEVELOPMENT WORKSHOPS WILL BE PROVIDED TO IMPROVE THE VOCATIONAL APTITUDE OF OFFENDERS WHILE IN CUSTODY AND WHILE ON PROBATION TO INCREASE THE LIKELIHOOD OF THEIR SECURED EMPLOYMENT AND TO REDUCE RECIDIVISM.

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4c (Code: \_\_\_\_\_) (Expenses \$ 66,810. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

PRISON TO EMPLOYMENT INITIATIVE GRANT WILL PROVIDE FUNDS FOR SUPPORTIVE SERVICES AND "EARN AND LEARN" OPPORTUNITIES FOR JUSTICE-INVOLVED AND THE FORMERLY INCARCERATED INDIVIDUALS, IN ORDER TO REDUCE RECIDIVISM IN THE ADULT CORRECTIONS SYSTEM. FUNDS WILL ALSO HELP BUILD CONNECTIONS BETWEEN LOCAL PAROLE, AJCC, AND EMPLOYERS IN ORDER TO STRENGTHEN THE CONNECTION WITHIN THE LOCAL COMMUNITY.

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- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 66,669. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 2,871,055.

Form 990 (2019)

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Form 990 (2019)

45-5243432

Page 3

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	11a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	11b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	11c X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	11d X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	11e X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	11f X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	12a X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	12b X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	13 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	14a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	14b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
20a	20a X	
20b	20b X	
	21 X	

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III .....	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note: All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	16
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	28
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). .....		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	X
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	11a	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
<b>a</b>	Gross income from members or shareholders .....	12a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	12b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	13a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	13b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....	14a	X
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	14b	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	15	X
<b>c</b>	Enter the amount of reserves on hand .....	16	X
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		
	If "Yes," complete Form 4720, Schedule O.		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI  X

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....	<b>1a</b>	8	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
<b>1b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	8	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....			
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....			
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....			
	<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**JESSICA ROCHE - 559 662-4500**  
**2037 W. CLEVELAND AVE, MADERA, CA 93637**

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## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

**Yes** **No**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

## **Section B. Independent Contractors**

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a Federated campaigns .....</b>	<b>1a</b>			
	<b>b Membership dues .....</b>	<b>1b</b>			
	<b>c Fundraising events .....</b>	<b>1c</b>			
	<b>d Related organizations .....</b>	<b>1d</b>			
	<b>e Government grants (contributions) .....</b>	<b>1e</b> <b>2,951,713.</b>			
	<b>f All other contributions, gifts, grants, and similar amounts not included above ...</b>	<b>1f</b> <b>223.</b>			
	<b>g Noncash contributions included in lines 1a-1f .....</b>	<b>1g</b> \$			
	<b>h Total. Add lines 1a-1f .....</b>		<b>► 2,951,936.</b>		
<b>Program Service Revenue</b>	<b>2 a PROGRAM SERVICE FEES .....</b>	<b>Business Code</b> <b>900099</b>	<b>3,315.</b>	<b>3,315.</b>	
	<b>b .....</b>				
	<b>c .....</b>				
	<b>d .....</b>				
	<b>e .....</b>				
	<b>f All other program service revenue .....</b>				
	<b>g Total. Add lines 2a-2f .....</b>		<b>► 3,315.</b>		
<b>Other Revenue</b>	<b>3 Investment income (including dividends, interest, and other similar amounts) .....</b>				
	<b>4 Income from investment of tax-exempt bond proceeds .....</b>				
	<b>5 Royalties .....</b>				
		(i) Real      (ii) Personal			
	<b>6 a Gross rents .....</b>	<b>6a</b> <b>275,878.</b>			
	<b>b Less: rental expenses .....</b>	<b>6b</b> <b>0.</b>			
	<b>c Rental income or (loss) .....</b>	<b>6c</b> <b>275,878.</b>			
	<b>d Net rental income or (loss) .....</b>		<b>► 275,878.</b>		<b>275,878.</b>
	<b>7 a Gross amount from sales of assets other than inventory .....</b>	(i) Securities      (ii) Other			
	<b>b Less: cost or other basis and sales expenses .....</b>	<b>7a</b>			
	<b>c Gain or (loss) .....</b>	<b>7b</b>			
	<b>d Net gain or (loss) .....</b>	<b>7c</b>			
	<b>8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....</b>	<b>8a</b>			
	<b>b Less: direct expenses .....</b>	<b>8b</b>			
	<b>c Net income or (loss) from fundraising events .....</b>		<b>►</b>		
	<b>9 a Gross income from gaming activities. See Part IV, line 19 .....</b>	<b>9a</b>			
	<b>b Less: direct expenses .....</b>	<b>9b</b>			
	<b>c Net income or (loss) from gaming activities .....</b>		<b>►</b>		
	<b>10 a Gross sales of inventory, less returns and allowances .....</b>	<b>10a</b>			
	<b>b Less: cost of goods sold .....</b>	<b>10b</b>			
	<b>c Net income or (loss) from sales of inventory .....</b>		<b>►</b>		
<b>Miscellaneous Revenue</b>	<b>11 a .....</b>	<b>Business Code</b>			
	<b>b .....</b>				
	<b>c .....</b>				
	<b>d All other revenue .....</b>				
	<b>e Total. Add lines 11a-11d .....</b>		<b>►</b>		
	<b>12 Total revenue. See instructions .....</b>		<b>► 3,231,129.</b>	<b>3,315.</b>	<b>0.</b> <b>275,878.</b>

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	202,578.	202,578.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,185,491.	1,162,072.	23,419.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
9 Other employee benefits .....	211,464.	210,198.	1,266.	
10 Payroll taxes .....	127,300.	123,916.	3,384.	
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	14,347.		14,347.	
c Accounting .....	21,348.		21,348.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....				
12 Advertising and promotion .....	5,984.	3,796.	2,188.	
13 Office expenses .....	129,542.	119,742.	9,800.	
14 Information technology .....	27,944.	27,944.		
15 Royalties .....				
16 Occupancy .....	296,658.	124,582.	172,076.	
17 Travel .....	13,891.	11,336.	2,555.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	9,089.	9,014.	75.	
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	25,928.		25,928.	
23 Insurance .....	10,481.	8,319.	2,162.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a <b>CLIENT PROGRAM EXPENSES</b> .....	794,729.	794,729.		
b <b>EQUIPMENT</b> .....	25,956.	20,125.	5,831.	
c <b>DUES &amp; SUBSCRIPTIONS</b> .....	10,243.	9,923.	320.	
d .....				
e All other expenses .....	42,781.	42,781.		
<b>25 Total functional expenses.</b> Add lines 1 through 24e .....	3,155,754.	2,871,055.	284,699.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Form 990 (2019)

45-5243432 Page 11

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	279,841.	1	435,163.
	2 Savings and temporary cash investments .....	2		
	3 Pledges and grants receivable, net .....	315,958.	3	158,236.
	4 Accounts receivable, net .....	34,297.	4	11,734.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	2,807.	9	3,217.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a   168,104.		
	b Less: accumulated depreciation .....	10b   125,118.	62,263.	10c   42,986.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	695,166.	16	651,336.
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	149,994.	17	144,179.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	113,390.	25	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	263,384.	26	144,179.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	398,743.	27	471,589.
	28 Net assets with donor restrictions .....	33,039.	28	35,568.
	Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	431,782.	32	507,157.
	<b>33 Total liabilities and net assets/fund balances</b> .....	695,166.	33	651,336.

Form 990 (2019)

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Form 990 (2019)

45-5243432 Page 12

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	3,231,129.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	3,155,754.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	75,375.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	431,782.
5 Net unrealized gains (losses) on investments .....	5	
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	507,157.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	X

Form 990 (2019)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2019

Open to Public  
Inspection

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number
		45-5243432

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	(IV) Is the organization listed in your governing document?		(V) Amount of monetary support (see instructions)	(VI) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	4871792.	2876559.	2336951.	3137173.	2951936.	16174411.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	4871792.	2876559.	2336951.	3137173.	2951936.	16174411.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						16174411.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	4871792.	2876559.	2336951.	3137173.	2951936.	16174411.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	27,334.	144,170.	258,741.	315,757.	275,878.	1021880.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						17196291.
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....				12		246,497.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	94.06	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	95.16	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			► <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

## MADERA COUNTY WORKFORCE INVESTMENT

Schedule A (Form 990 or 990-EZ) 2019 CORPORATION

45-5243432 Page 7

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
<b>10 Line 8 amount divided by line 9 amount</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1 Distributable amount for 2019 from Section C, line 6</b>			
<b>2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b>). See instructions.</b>			
<b>3 Excess distributions carryover, if any, to 2019</b>			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
<b>f Total of lines 3a through e</b>			
<b>g Applied to underdistributions of prior years</b>			
<b>h Applied to 2019 distributable amount</b>			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4 Distributions for 2019 from Section D, line 7:</b> \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
<b>5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b>. See instructions.</b>			
<b>6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b>. See instructions.</b>			
<b>7 Excess distributions carryover to 2020. Add lines 3j and 4c.</b>			
<b>8 Breakdown of line 7:</b>			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Schedule A (Form 990 or 990-EZ) 2019

45-5243432 Page 8

Part VI

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Employer identification number

**45-5243432**

Organization type (check one):

**Filers of:**Form 990 or 990-EZ       501(c)( 3 ) (enter number) organization           4947(a)(1) nonexempt charitable trust **not** treated as a private foundation           527 political organizationForm 990-PF       501(c)(3) exempt private foundation           4947(a)(1) nonexempt charitable trust treated as a private foundation           501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Employer identification number

45-5243432

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT  PO BOX 826880  SACRAMENTO, CA 94280	\$ 2,700,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF MADERA  200 W 4TH STREET  MADERA, CA 93637	\$ 71,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COUNTY OF SAN JOAQUIN EMPLOYMENT DEVELOPMENT DEPARTMENT  44 N. SAN JOAQUIN STREET  SATOCKTON, CA 95202	\$ 66,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

**Employer identification number**

45-5243432

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Employer identification number

45-5243432

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2019**  
Open to Public  
Inspection► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION	Employer identification number 45-5243432
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**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	2a	
b Total acreage restricted by conservation easements .....	2b	
c Number of conservation easements on a certified historic structure included in (a) .....	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____		
4 Number of states where property subject to conservation easement is located ► _____		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
(ii) Assets included in Form 990, Part X .....	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
b Assets included in Form 990, Part X .....	► \$ _____

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Schedule D (Form 990) 2019

45-5243432 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? .....  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? .....  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance .....             |        |
| <b>d</b> Additions during the year .....     |        |
| <b>e</b> Distributions during the year ..... |        |
| <b>f</b> Ending balance .....                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? .....  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII .....

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	33,039.	24,103.	38,589.	14,797.	26,029.
<b>b</b> Contributions .....				40,000.	
<b>c</b> Net investment earnings, gains, and losses .....	-20,000.	-20,000.			
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	17,471.	11,064.	14,486.	16,208.	11,232.
<b>g</b> End of year balance .....	35,568.	33,039.	24,103.	38,589.	14,797.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► 100.00 %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Term endowment ► \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations .....
- (ii) Related organizations .....

	Yes	No
3a(i)		X
3a(ii)		X
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....	168,104.	125,118.	42,986.	
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			►	42,986.

Schedule D (Form 990) 2019

**MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION**

Schedule D (Form 990) 2019

45-5243432 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2019

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Schedule D (Form 990) 2019

45-5243432 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements .....	1	3,231,129.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments .....	2a	
b Donated services and use of facilities .....	2b	
c Recoveries of prior year grants .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	0.
3 Subtract line 2e from line 1 .....	3	3,231,129.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	3,231,129.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements .....	1	3,155,754.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities .....	2a	
b Prior year adjustments .....	2b	
c Other losses .....	2c	
d Other (Describe in Part XIII.) .....	2d	
e Add lines 2a through 2d .....	2e	0.
3 Subtract line 2e from line 1 .....	3	3,155,754.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b Other (Describe in Part XIII.) .....	4b	
c Add lines 4a and 4b .....	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	3,155,754.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF  
THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE  
ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY  
UNCERTAIN TAX POSITIONS.

## **Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2019**

Open to Public  
Inspection

Name of the organization

MADERA COUNTY WORKFORCE INVESTMENT  
CORPORATION

Employer identification number  
45-5243432

### 990 PART I, LINE 1

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION PROVIDES AND INVESTS IN  
A COMPREHENSIVE ARRAY OF BUSINESS AND CAREER SERVICES, INCLUDING JOB  
TRAINING AND SKILLS DEVELOPMENT, THAT PROMOTE ECONOMIC HEALTH AND  
PROSPERITY, AND SUPPORT THE ECONOMIC SUCCESS OF RESIDENTS, BUSINESSES,  
AND COMMUNITIES IN MADERA COUNTY.

### 990 PART III, LINE 1

MADERA COUNTY WORKFORCE INVESTMENT CORPORATION PROVIDES AND INVESTS IN  
A COMPREHENSIVE ARRAY OF BUSINESS AND CAREER SERVICES, INCLUDING JOB  
TRAINING AND SKILLS DEVELOPMENT, THAT PROMOTE ECONOMIC HEALTH AND  
PROSPERITY, AND SUPPORT THE ECONOMIC SUCCESS OF RESIDENTS, BUSINESSES,  
AND COMMUNITIES IN MADERA COUNTY.

### FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PRGRAM SERVICES INCLUDE MADERA COUNTY DEPARTMENT OF SOCIAL  
SERVICES EMPLOYMENT ASSESSMENT SERVICES BASED ON REFERRALS FROM DSS  
STAFF, JOB FAIR FACILITATION SERVICES, AND TJT CONTRACT SERVICES BASED  
ON REFERRALS FROM DSS STAFF. THEY ALSO INCLUDE THE WELLS FARGO  
FOUNDATION GRANTS, WHICH PROVIDED A DEDICATED HI-SET/GED CONTRACTED  
CLASS FOR PARTICIPANTS WHO NEEDED TO OBTAIN THEIR GED, IN ORDER FOR  
THEM TO BECOME EMPLOYED OR MOVE ONTO ADDITIONAL TRAINING.

EXPENSES \$ 66,669. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION
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Employer identification number	45-5243432
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FORM 990, PART VI, SECTION B, LINE 11B:

MCWIC'S ANNUAL FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD PRIOR TO BEING FILED WITH THE IRS. HOWEVER, IN THE CASE OF A PENDING SUBMISSION DEADLINE AND TO AVOID PENALTY BY THE IRS, THE FORM 990 MAY BE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR PRIOR TO BEING FILED, AND WILL BE REVIEWED BY THE BOARD AFTER BEING FILED. THE INTERNAL REVENUE CODE AND REGULATIONS DO NOT REQUIRE THE GOVERNING BOARD TO REVIEW THE FORM 990, THEREFORE, THE IRS DOES NOT REQUIRE AN ORGANIZATION'S BOARD TO DO SO.  
HOWEVER, THE IRS BELIEVES THAT BOARD REVIEW OF FORM 990 MAY REFLECT GOOD GOVERNANCE; IN PARTICULAR, A BOARD THAT IS MORE PROACTIVE, INFORMED AND ENGAGED IN ENSURING THAT THE ORGANIZATION CONTINUES TO BE ORGANIZED AND OPERATED EXCLUSIVELY FOR EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND OFFICER IS REQUIRED TO REVIEW AND SIGN A DISCLOSURE OF INTEREST AND THE ACKNOWLEDGEMENT OF CONFLICT OF INTEREST ON AN ANNUAL BASIS. THIS KNOWLEDGE IS REVIEWED BY THE EXECUTIVE COMMITTEE WHEN POSSIBLE CONFLICTS EXIST. THERE HAVE BEEN NO CONFLICTS IDENTIFIED IN THE PAST YEAR.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. IF MEMBERS OF THE BOARD HAVE A CONFLICT, THEY ARE NOT INVOLVED. AS STATED IN QUESTION 12C, THERE HAVE BEEN NO CONFLICTS IDENTIFIED IN THE PAST YEAR.

OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, AND REVIEWED BY THE BOARD OF DIRECTORS.

Name of the organization	MADERA COUNTY WORKFORCE INVESTMENT CORPORATION
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Employer identification number	45-5243432
--------------------------------	------------

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MAINTAINED AT THE MADERA COUNTY WORKFORCE INVESTMENT CORPORATIONS OFFICE AND ARE AVAILABLE FOR REVIEW.

PART XII, LINE 2C

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT, REVIEW, COMPIRATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE TAX YEAR.



## Request for Approval

# America's Job Center of California<sup>SM</sup> Adult and Dislocated Worker Career Services Provider

**Local Workforce Development Board**

**Workforce Development Board of Madera County**

**Local Workforce Development Area**

**Madera**

The *Workforce Innovation and Opportunity Act* (WIOA) allows Local Workforce Development Boards (Local Board) to be an Adult and Dislocated Worker Career Services Provider with the agreement of the Chief Elected Official (CEO) and the Governor.

This application will serve as the Local Board's or administrative entity's request for Governor Approval to be an Adult and Dislocated Worker Career Services Provider within a Local Workforce Development Area (Local Area) under WIOA. The application must be submitted to the California Workforce Development Board (CWDB) by March 1, 2021, through one of the following methods:

**Mail**                    California Workforce Development Board  
                              PO Box 826880  
                              Sacramento, CA 94280-0001

**Overnight Mail**      California Workforce Development Board  
**Hand Deliver**            800 Capitol Mall, Suite 1022  
                              Sacramento, CA 95814

If the CWDB determines the request is incomplete, it will either be returned or held until the necessary documentation is submitted. Please contact your [Regional Advisor](#) for technical assistance or questions related to completing and submitting this request.

**Workforce Development Board of Madera  
County**

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Name of Local Board

2037 W. Cleveland Ave.

Mailing Address

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Madera, CA                    93637  
City, State                        Zip

Tracie Scott-Contreras

Contact Person

559-662-4589

Contact Person's Phone Number

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Date of Submission

## **Request for Approval**

### **Adult and Dislocated Worker Career Services Provider**

#### **Local Chief Elected Official Statement**

A Local Board or administrative entity that seeks approval to be an Adult and Dislocated Worker Career Services Provider within an America's Job Center of California<sup>SM</sup> must provide a statement from the local CEO indicating his/her request as well as responses to the following questions.

Please provide responses to the following items on a separate document:

1. What factors guided the Local Board's or administrative entity's decision to submit this application to be an Adult and Dislocated Worker Career Services Provider within the Local Area?
2. How would participants be better served by the Local Board or administrative entity acting in this role rather than through the awarding of contracts?
3. Describe the Basic and Individualized Career Services the Local Board or administrative entity will provide as well as their past experience providing these services.
4. Provide the Local Area's performance outcomes for each of the last two Program Years (PY 18-19 and 19-20) and evidence that the Local Board or administrative entity is qualified to provide Adult and Dislocated Worker Career Services, including testimonials that speak to the effectiveness and efficiency with which the Local Board or administrative entity has provided or can provide those services.
5. Attach documentation (signed and dated letter) that the members of the Local Board and other relevant parties (e.g., Board of Supervisors) reviewed the information provided in the application and approved the request in a public meeting.
6. Attach documentation of internal controls, conflict of interest, and firewall policies.

## **Signature Page**

By signing below, the local CEO and Local Board chair request approval from the Governor to be an Adult and Dislocated Worker Career Services Provider. Each party certifies that this application submission was reviewed and demonstrates that the Local Board or administrative entity will meet all the requirements as an Adult and Dislocated Worker Career Services Provider under WIOA law and regulations.

### **Instructions**

The Local Board chair and local CEO must sign and date this form. Include the original signatures with the request.

**Local Workforce Development Board  
Chair**

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Signature

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Name

---

Title

---

Date

**Local Chief Elected Official**

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Signature

---

Name

---

Title

---

Date

**Request for Approval**  
**Adult and Dislocated Worker Career Services Provider**

1.

The Chief Local Elected Official has designated the Madera County Workforce Investment Corporation (MCWIC) as the local grant recipient for federal, state, and local funds. MCWIC is currently the Adult and Dislocated Worker career services provider for the America's Job Center of California (AJCC) in Madera County under the oversight of the Workforce Development Board of Madera County (WDB). The Corporation is a non-profit 501(c)(3) entity and is the administrative and fiscal agent for the designated local workforce development area. This operational model has been in place since January 1, 2013. Prior to this date and for over 35 years, the Madera County Superintendent of Schools (MCSOS) was the designated administrative and fiscal agent of the workforce development system under the Comprehensive Employment Training Act, the Job Training Partnership Act and the Workforce Investment Act. The staff to the WDB and to the AJCC were employees of the MCSOS in the Workforce Development Office, a division of MCSOS until the transition and are now employees of the Corporation. Thus, staff have extensive experience in the workforce development system and serving populations with multiple barriers to employment. Approval to provide Adult and Dislocated Worker career services would ensure that all Madera County residents continue to receive quality and effective WIOA services.

In Madera County's rural communities, populations are dispersed, and labor markets face an even more challenging environment than those in the metropolitan areas. Over many years, MCWIC has been able to create a strong and diverse network of partners and services for employers and individuals within our rural communities, which has built and strengthened the local Adult and Dislocated Worker career services, offered at the Madera County AJCC. Also, due to Madera County's rural environment, resources in the form of other local agency CBO's and non-profits are very limited. Therefore, MCWIC continuously applies for non-WIOA funding that is used to directly support and provide leveraging and braiding to WIOA career services, in addition to pursuing additional WIOA-funded special grants and projects.

2.

MCWIC, under the oversight of the WDB, has been the sole provider of Adult and Dislocated Worker career services for over 35 years and has consistently met or exceeded negotiated performance outcomes. MCWIC has partnered in numerous grants and

projects; providing WIOA services to assist job seekers in accessing education, training, employment and supportive services while matching employers with the skilled workers they need to compete in the global economy. As a small, rural community with fewer resources than larger metropolitan areas, collaboration, partnerships, co-enrollment and leveraging funds with various funding sources has been a necessity to support the robust variety of programs and services offered through the AJCC. MCWIC has been successful in securing funds from several initiatives and grants that are used to benefit the AJCC and its customers. The WDB has successfully received and implemented the English Language Learner (ELL) project, a regional collaboration between MCWIC, the Fresno Regional Workforce Development Board, and the State Center Adult Education Consortium to assist ELLs in navigating the education and workforce system, and the current English Language Learner Pathways to Careers project that expands previous ELL services to include degree translations, language interpretation, and transition into training, work based learning, and employment. Additionally, the WDB has extensive expertise and capacity in serving persons with disabilities having received and successfully implemented the Disability Program Navigator, Disability Employment Initiative, and the current Disability Employment Accelerator projects, which have connected individuals with disabilities to employment, training, and work-based learning opportunities. The AJCC is also an Employment Network (EN) through the Social Security Administration's Ticket to Work program, which ensures that individuals receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits have access to the services, supports, and information needed to successfully transition back into the workforce as well as long-term services and supports to individuals who are referred after placement in employment by the Department of Rehabilitation through a local Partnership Plus agreement. Two staff members are currently certified as Community Partner Work Incentive Counselors through Virginia Commonwealth University to provide advisement on the impacts of work on benefits. As social security beneficiaries return to work and earn living wages, the EN receives unrestricted revenue from Social Security Administration that may be used to further support the AJCC and its customers with resources that may not be available under WIOA.

The WDB also has extensive experience with the operation of disaster grants. MCWIC received and operated a \$260,000 National Emergency Grant focused on economic recovery. The project was focused on connecting dislocated workers with re-employment using On-the-Job Training agreements with employers to aid in economic recovery after the 2008 financial crisis and was funded by ARRA. Additionally, MCWIC was the regional lead for a \$3.1 million Job Driven NEG grant awarded to the San Joaquin Valley region. The JD-NEG focused on connecting dislocated workers with On-the-Job Training or Paid Work

Experience, often combined with training through ITA's. The project was focused on priority sectors and included partnership development with local Economic Development organizations and other education and training partners, as well as EDD. MCWIC also received Additional Assistance Dislocated Worker funds to support Chukchansi Gold Resort & Casino after the employer underwent a massive layoff impacting over 1000 employees, and currently, we have received National Dislocated Worker Grant and COVID Supportive Services funds to assist individuals impacted by the COVID-19 pandemic.

Other grants include a previous project with the Department of Corrections and Rehabilitation through which staff provided pre-release transitional job readiness workshops in two local prison institutions. The WDB also receives AB 109 Community Corrections Plan funds from the County of Madera to provide in custody pre-release transitional job readiness, mock interviews, and assessments in the local Department of Corrections facility as well as post release Orientation of Services and Resource Fairs. Additionally, the WDB has previously received Workforce Accelerator Funds to embed an AJCC Career Specialist inside the county jail to facilitate pre-release activities and streamline referrals to the AJCC post release. The WDB has also received Prison to Employment (P2E) funds to further coordinate referrals and provide individual direct services as well as supportive service and earn and learn activities to formerly incarcerated and other justice involved individuals. Additional local projects include funds from the City of Madera Community Development Block Grant to provide training and supportive services to low income individuals residing in Madera, the Department of Social Services to provide WorkKeys assessments for DSS recipients, co-enrollment for occupational skills training, and an annual job fair for Madera County residents, and Wells Fargo to support outreach, services, and resources to veterans and single female parents as well as providing an open entry/open exit HiSET class for workforce participants. Currently, the Wells Fargo foundation funds are expanding workshop offerings virtually and providing chrome books for customers who need access to electronic devices while participating in education, training, or other workforce activities.

As the current provider of Career Services, MCWIC has many long-standing partnerships with community agencies and other AJCC partners that have enabled us to identify available resources and effectively connect customers with all available programs and services. Approval to continue providing these services facilitates use of all of MCWIC's varied resources & funding streams, while minimizing any potential gaps in services as the result of a transition period or learning curve for new staff from a new provider.

3.

Under WIA and previous programs, MCWIC provided group orientations, self-services activities under Core A and B, Job Readiness Workshops, Training and Supportive Services, Pre-Apprenticeships, Job Placement, Job Referrals, Assessments, Career Counseling, and Business Services for Employers. Since WIOA, a customer-centered service delivery model developed by MCWIC has been used to identify individuals eligible for workforce services and includes an initial interview and identification of barriers, eligibility determination, and comprehensive assessments. This customer centered model minimizes the length of time it takes to get individuals through the upfront process. Additionally, we have eliminated group orientations and provide customers immediate access to a menu of options when they walk through the AJCC doors. When a customer comes in to, or contacts, the AJCC, he/she is provided information or directed immediately to the service or resource being requested. Options might include: 1) provided forms such as UI application, state disability, or Paid Family Leave, 2) referred to community resources or partner agencies, 3) referred to the resource room for self service activities, or 4) referred to the Specialist of the Day if interested in job placement assistance, supportive services, or training.

The Specialist of the Day is available Monday through Thursday from 8:15am to 4pm. When a job seeker meets with the Specialist of the Day, an Initial Questionnaire is used to assess and refer the job seeker to the appropriate services based on the job seeker's needs. The job seeker may be referred to a partner/outside agency, the resource room if not interested in one on one services or scheduled for an eligibility appointment. If an individual is interested in eligibility, the Specialist reviews the list of required documents for eligibility and may schedule the eligibility appointment for the same day, next day, or at another convenient time using the CalJOBS calendar. All individuals scheduled for eligibility must be registered in CalJOBS. Job seekers that do not have a HS diploma or GED may be referred to the Madera and/or Fresno Adult Schools for classes. Upon eligibility determination and approval, the job seeker is assigned to a Career Specialist. CASAS assessment is administered to identify basic skills deficiency. Depending on the needs of the job seeker, he/she may be referred to a menu of activities that include WorkKeys assessment, skills training, job placement, job readiness workshops, direct placement, or a panel interview.

4.

Madera County has always met or exceeded our performance standards. Our performance is comparable to the surrounding areas of the San Joaquin Valley, considering that we are a much smaller rural area.

**PY 18/19:**

**Employed Q2 After Exit**

**(Adult)**

Negotiated – 64%

Actual – 64.9%

**(Dislocated Worker)**

Negotiated – 71%

Actual – 76.6%

**Employed Q4 After Exit**

**(Adult)**

Negotiated – 63%

Actual – 66.7%

**(Dislocated Worker)**

Negotiated 70%

Actual – 77.3%

**Median Earnings**

**(Adult)**

Negotiated - \$4850

Actual - \$4714

**(Dislocated Worker)**

Negotiated - \$6100

Actual - \$7513

**Credential Attainment Rate**

**(Adult)**

Negotiated – 56.5%

Actual – 65.9%

**(Dislocated Worker)**

Negotiated – 65%

Actual – 93.3%

**PY 19/20:**

**Employed Q2 After Exit**

**(Adult)**

Negotiated – 66.8%

Actual – 66.9%

**(Dislocated Worker)**

Negotiated – 73%

Actual – 78.6%

**Employed Q4 After Exit**

**(Adult)**

Negotiated – 65%

Actual – 68.5%

**(Dislocated Worker)**

Negotiated – 73%

Actual – 84.6%

**Median Earnings**

**(Adult)**

Negotiated - \$5150

Actual - \$5942

**(Dislocated Worker)**

Negotiated - \$6300

Actual – \$7534

**Credential Attainment Rate**

**(Adult)**

Negotiated – 58%

Actual – 77.8%

**(Dislocated Worker)**

Negotiated – 67%

Actual – 76.9%

From: Gabriel M  
Sent: Monday, October 12, 2020 7:37 AM  
To: Pam L

We have worked with the Madera Workforce Development for over six years now and have seen multiple successful trainings and placements during that time. It is great to know that the staff hired through them have been screened and at times even trained with the skill necessary to succeed in the workplace. The staff is extremely professional and very responsive whenever we reach with any request. I would highly recommend other agencies participate in their Work Placement and On-the-Job Training program whenever possible.

Gabriel M  
Chief Human resources Officer  
Camarena Health

San Joaquin Drug Inc.  
DBA Yosemite Drug  
35300 Hwy 41 #101  
Coarsegold, CA 93614  
559-692-2479

November 18, 2020

To Whom It May Concern:

My name is Katherine [REDACTED] and I am a pharmacist and owner of Yosemite Drug located in a small mountain town in Madera County. I opened the pharmacy in August of 2019. The pharmacy serves a town that has no other pharmacy and is made up of a large portion of seniors. We offer free delivery, compounding of prescription drugs, vaccines, and most recently COVID testing. Without the help of programs like Workforce Madera County, I don't know if it would have been possible to serve the community I do now.

I first heard about Workforce through the Madera County EDC loan program. The community was new to me and Workforce helped me find eligible employees who I may have had trouble getting on my own. I ended up using Workforce to hire two new employees for me that were my pharmacy clerks, Rachel and Michelle. Both Rachel and Michelle were local Coarsegold residents who had been without a job. They both turned out to be great employees. In fact, they were both so motivated that after working for only 3 months they took their pharmacy technician test and both became certified through the board of pharmacy. I most recently used Workforce's services to hire a new pharmacy clerk as we have continued to expand and grow. I am excited to see this employee's potential contribution to my business as well.

Not only did Workforce help me find employees, they help me cover the cost. I don't have to go into details about how tight margins are when first opening a business, but pharmacy is no exception. With the continued low reimbursement on prescription medications and the struggle to grow a business among competitors like mail order pharmacy, Workforce helped me pay my employee's wages while allowing me to put my money into sustaining and growing my business. With the additional funding, I was able to increase marketing to bring in new patients and invest in compounding equipment to expand services. My Workforce liaison, Jorge Espinosa, made the whole process easy and was with me every step of the way. It felt like I really had someone in my corner wanting me and my employees to succeed.

I am writing this letter in full support of programs like Workforce Madera County. Now more than ever small businesses and people are struggling. Workforce has a great program for helping people find jobs all while supporting local small business. I can't think of a program that is better suited to help get everyone through the pandemic economic slump. I will forever be grateful for the opportunity Workforce Madera afforded me. If you have any questions or concerns, please do not hesitate to reach out. Thank you.

Sincerely,

Katherine [REDACTED]

President



October 7, 2020

Jorge E. [REDACTED], CBEP  
Madera County Workforce  
Investment Corporation  
2037 W. Cleveland Avenue  
Madera, CA 93637

To Whom it May Concern:

Vallarta Supermarkets has been working in partnership with the Workforce Development Board of Madera County since March of 2020 to open our newest store in Madera, CA. The Madera Workforce Development Center was instrumental in assisting our business with hiring 250 team members amid a worldwide pandemic. They accommodated and implemented all safety precautions as advised by CDC and Department of Public Health. We were very impressed with their commitment to the health and safety of everyone.

Madera Workforce Development team worked closely with us to coordinate twenty (20) all day hiring events at the Workforce Assistance Center where nearly 1,000 candidates met with our Human Resources team to screen, interview, and complete on-boarding. Additionally, the Madera Workforce Development Center assisted us with outreach, and referrals, which was imperative to our hiring process as we are located out of town in Sylmar, CA.

While we had to improvise and adapt in a pandemic to a developing world, where all our lives were changing and our capacity to hire had to be adapted, on September 23, 2020, we successfully opened our Madera Store and are happy to be a part of this community.

We would not have been able to achieve this success without the commitment and support of the Madera Workforce Development Center and the quality and efficient services we received from Workforce Team. We look forward to growing our partnership with the Madera Workforce Development Center as we build our presence in Madera.

Sincerely,

[REDACTED]

Liz L. [REDACTED]  
Vice President of Human Resources

**From:** Andrew G [REDACTED]  
**Sent:** Monday, October 12, 2020 5:04 PM  
**To:** Jasna K [REDACTED]  
**Subject:** Re: MADERA WORKFORCE

To whom it may concern,

When I first went to the Madera Workforce, I was struggling with minimum wage job after job. I didn't have my diploma or ged. I went in because someone told me they could help me. They were very courteous, professional, and helpful. They set me up an appointment with a specialist and after discussing which was the best route for me, they helped me get enrolled in Madera Adult School and I was able to graduate and get my diploma. After getting my diploma they helped me get into truck driving school where I was able to obtain my CDL (commercial driving license) with all of my endorsements. I'm finally working in a career I enjoy and making a good living. I'm so thankful for Madera Workforce and their amazing staff.

Sincerely,

Andrew G [REDACTED]

**From:** Cierra A [REDACTED]

**Sent:** Thursday, September 17, 2020 2:38 PM

**To:** Pam L [REDACTED]

**Subject:** Employee Testimonial

Before joining the workforce, I was unconfident, lacking job skills, and without a job. As I end my internship with the workforce development team and CAPMC, I find myself to be more confident in myself than ever and equipped with the knowledge and skills to be an effective administrative employee. The employees at the workforce development team were always super helpful and supportive of me and I always felt very satisfied with their services. I especially want to thank Pam for always checking in on me, making sure I was where I needed to be, and for giving me great guidance. I am very thankful I was given this opportunity, as I have gained real-world experience and a great job offer upon graduation. Thank you all!

-Cierra A [REDACTED]

To whom it may concern:

Starting two years ago in 2018, I went to The Madera Workforce to aid me in getting a job. I had finished my bachelor's degree about three years prior and still had no experience and no one in the area needing my specific degree of education.

The Madera Workforce, specifically Jasna K [REDACTED] who was assigned to me, was able to help me update my education in a different area. I would have not been able to go back to school without their support. She was very hands on and helped me not only find an introductory program into the nursing field, but also help me afford it which with a child under a year I would have been unable to afford otherwise. This then led to me getting a job directly with the same company upon completion of the program.

Not only did she aid in getting me this job, but she continued to contact me to make sure I was doing well and needed no further assistance. As I desire to continue my education to further my nursing career. Jasna, with the workforce was able to help me financially again, by purchasing a couple of books for my prerequisites for the LVN program. I would have then started that program last month, if not for the Covid-19 pandemic which has postponed many education programs.

I am very thankful for their help, I would not be doing as well as I am if it were not for Jasna and the madera workforce.

Oct. 13, 2020

Chelsea W [REDACTED]

October 2, 2020

To Whom It May Concern:

I am writing in support of the Madera County Workforce Investment Corporations' Career Services funding application. As a recipient of the program, I received the educational skills that I needed to help reach my employment goal.

I previously worked for a non-profit organization as an administrative assistant. I was laid off as a result of the agency restructure. One of my biggest challenges was not finding a job because I was overqualified and didn't have a certificate or degree in management.

With the assistance of my career specialist at the Madera County Workforce, I was able to enroll at Fresno City College, earned my certificate in Business Management. I also received the Business Management – Human Resources Management and Human Relations; Business Management – Human Relations and Communication; and the 21<sup>st</sup> Century Work Competencies Certificates.

Today, I am proud to share that I am employed with the Employment Development Department as an Employment Program Representative. I credit my new career to my career specialist. She always maintained a line of communication with me.

For this reason, I am pleased to support Madera County Workforce Investment Corporations' application for funding. I know that many more individuals like myself will receive the service they need to start on their career paths.

Sincerely,

Hilda V [REDACTED]

**From:** Joelda C.  
**Sent:** Thursday, October 15, 2020 4:08 PM  
**To:** Jasna K.  
**Subject:** Madera Workforce

To whom this may concern:

I have been working for the last 8 months as homecare aide. I came to Madera Workforce looking to upgrade my skills and knowledge. I decided to obtain my CNA certification. I have completed all necessary activities in order to start training. My original plan was to start training in April 2020. Due to the COVID-19 training was rescheduled. I was finally able to start training on September 2020. I am scheduled to complete training at the end of October 2020. This certification will give me the opportunity to secure a steady job. I will be able to make living wages and provide a better life for my family. In the future my goal is to become an LVN. Throughout this process Jasna has guided and helped me all the way. I also want to mention the front office staff. Jesse, Lily and Wendy were very kind and helpful. I was able to use resource room and printer. I'm very grateful to have this agency in our community to help people like me and others.

Sincerely,  
Joelda C.

**From:** michellea [REDACTED]

**Sent:** Wednesday, September 23, 2020 12:07 AM

**To:** Marisol R [REDACTED]

To Whom It May Concern,

My name is Michelle A [REDACTED], and at the end of 2019 I contacted the Workforce Assistance Center in Madera to help me transition back into a career after my husband of 25 years passed away. Everyone I came in contact with at the Workforce, from the front desk to the career specialists that assisted me, was always courteous, helpful, and very encouraging.

I have been very pleased with my experience at the Workforce every step of the way. I am currently attending college again full time, in my second semester, all thanks to the help of those who assisted me there. I am getting very close to obtaining my certification in Medical Office Administration, and have had my love of learning reignited. All of this is because an organization like the Madera Workforce Assistance Center was there to help, guide, and encourage me.

I am beyond grateful for the new opportunity the Madera Workforce has given me.

Sincerely,

Michelle A [REDACTED]

Rosemariee [REDACTED]

[REDACTED]  
Chowchilla, CA 93610

Re: My experience with Madera County Workforce  
and Career Specialist Jasna [REDACTED]

To Whom it may concern,

In 2019 I found myself at the end of a 15-20 career in a bridal design, self-owned business that was managed by myself. I had no income and no way of paying for any program, so I made the decision to finish my education for the medical field that I had started and took a break in 2011. I applied at Madera County Workforce in June 2019 and went through the process to go through the Certified Nursing Assistant short term program. During my process everyone was extremely kind and knowledgeable at the Madera Workforce. My experience with Career Specialist Jasna [REDACTED] [REDACTED] was and is a special one of a kind experience that I would not change for anything. I was to start a CNA program the same year, but circumstances changed so I had to wait until January 2020. Jasna was very encouraging during my wait period and referred me to jobs through Madera Workforce and she was thorough about the program and my succeeding. The program was efficient, and I completed and graduated on 2/25/20 at the Madera Workforce sponsored Fresno Adult program. I was able to complete my training in short period and gain the experience I needed to work in the medical field. I highly recommend this chance for others who are needing help to advance their careers in any Workforce programs.

Thank you for your attention

Sincerely,

Rosemariee [REDACTED]

**From:** Sheila B [REDACTED]

**Sent:** Friday, October 2, 2020 8:37 PM

**To:** Marisol R [REDACTED]

**Subject:** Re: Need your help!

Hello Marisol,

I hope this isn't too late.

I am truly grateful for everything the Workforce has done to support me in my efforts to strengthen my skills. I was a displaced worker and even though I had a strong employment history; it just wasn't enough to get me hired. Staff really made it happen for me. Marisol knew her job very well and knew exactly what programs would be beneficial for me. I was given a chance to attend college for the first time in my 50 plus years. Workforce provided a daily allowance for transportation and campus parking pass, but the main thing was paying my tuition and paying for my books. The books can be pretty expensive.

I am near completion of the certificated Paralegal Program at Fresno City College. I am currently completing my last semester. Best yet; I've paid to complete General Education courses on my own and will earn an Associates Degree by summer 2021. The General Ed courses leave me with the option to transfer to Fresno State to complete my BA and if desired transfer to law school.

Marisol's support made a huge difference for me. I appreciate her willingness to always go that extra mile. Keep making a difference. This community needs more people like her. Thank you for everything.

Best,

Sheila B [REDACTED]

From: Stephanie [REDACTED] <[REDACTED]@hotmail.com>  
Sent: Monday, November 23, 2020 9:41 AM  
To: Jasna [REDACTED] <JK [REDACTED]@maderaworkforce.org>  
Subject: Reference

To whom it may concern,

I have received a lot of support from Madera Workforce in a number of ways. They had my skills and knowledge tested to see my abilities, they referred me to other programs to gain support when they were unable to help and they assisted me in getting a payment for my rent. They were also instrumental in me finally getting my unemployment payments.

There were a lot of ways that Jasna's assistance was critical to progress happening. I know there are far more ways that they assist people and I'm grateful that they are open and available to assist people in these fear filled times.

I am grateful for all of their help and support and I hope that they are funded fully and given more ways to continue developing America's work force.

Thank you, Stephanie [REDACTED]

**From:** Stacy Renee H [REDACTED]  
**Sent:** Tuesday, October 6, 2020 1:53 PM  
**To:** Marisol R [REDACTED]  
**Subject:** Re: Need your help!

To Whom It May Concern,

In August 2019 I became a dislocated worker. I have worked in the bookkeeping field for several years, however lacked the expertise in the accounting field I needed. Upon completion of the evaluation process at Madera County Workforce Investment Corporation with Marisol R [REDACTED], I set out on a path to achieve an accounting certification through Fresno City College and eventually sit for the CPA exam. The requirements were laid out and by October 2019, I began my mid-semester classes. The accelerated classes were challenging, however I was provided the tools, materials and support needed to complete the semester successfully by Marisol at Madera County Workforce Investment Corporation and FCC. Since then, I have also successfully completed 12 units in the Spring semester 2020 and have started the Fall semester 2020.

From the initial review process to now, I have been provided the support I have needed. I have received all the materials to successfully complete the courses taken in a very timely manner. Any questions I have had along the way have been addressed via email or by phone promptly. Even with the challenges COVID has presented, the support I have received has been unwavering. I appreciate the opportunity I have been given to develop my accounting skills to eventually pass the CPA exam and secure a career using these new skills. Thank you for your support.

Sincerely,

Stacy H [REDACTED]

MADERA COUNTY CONTRACT NO. 1113-10  
(Agreement for Administration of the Workforce Innovation and Opportunity Act)

This agreement for administration of WORKFORCE INNOVATION AND OPPORTUNITY ACT (this "Agreement") is made and entered into this 13<sup>th</sup> day of FEB, 2018, by and between the **COUNTY OF MADERA**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," the **MADERA COUNTY WORKFORCE INVESTMENT CORPORATION**, a California public benefit corporation, hereinafter referred to as "MCWIC," and the **WORKFORCE DEVELOPMENT BOARD OF MADERA COUNTY**, hereinafter referred to as "WDB", for the purpose of defining roles and responsibilities for the administration and operation of the WORKFORCE INNOVATION AND OPPORTUNITY ACT of July 2014 (Public Law 133-128) and its regulations, hereinafter also referred to as the "WIOA"; and any and all directives as may be prescribed by the Governor of the State of California regarding administration of the WIOA of 2014.

The purpose of this Agreement is to establish the programmatic, policy, administrative, and fiscal roles and responsibilities between the COUNTY, the WDB, and MCWIC.

**RECITALS**

**WHEREAS**, WIOA H.R. 803, was signed into law on July 22, 2014, and took effect on July 1, 2015 and supersedes Titles I and II of the Workforce Investment Act of 1998; and

**WHEREAS**, the regulations implementing the WIOA, or the “Final Rule”, was published in the Federal Register Volume 81, Number 161, Chapter 20, Parts 603, 675, and 679-688 on August 19, 2016, and such regulations took effect on October 18, 2016; and

**WHEREAS**, Madera County has met the eligibility requirements for designation as a Local Workforce Development Area, hereinafter referred to as “LWDA”, for the two (2) year period of July 1, 2015, through June 30, 2017 and will reapply or otherwise request subsequent and continuing designation as an LWDA once the State has issued guidance related to that process;

and

**WHEREAS**, under this agreement the Chief Local Elected Official (CLEO) of Madera County shall be the Chairperson of the Board of Supervisors; and

**WHEREAS**, Madera County Board of Supervisors, by Resolution No. 2000.178, dated August 22, 2000, designated the Madera County Private Industry Council as the WORKFORCE INVESTMENT BOARD, carried into the Workforce Investment Act of 1998, and now per the requirements of the new WIOA, the word Investment is to be stricken and replaced with the word Development, and the Workforce Development Board of Madera County has been certified by the Governor through June 30, 2018;

and

**WHEREAS**, the WIOA amends the Workforce Investment Act of 1998, to strengthen the United States workforce development system through innovation in, and alignment and improvement of, employment, training, and education programs in the United States, and to promote individual and national economic growth, and for other purposes; and

**WHEREAS**, the WIOA requires COUNTY and WDB to establish standing committees as deemed appropriate and necessary, develop a Local Workforce Development Plan, and define a local one-stop delivery system for the LWDA; and

**WHEREAS**, the WIOA requires the WDB, in partnership with the CLEO, to develop and submit a local plan to the State that meets the requirements in WIOA Section 108. If the local area is part of a planning region that includes other local areas, the local board shall collaborate with the other local boards and CLEO's from such other areas in the preparation and submission of a regional plan as described in WIOA Section 106(c)(2); and

**WHEREAS**, the WDB has prepared a local plan and participated in the development of the regional plan, and COUNTY has approved such plans prior to their submission to the State; and

**WHEREAS**, the WDB has been designated by the COUNTY to provide policy guidance for administration and operations, while exercising oversight with respect to activities under the Local Workforce Plan for the LWDA; and

**WHEREAS**, the WIOA requires that the scope and specific nature of the partnership in the LWDA be defined and determined by local agreement between the CLEO, and WDB; and

**WHEREAS**, the parties, including the MCWIC as the administrative and fiscal agent for the LWDA, have previously entered into an agreement, Madera County Contract No. 10561-C-2016, dated January 26, 2016, for the purposes described herein and said Contract is hereby superseded in full by this Contract

### **AGREEMENT**

**NOW THEREFORE**, in consideration of the recitals set forth above, which are incorporated herein by reference, and the mutual covenants and undertaking set forth herein, the mutual receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. **Roles and Responsibilities of County**: The CLEO, on behalf of the COUNTY, shall serve as the local grant recipient for, and shall be liable for any misuse of, the grant funds allocated to the local area under WIOA sections 128 and 133, unless the CLEO reaches an agreement with the Governor for the Governor to act as the local grant recipient and bear such liability. As grant recipient, COUNTY shall fulfill, or cause to be fulfilled, the following responsibilities:

1.01 COUNTY shall designate MCWIC to serve as the local fiscal agent/local grant recipient. Such designation shall not relieve the County of any misuse

of grant funds as described in WIOA Section 107 (d)(12)(B)(i)(1); COUNTY shall confirm adequate accounting, auditing, management information and reporting systems are in place to comply with the WIOA, and any and all regulations and/or those directives as may be prescribed by the Governor, and all other applicable, associated federal and state laws and regulations; COUNTY will provide a point of contact from the COUNTY Auditor/Controllers office for submission of administrative and fiscal related compliance and oversight documentation from MCWIC. COUNTY will maintain oversight documentation and record keeping for COUNTY audit purposes.

- 1.02 COUNTY shall in partnership with the WDB, approve local and regional plans and Partner Memoranda of Understanding that meet the requirements in WIOA section 108.
- 1.03 COUNTY shall designate one of the Board of Supervisors members as a liaison with the WDB, which will enhance COUNTY Board of Supervisors' familiarity with WIOA, programmatic oversight, and commitment to the WIOA, WDB activities, and encourage communication between the parties to this Agreement. This WDB member shall have the same rights as any other member. This member shall be responsible for keeping the COUNTY Board of Supervisors apprised on the programs/systems operating under the direction/administration of the WDB and report out to the COUNTY Board of Supervisors meeting following each WDB meeting.
- 1.04 COUNTY shall comply with the provisions of the California Unemployment Insurance Code 14000-14004.5, fiscal controls established by the State as

outlined in the WIOA section 184, and any and all regulations and/or directives that may be prescribed by the Governor, without compromise of its remedies against the WDB AND MCWIC, including but not necessarily limited to indemnification and contribution.

1.05 COUNTY shall, consistent with the WIOA, appoint all members of the WDB.

1.06 COUNTY's obligations under this Agreement shall be limited to making available to the MCWIC the funding that COUNTY receives from other agencies, entities, or jurisdictions, including federal and state funding sources, and which funds are intended for use in carrying out the intent and purpose of this Agreement. Under no circumstances shall COUNTY be responsible for providing funding under this Agreement that is unrelated to the WIOA purposes.

2. **Roles and Responsibilities of MCWIC:** MCWIC shall be designated herein as the administrative and fiscal agent and local grant recipient for programs and systems initiated pursuant to the WIOA and any and all regulations and/or those directives as may be prescribed by the Governor during the term of this Agreement. As the administrative and fiscal agent, MCWIC is hereby granted the authority to:

2.01 Carry out the required fiscal and administrative functions as determined by MCWIC and the WDB.

2.02 Negotiate and enter into separate agreements related to the provision of WIOA related services and other professional services consistent with, and deemed by MCWIC to be necessary to carry out its responsibilities as the local provider of WIOA Career Services without further approval of COUNTY, except as provided in this Agreement.

- 2.03 Expend funds sub-vented to MCWIC by COUNTY under the WIOA for the purpose of providing WIOA Career Services for the LWDA, as well as such other funds as may, from time to time, be made available to MCWIC, without further approval of COUNTY, except as provided for in this Agreement.
- 2.04 Take responsibility for the day-to-day management and operations of WIOA Career Services for the LWDA. In carrying out these responsibilities, MCWIC hereby agrees to:
  - 2.04.1 Establish and maintain an adequate fund accounting, auditing, and management information and reporting system on operations and expenditures.
  - 2.04.2 Provide written reports to COUNTY, pursuant to its request, regarding program operations, performance, and expenditures, as well as other activities being conducted. Reports shall include monthly MCWIC financial reports approved by the MCWIC Board, quarterly expenditure reports submitted to EDD, annual monitoring guide and reports (completed by EDD and/or all other agencies as applicable to the WIOA), annual Schedule of Expenditures of Federal Awards, annual MCWIC Single Audit Report, and annual MCWIC 990 Financial report. Additional year end reports may be requested by the COUNTY auditor and will be provided upon request.
  - 2.04.3 Act as the provider of Career Services for WIOA Adult and Dislocated Worker programs through June 30, 2019, as approved by COUNTY at their meeting on February 21, 2017 and

subsequently approved by the State Workforce Board at their meeting on April 27, 2017.

2.04.4 Procure audits of funds and program activities as required by the WIOA and work to resolve any questions or irregularities identified through such audits.

2.04.5 Develop and manage a system to hear and resolve grievances, which may be brought by participants, contract service providers, vendors/training providers, and interested parties, as required by the WIOA.

3. **Purpose of the WDB:** The WDB shall be organized to serve as Workforce Development Board of Madera County as established by the WIOA sec. 107 (d). It shall function in accordance with the provisions of the WIOA and any and all associated enabling legislation, regulations, and/or executive orders, to carry out the primary purposes of the WDB as follows:

3.01 Increase the involvement of the business community, educational institutions, organized labor, government agencies, community-based organizations and economic development agencies in WIOA activities authorized by the WDB.

3.02 Identify, implement and administer effective approaches to increase employment opportunities for job seekers or anyone who wants to advance his or her career, including targeted populations.

- 3.03 Operate as the primary agency for implementation of various transitional needs as mandated by the WIOA prior to local designation by the State of California as a LWDA.
- 3.04 Provide WIOA activities, through statewide and local workforce development systems, that increase the employment, retention, and earnings of participants, while increasing occupational skills of participants, resulting in the improvement of the quality of the workforce, reduction of welfare dependency, and enhancement of the productivity and competitiveness of COUNTY.
- 3.05 Act as a catalyst for workforce retention and expansion, while a forum for all workforce policy.

4. **Roles and Responsibilities of the WDB:** In partnership with COUNTY in the implementation of the WIOA, WDB shall assume the following responsibilities:

- 4.01 Establish the respective roles and responsibilities of the COUNTY and the WDB, for implementation of the WIOA at the local level.
- 4.02 Develop, in partnership with the CLEO, a local workforce plan to the Governor that meets the requirements in section 108. If the local area is part of a planning region that includes other local areas, the local board shall collaborate with the other local boards and CLEO's from such other areas in the preparation and submission of a regional plan as described in section 106(c)(2). The plan will be prepared and submitted in accordance with the following conditions:

- WDB shall identify the employment needs of the LWDA's unemployed, the labor force needs of area employers and economic development activities in the area while conducting such other analyses as are required by the WIOA, which the WDB determines to be appropriate and necessary in order to discharge its responsibilities;
  - WDB shall solicit the input and participation of the local business community regarding the provision of activities and workforce development system services to customers of the LWDA;
  - WDB shall develop and maintain a process to secure public input and comment on the Local Workforce Development Plan and programs to be funded and provided under the WIOA, and shall insure that the COUNTY Board of Supervisors reviews and approves the plans prior to submission to the Governor; and
  - WDB shall, upon approval and signature of the WDB and the COUNTY, be responsible for submittal of the Local Plan to the Governor for approval.
- 4.03 Carry out workforce research and regional labor market analysis to assist in the development of analyses of economic conditions in the region, assist in the developing of statewide workforce and labor market information, and assist in conducting research, data collection and analysis related to the workforce needs of the regional economy as the board.
- 4.04 Convene local workforce development system stakeholders to assist in the development of the local plan under section 108 and in identifying non-

Federal expertise and resources to leverage support for workforce development activities.

- 4.05 Lead efforts to engage with a diverse range of employers and with entities in the region involved to promote business representation on the local board, develop effective linkages with employers in the region to support employer utilization of the local workforce development system, ensure local workforce activities meet the needs of the employers and support economic growth, and to develop and implement proven or promising strategies for meeting the employment and skill needs of the workers and employers, that provide the skilled workforce needed by employers in the region, and that expand employment and career advancement opportunities for workforce development system participants in in-demand industries and sectors or occupations.
- 4.06 Identify and promote proven and promising strategies and initiative for meeting the needs of employers, workers, and job seekers, such as physical and programmatic accessibility, in accordance with section 188.
- 4.07 Develop strategies for using technology to maximize the accessibility and effectiveness of the local workforce development system for employers, workers, and job seekers.
- 4.08 Conduct oversight, in partnership with the CLEO for local Adult, Dislocated Worker, and Youth workforce development activities, and ensure appropriate use and management of funds for the activities and system.

- 4.09 Negotiate and reach agreement with the Governor on the local performance accountability measures as described in section 116(c), in collaboration with the CLEO.
- 4.010 With the agreement of the CLEO, designate and certify one-stop operators as described in section 121(d)(2)(A).
- 4.011 Identify eligible providers of youth workforce development activities in the local area by awarding grants or contracts on a competitive basis, and identify eligible training providers in the local area that provide the individuals with consumer choice options for training.
- 4.012 Develop a budget for the activities in the area, consistent with the local plan and the duties of the local board under this section, subject to the approval of the CLEO.
- 4.013 Assess the physical and programmatic accessibility, in accordance with section 188 and applicable provisions of the Americans with Disabilities Act of 1990, of all one-stop centers in the local area.
- 4.014 Work with the State to ensure that there are sufficient numbers and types of providers of career and training services serving the local area and providing the services in a manner that maximizes consumer choice, as well as providing opportunities that lead to competitive integrated employment for individuals with disabilities.
- 4.015 Coordinate activities with education and training providers in the local area, including reviewing applications to provide adult education and literacy activities under Title II to determine whether such applications are consistent with the local plan, making recommendations to the eligible

agency to promote alignment with such plan, and replicating an implementing cooperative agreements to enhance the provision of services to individuals with disabilities and other individuals.

- 4.016 Lead efforts, in collaboration with secondary and post-secondary education program representatives, to develop and implement career pathways within the local area by aligning the employment, training, education, and supportive services needed by adults, and youth, particularly those with barriers to employment.
- 4.017 Make available to the public, on a regular basis through electronic means and open meetings, information regarding the activities of the local board, including information regarding the local plan, regular membership, designation and certification of one-stop operators, and award of grants or contracts to eligible providers of youth workforce development activities.
- 4.018 In conjunction with MCWIC, hire a director and other staff to assist in carrying out the functions using funds available under sections 128(b) and 133(b) as described in section 128(b)(4), as desired. The board shall ensure the individuals selected have the requisite knowledge, skills, and abilities, to meet identified benchmarks and to assist in effectively carrying out the functions of the local board. The director and staff shall be subject to the limitations on the payment of salaries and bonuses described in section 194(15).

4.019 Provide career services described in section 134(c)(2) through a one-stop delivery system or be designated or certified as a one-stop operator only with the agreement of the CLEO in the area and the Governor.

5. **Selection and Approval of One-Stop Operator:** The WDB will competitively select an entity to act as the One-Stop Operator for the local system using a process that is consistent with the Federal Uniform Guidance set out at 2 CFR 200.318. The selected One-Stop Operator will, at minimum:

- 5.01 Coordinate the service delivery of required one-stop partners and service providers, as outlined in the established Memoranda of Understanding (MOU);
- 5.02 Provide reports to the Local WDB regarding the assessment of compliance with each MOU between the WDB and the one-stop partners;
- 5.03 Participate in the coordination of partner meetings no less than once per quarter, to review one-stop operations, compliance with MOUs, staff development training, and other items designated or requested by the WDB.
- 5.04 Provide an end of year comprehensive report to the WDB regarding all items listed above; and
- 5.05 Complete any other duties that may be necessary to fulfill the requirements of 20 CFR 678.620 to maintain compliance as the One-Stop Operator.

6. **Resolution of Disagreements:** It is the joint authority and responsibility of all parties to this Agreement to ensure effective delivery of WIOA activities to employers and job seekers. In the event the WDB and COUNTY cannot reach a mutually satisfactory agreement on approval of the Local Workforce Development Plan, WDB and COUNTY shall meet and attempt to resolve such disagreement. When one or more parties to this

Agreement concludes that consensus between WDB and COUNTY cannot be reached, any and all unresolved issues pertaining to the plans shall be submitted for a binding determination made by a four-member panel consisting of one representative of the MCWIC, one representative of COUNTY, one representative of the WDB, and one impartial representative of the Governor's office, or a designee, who is acceptable to the parties.

**7. Receipt of Other Funds:** This Agreement does not preclude or limit the receipt by MCWIC of other governmental or non-governmental funds, either directly or indirectly. Any funds received directly by MCWIC shall be accounted for in the same manner as, and subject to the same financial procedures and control as the WIOA funds expended by MCWIC, except that private funds may be accounted for separately by using accepted accounting procedures.

**8. Term of Agreement:** This Agreement, and its force and effect on the activities, responsibilities and relationships defined herein, shall be effective commencing with its execution by the parties and shall continue until terminated as provided for herein.

**9. Termination:** COUNTY, MCWIC or the WDB may terminate this Agreement upon one hundred-eighty (180) calendar day's prior written notice to all parties specifying the date of termination. Any party may terminate this Agreement for cause by giving all parties five (5) calendar day's prior written notice of its intent to so terminate. Cause shall include, but not be limited to, the material breach of this Agreement by any party hereto or the immediate loss of significant governmental or grant funding (greater than 50% of the total WDB budget) by any party hereto. The breaching party shall have five (5) days from receipt of written notice by the non-breaching party to cure all material breaches of this Agreement.

**10. Amendments:** COUNTY, MCWIC, or the WDB may propose amendments to this Agreement at any time. Any amendment to this Agreement shall be in writing and require the written consent of each party hereto.

**11. Notices:** All notices hereunder shall be in writing served either by personal delivery or by first class mail (postage pre-paid) as follows:

County of Madera  
Chairman, Board of Supervisors  
200 West 4<sup>th</sup> Street  
Madera, CA 93637

Madera County Workforce Investment Corporation  
Executive Director  
2037 West Cleveland Avenue  
Madera, CA 93637

Workforce Development Board of Madera County  
Board Chair  
2037 West Cleveland Avenue  
Madera, CA 93637

**12. Indemnification/Hold Harmless:** To the fullest extent permitted by law, each party shall indemnify, defend (at the indemnifying party's sole cost and expense), protect and hold harmless the other parties and each of their officers, employees, agents, and volunteers, and all representatives, successors, and assigns, from and against any and all claims (including, without limitation, claims for bodily injury, death or damage to property), demands, obligations, damages, actions, causes of action, suits, losses, judgment fines, penalties, forfeitures, liabilities, costs and expenses (including, without limitation, attorneys' fees, disbursements and court costs, and any and all other professional, expert or consultants' fees and costs and general and administrative expenses) of every kind and nature whatsoever (individually, a "claim;" collectively,

“claims”), which may arise from or in any manner relate (directly or indirectly) to, and only to the extent of, the negligent and/or willful acts, errors and/or omissions of the indemnifying party, its officers, officials, agents, employees, person(s) under the supervision of the indemnifying party, vendors, suppliers, contractors, subcontractors, consultants, anyone employed directly or indirectly by any of them or for whose acts they may be liable, or any or all of them, in performing any work or services to be provided under this Agreement.

**13. Governing Law:** This Agreement shall be governed by, construed, and enforced in accordance with the laws of the State of California. Venue for the purposes of the filing of any action regarding the enforcement or interpretation of this Agreement and any rights and duties hereunder shall be Madera County, California.

**14. Severability:** Should any part, term, portion, or provision of this Agreement be in conflict with any law of the United States or of the State of California, or otherwise unenforceable or ineffectual, the validity of the remaining parts, terms, portions or provisions shall be deemed severable, enforceable and in effect, provided that such remaining portions or provisions can be construed in substance to constitute the intended Agreement of the parties.

\* \* \* \* \*

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of  
the date first above written:

**Attest**

By:   
Clerk, Board of Supervisors

**County of Madera**

By:   
Chairman, Board of Supervisors

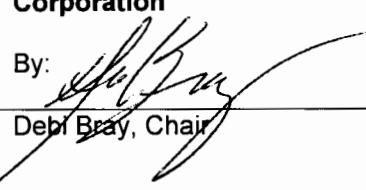
**Approved as to Legal Form:**

By:  
County Counsel



**Madera County Workforce Investment**

**Corporation**

By:   
Debi Bray, Chair

**Workforce Development Board of Madera**

**County**

By:   
Brett Frazier, Chair

By:   
Elaine M. Craig, Executive Director

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement as of  
the date first above written:

**Attest**

By:

Clerk, Board of Supervisors

**County of Madera**

By:

Chairman, Board of Supervisors

**Approved as to Legal Form:**

By:

Dale E. Bacigalupi, Deputy County Counsel



**Madera County Workforce Investment  
Corporation**

By:

Debra Bray, Chair

**Workforce Development Board of Madera  
County**

By:

Brett Frazier, Chair

By:

Elaine M. Craig, Executive Director

# WORKFORCE DEVELOPMENT BOARD OF MADERA COUNTY

## CONFLICT OF INTEREST CODE

### ARTICLE I

#### GENERAL

##### TITLE AND PURPOSES

**Section 100.** This Code shall be known and may be cited as the "Conflict of Interest Code" of the Workforce Development Board of Madera County. It is adopted pursuant to the provisions of the Conflict of Interest Codes of the Political Reform Act of 1974. The adoption of this Code is intended to accomplish the following purposes:

- a. To provide a Conflict of Interest Code appropriate to the individual circumstances of the Workforce Development Board of Madera County as required by Government Code Section 87302.
- b. To assure that designated occupants perform duties in an impartial manner, free from bias caused by their own financial interest or the financial interests of business entities in which they are directors, officers, partners, trustees or employees, or in which they hold any positions of management.
- c. To require the disclosure of such assets and income of designated occupants which may be foreseen to be materially affected by their official actions, without unduly impinging upon the rights of privacy, rights pertaining to privileged communications, or rights involved in confidential or fiduciary relationships.
- d. To enumerate specifically the positions within the Workforce Development Board of Madera County which involve the making or participation in the making of decisions which may foreseeably have a material effect on any financial interest.

- e. To set forth for each position or category of positions enumerated under Section 100 (d) of this Code the Specific types of investments, interests in real property, and income which are reportable under this Code by the holder of such position.
- f. To provide reasonable assurances that all foreseeable potential conflict of interest situations will be disclosed or prevented.
- g. To set forth those specific circumstances under which designated occupants or categories of designated occupants must disqualify themselves from making or participating in the making of a Workforce Development Board decision.
- h. To specify the times for filing required reports, the periods to be covered by such reports, and the officers with whom reports are to be filed.
- i. To insure that members of the Workforce Development Board of Madera County complete Ethics Training no less than once every two years as required by California Assembly Bill 1234 and Government Code Section 53235.

#### **EFFECTIVE DATE OF CODE**

***Section 101.*** This Code shall become fully effective thirty (30) days following its approval by the Board of Supervisors of Madera County, as the Code Reviewing Body.

#### **LEGAL EFFECT OF CODE**

***Section 102.*** This Code has the force of law, and any violation by a designated occupant shall be deemed by law to be a violation of the Political Reform Act.

***Section 103.*** No member, officer, employee or consultant at any level of the Workforce Development Board shall make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know that he or she has a financial interest. The provisions of the Political Reform Act governing conflict of interest issues (Government Code Section 87100 to 87500, inclusive) thus apply to any member or alternate member or officer of the

Workforce Development Board , even though not a designated occupant within the meaning of this Code.

**Section 104.** The Political Reform Act, which may be applicable to violations of this Code, provides that:

- a. a person who knowingly or willfully violates any provision of this Code is guilty of a misdemeanor;
- b. a fine of up to the greater of \$10,000.00 or three times the amount of the interest the person failed to report properly be imposed upon conviction for each violation;
- c. no person convicted of such a misdemeanor shall be a candidate for any elective office or act as a lobbyist for four (4) years thereafter unless the sentencing Court determines otherwise, and that any convicted person doing so is guilty of a felony,
- d. persons may sue to enjoin violations or to compel compliance with the Act and this Code, and the official governmental action may in appropriate circumstances be set aside by the Court as void;
- e. any person who violates a provision of this Code is subject to discipline by his or her agency, including dismissal, consistent with applicable personnel laws, regulations and procedures;
- f. any person who intentionally or negligently violates any of the reporting requirements of the Act and this Code shall be liable in a civil action for an amount not more than the amount or value not properly reported;
- g. any designated occupant who realizes an economic benefit as a result of a disqualification provision of this Code is liable in a civil action for an amount up to three times the value of the benefit;

- h. any person filing late statements or reports may be liable to the filing officer in the amount of \$10.00 for each day delinquent, but not to exceed the cumulative amount stated in the late statement or report, or the sum of \$100.00, whichever is the greater;
- i. every person who signs and verifies any statement or report required to be filed under this Code which contains material matter which he or she knows to be false is guilty of perjury; and
- j. the Court may award the prevailing party, in any action authorized by the Act, his or her costs of litigation, including reasonable attorney's fees.

## **ARTICLE 2**

### **INTERPRETATION AND DEFINITIONS**

#### **INTERPRETATION**

**Section 200.** This code is to be liberally construed to accomplish the purpose of this Code, consistent with the purpose of the Workforce Development Board.

#### **DEFINITIONS**

**Section 201.** Unless the contrary is stated or is clearly apparent from the context, the definitions set forth in this Article shall govern the interpretation of this Code.

**Section 202.** “Act” means the Political Reform Act of 1974, comprising Title 9 (commencing with section 81000) of the Government Code of the State of California.

**Section 203.** “Code Reviewing Body” means the Board of Supervisors of the County of Madera, which Board is the Code Reviewing Body of this Code.

**Section 204.** “Business Entity” means any organization or enterprise operated for profit, including but not limited to a proprietorship, partnership, firm, business, trust, joint venture, syndicate, corporation or association.

**Section 205.** “Consultant” means any natural person who provides, under contract, information, advice, recommendation or counsel to the Workforce Development Board ; provided, however, that “consultant” does not include a person who:

- a. conducts research and arrives at conclusions with respect to his or her rendition of information, advice, recommendation or counsel independent of the control and direction of Workforce Development Board officials, other than normal contract monitoring; and
- b. possesses no authority with respect to any Workforce Development Board decision beyond the rendition of information, advice, recommendation or counsel.

**Section 206.** “Designated occupant” – Directors, Workforce Development Board of Madera County.

**Section 207.** “Designated position” – Directors, Madera County Workforce Development Board.

**Section 208.** “Economic interests” is a generic term embracing investments, interests in real property, and income.

**Section 209.** “Filer” means the person filing or required to file any Statement of Economic Interests under this Code.

**Section 210.** “Gift” means any payment to the extent that consideration of equal or greater value is not received. The term “gift” does not include informational material such as books, reports, pamphlets, calendars or periodicals. No payment for travel or reimbursements for any expense shall be deemed “informational material”.

**Section 211.** “Immediate family” means the spouse and dependent children. Whenever disclosure of investments or interests in real property is required by this Code, investments and interests in real property of members of the immediate family shall also be disclosed.

**Section 212.** “Indirect investment or interest” means any investment or interest owned by the spouse or dependent child or a designated occupant by an agent on behalf of a designated occupant, or by a trust in which a designated occupant has a substantial interest.

A business entity is controlled by designated occupant if the designated occupant, his or her agents, spouse and dependent children hold more than 50% of the ownership interest in the entity.

A designated occupant has a substantial interest in a trust when the designated occupant, his or her spouse and dependent children have a present or future interest worth more than \$1,000.00.

**Section 213.** “Interest in real property” includes any leasehold, beneficial or ownership interest or an option to acquire such an interest in real property located in the jurisdiction if the fair market value of the interest is greater than \$1,000.00.

**Section 214.** “Investment” means any financial interest in or security issued by a Workforce Development Board related business entity as more fully defined in Category I or Exhibit A. No asset is deemed an “investment” unless its fair market value exceeds \$1,000.00.

**Section 215.** “Jurisdiction” means the geographical area within the boundaries of the County of Madera. Real property shall be deemed to be “within the jurisdiction” of the County if the property or any part of it is located within not more than two (2) miles outside the boundaries of the County of Madera or within two (2) miles of any land owned or used by Workforce Development Board

**Section 216.** “Person” means an individual, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, association, committee, and any other organization or group of persons acting in concert.

**Section 217.** “WDB” means the members of the Workforce Development Board of Madera County.,.

**Section 218.** “Reportable” subject matter means subject matter (an economic interest) which a filer is required by this Code to report in a Statement of Economic Interests.

**Section 219.** “Worth” refers to fair market value.

**Section 220.** “Material Financial Effect” means that the financial effect of a governmental decision on a financial interest of a public official is material if, at the time the official makes, participates in making, or attempts to use his or her official position to influence the making of the decision, the official knows or has reason to know that the

existence of the financial interest might interfere with the official's performance of his or her duties in an impartial manner, free from bias.

## **ARTICLE 3**

### **STATEMENT OF ECONOMIC INTERESTS**

#### **DUTY TO FILE**

***Section 300.*** It shall be the duty of each designated occupant/position, Directors, Workforce Development Board of Madera County, to file Statements of Economic Interests conforming to all applicable requirements of this Code. The Statement of Economic Interests Form 700 will be required to be filed annually by April 1 and the filing entity is with the Madera County Workforce Investment Corporation. The forms will be submitted to the office of the Executive Director of the Workforce Development Board of Madera County and the annual notification will be generated by the office of the Executive Director of the Workforce Development Board of Madera County.

#### **REPORTABLE ECONOMIC INTERESTS**

***Section 301.*** The economic interests to be reported by a designated occupant in such Statements are the interests included in those categories of interest described in Exhibit A.

#### **REPORTABLE INTERESTS IN REAL PROPERTY**

***Section 302.*** When an investment or an interest in real property is reportable by the filer under this Code, the Statement shall contain:

- a. a statement of the nature of the investment or interest;
- b. the name of the business entity in which each investment is held and a general description of the business activity in which the business entity is engaged;
- c. the address or other precise location of the real property;
- d. a statement whether the fair market value of the investment or interest in

real property exceeds \$10,000.00, and whether it exceeds \$100,000.00. This information need not be provided with respect to an interest in real property which is used principally as the residence of the filer;

- e. in the case of an investment which constitutes 50% or more of the ownership interest in a business entity, disclosure of the investments and interests in real property of the business entity;
- f. in the case of a filer's second or subsequent statement, if the investment or interest in real property was partially or wholly acquired or disposed of during the period covered by the Statement, the date of acquisition or disposal.

### **REPORTABLE INCOME**

**Section 303.** When income is reportable by the filer under this Code, the Statement shall contain, except as provided in Section 304:

- a. the name and address of each source of income with an aggregate value of \$250.00 or more, or \$25.00 in value if the income was a gift, and a general description of the business activity, if any, of each source;
- b. a statement whether the aggregate value of income from each source was greater than \$1,000.00, and whether it was greater than \$10,000.00;
- c. a description of the consideration, if any, for which the income was received;
- d. in the case of a gift, the amount and the date on which the gift was received.

**Section 304.** When income of a business entity, including income of a sole proprietorship, is reportable by the filer under this Code, the Statement shall contain:

- a. the name, address and a general description of the business entity;
- b. in the case of a business entity which provides legal or brokerage services, the name of every person who paid fees to the business entity if the filer's pro rata share of fees from such persons was equal to or greater than \$1,000.00;

- c. in the case of a business entity not covered by Section 304(b), the name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such persons was equal to or greater than \$10,000.00 during a calendar year.

### **PLACE OF FILING STATEMENTS**

**Section 305.** Each designated occupant shall submit the original copy of his or her Statement of Economic Interests with office of the Executive Director of the Workforce Development Board.

### **TIME OF FILING FIRST STATEMENT**

**Section 306.** A filer's first statement shall be filed:

- a. by a person who, after the effective date of this Code, is elected, appointed, promoted or transferred to a designated position; and
- b. persons who occupy designated positions at the adoption of this Code by the Workforce Development Board shall voluntarily file within thirty (30) days of the effective date of this Code.

### **TIME OF FILING SUBSEQUENT STATEMENTS**

**Section 307.** Subsequent to the filing of a filer's first statement, the filer shall annually, prior to April 30<sup>th</sup> of each year, file subsequent Statements of Economic Interests.

### **TIME OF FILING LAST OR EXIT STATEMENT**

**Section 308.** All occupants of designated positions shall file an exit Statement within thirty (30) days of vacating any designated position.

### **POINT IN TIME COVERED BY FIRST STATEMENT**

**Section 309.** A filer's first Statement shall report the designated occupant's reportable investments and interests in real property (but not income) as those investments and interests in real property exist at the time of filing. No period of time is covered by the filer's first Statement.

### **PERIOD COVERED BY FILER'S SECOND STATEMENT**

***Section 310.*** A filer's second Statement, filed in April, shall cover that part of the preceding calendar year which is subsequent to the time of filing the filer's first Statement.

### **PERIOD COVERED BY FILER'S THIRD AND SUBSEQUENT STATEMENTS**

***Section 311.*** Each of a filer's third and subsequent Statements shall be filed prior to April 30<sup>th</sup> of each year for the preceding calendar year.

### **PERIOD COVERED BY FILER'S LAST OR EXIT STATEMENT**

***Section 312.*** A filer's last or exit Statement shall be within thirty (30) days of vacating the designated position, with the period covered being from the last filed Statement to the date of exit.

**ARTICLE 4**

**DUTY TO DISQUALIFY SELF AS TO DECISIONS**

**MATERIALLY AFFECTING ECONOMICS INTERESTS**

**CIRCUMSTANCES REQUIRING DISQUALIFICATION**

**Section 400.** Except as provided in Section 401, it shall be the duty of each designated occupant to disqualify himself or herself from making or participating in the making of any Workforce Development Board decision, or from using his or her official position to influence a Workforce Development Board decision, if it is reasonably foreseeable that the decision will have a material financial effect, distinguishable from the decision's effect on the public generally, on:

- a. any business entity in which the designated occupant has a direct or indirect investment interest which is reportable;
- b. any real property in which the designated occupant has a direct or indirect investment interest which is reportable;
- c. any source of reportable income (not including loans by a commercial lending institution in the regular course of business) aggregating \$250.00 or more in value received by or promised to the designated occupant within twelve (12) months prior to the time when the decision is made; or
- d. any business entity in which the designated occupant is a director, officer, partner, trustee, employee, or holds any position of management.

As used in this Section, "indirect investment or interest" has the meaning given that term in Section 212 of this Code.

**Section 401.** Specifically, WIOA Section 107(h) states that a member of a local board may not—

- (1) vote on a matter under consideration by the local board;
  - (A) regarding the provision of services by such member (or by an entity that such member represents); or
  - (B) that would provide direct financial benefit to such member or the immediate family of such member; or
- (2) engage in any other activity determined by the Governor to constitute a conflict of interest as specified in the State plan.

**Section 402.** Section 18703(e)(5) of the Fair Political Practices Commission regulations states that the financial effect on a public official's financial interest is deemed indistinguishable from that of the public generally if the decision is made by a board or commission and the law that establishes the board or commission requires certain appointees have a representative interest in a particular industry, trade, or profession or other identified interest, and the public official is an appointed member representing that interest. This applies only if the effect is on the industry, trade, or profession or other identified interest represented and there is no unique effect on the official's interest.

## **ARTICLE 5**

### **DESIGNATED POSITIONS – DESIGNATED OCCUPANTS**

### **AND THEIR REPORTABLE ECONOMIC INTERESTS**

#### **DESIGNATED POSITION/OCCUPANTS**

***Section 500.*** “Designated occupant” – Directors, Workforce Development Board of Madera County.

#### **REPORTED ECONOMIC INTERESTS**

***Section 501.*** The specific types of investments, interests in real property, and income which are reportable under this Code by the holder or proposed holder of a designated position are as identified in Exhibit A. These identifications are by reference to the category numbers of the specific types of economic interests as identified in Exhibit A.

## **ARTICLE 6**

### **WHISTLEBLOWER PROTECTIONS**

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency, person with authority over the employee, or another employee with authority to investigate, discover, or correct the violation or noncompliance, and to provide information to and testify before a public body conducting an investigation, hearing or inquiry, when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a local , state of federal rule or regulation.

#### **Who is protected?**

Pursuant to California Labor code Section 1102.5, employee are the protected class of individuals. ‘Employee” means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [California Labor Code Section 11063]

#### **What is a whistleblower?**

A “whistleblower” is an employee who discloses information to a government or law enforcement agency, person with authority over the employee, or to another employee with authority to investigate, discover, or correct the violation or noncompliance, or who provides information to or testifies before a public body conducting an investigation, hearing or inquiry, where the employee has reasonable cause to believe that the information discloses:

1. A violation of a state or federal statute,
2. A violation or noncompliance with a local, state or federal rule or regulation, or
3. With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

A whistleblower can also be an employee who refuses to participate in an activity that would result in a violation of a state or federal statute, or a violation of or noncompliance with a local, state or federal rule or regulation.

### **What protections are afforded to whistleblowers?**

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under California Labor Code Section 1102.5, if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

### **How to report improper acts**

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, **call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225**. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.

## **EXHIBIT “A”**

### **CATEGORY 1:**

Persons in this category shall disclose all investments. This disclosure category, however, shall be limited to business entities of any size involved in occupational or employment training, workforce development, or business entities not involved in such training but which employ fifty (50) or more people.

“Investment” means any financial interest in or security issued by a business entity, including but not limited to common stock, preferred stock, rights, warrants, options, debt instruments, and any partnership or other ownership interest, if the business entity or any parent subsidiary, or otherwise related business entity has an interest in real property in the jurisdiction, or does business or plans to do business in the jurisdiction, or has done business within the jurisdiction at any time during the two (2) years prior to the time any statement or other action is required under this title. No asset shall be deemed an investment unless its fair market value exceeds \$1,000.00. The term “investment” does not include time or demand deposit in a financial institution, shares in a credit union, any insurance policy, interest in a diversified mutual fund registered with the Securities and Exchange Commission under the Investment Company Act of 1940, a common trust fund which is created pursuant to Section 1564 of the Financial Code, or any bond or other debt instrument issued by any government or government agency. Investments of an individual include a pro rata share of investments of any business entity, mutual or trust in which the individual or spouse owns, directly, indirectly, or beneficially, a 10% interest or greater.

### **CATEGORY 2:**

Persons in this category shall also disclose all income. This disclosure category, however, shall be limited to sources of income which are business entities of any size involved in occupational or employment training, workforce development, or business entities not involved in such training but which employ fifty (50) or more people.

“Income” means a payment received, including but not limited to any salary, wage, advance, dividend, interest, rent proceeds, from any sale, gift, including any gift of food or beverage, loan, forgiveness or payment of indebtedness received by the filer, reimbursement for expenses, per diem, or contribution to an insurance or pension program paid by any person other than an employer, and including any community property interest in income of a spouse. “Income” also includes an outstanding loan. “Income” of an individual also includes a pro rata share of any income of any business entity or trust in which the individual or spouse owns, directly, indirectly or beneficially, a 10% interest or greater. “Income”, other than a gift, does not include income received from any source outside the jurisdiction not doing business within the jurisdiction, and not planning to do business within the jurisdiction during the two (2) years prior to the time any statement or other action is required under this code.

### **CATEGORY 3:**

Persons in this category shall disclose all interests in real property. This disclosure category, however, shall be limited to non-residential real property located within the jurisdiction which is used, or which reasonably could be used, for occupational or employment training or workforce development.

## **DIRECTOR ACKNOWLEDGEMENT**

This is to acknowledge that I have received a copy of the Workforce Development Board of Madera County Conflict of Interest Code. I understand that I have an obligation to familiarize myself with these duties and responsibilities, to complete required Ethics Training no less frequently than once every two years, and to file an annual Statement of Economic Interest.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

*(Revised 6/21/18)*

**CONFLICT OF INTEREST POLICY  
OF  
MADERA COUNTY WORKFORCE INVESTMENT CORPORATION**

**ARTICLE I  
PURPOSE**

The purpose of this Conflict of Interest Policy (this “Policy”) is to protect Madera County Workforce Investment Corporation, a California nonprofit public benefit corporation (the “Corporation”), in the event any transaction or business arrangement contemplated by the Corporation might benefit the private interest of an officer or director of the Corporation or might give rise to an excess benefit transaction. This Policy is intended to supplement but not replace any applicable state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.

**ARTICLE II  
DEFINITIONS**

1. **Interested Person**. Any member of the Board (“Director”), officer of the Corporation (“Officer”), or member of a committee of the Board (“Committee Member”) who has a direct or indirect financial interest is an “Interested Person”.

2. **Financial Interest**. A Director, Officer, or Committee Member has a financial interest if he or she has, directly or indirectly, through business, investment, or family, any of the following:

(a) An ownership or investment interest in any entity with which the Corporation has a transaction or business arrangement; or

(b) A compensation (including, direct and indirect remuneration as well as gifts or favors that are not insubstantial) arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction, engagement or business arrangement; or

(c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or business arrangement.

Whether a financial interest constitutes an impermissible conflict of interest in shall be determined by the board of directors of the Corporation (the “Board”) pursuant to Article III of this Policy.

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## ARTICLE III PROCEDURES

1. **Disqualifying Financial Interest.** Any Interested Person must obtain the Board's approval pursuant to Sections 2 and 3 of this Article III and disqualify himself or herself from making, participating in the making of, or attempting to influence any decisions of the Board, Officers, or Committee Members.

2. **Board Approval.** Upon the disqualification of the Interested Person, the Directors having no financial interest in the transaction or business arrangement, whether proposed or already entered, shall call a special meeting of the Board. At the special meeting, the Interested Person shall disclose all material facts relating to the financial interest in concern. The Board shall then determine whether the financial interest constitutes an impermissible conflict of interest. The financial interest may be permitted under the following conditions:

(a) **Prior Approval.** The Board may approve a proposed transaction or business arrangement in which an Interested Person may have a material financial interest if after reasonable investigation and prior to consummating the transaction or business arrangement, or any part thereof, with knowledge of the material facts concerning such transaction or business arrangement and the interested person, the Board determines in good faith by vote of a majority of Directors then in office (excluding the vote of any Interested Person that is a Director), that:

(1) The proposed transaction, engagement or business arrangement is for the Corporation's own benefit;

(2) The proposed transaction, engagement or business arrangement is fair and reasonable as to the Corporation; and

(3) The Corporation cannot obtain a more advantageous arrangement with reasonable efforts under the circumstances.

(b) **Ratification.** The Board may ratify a transaction or business arrangement entered into between the Corporation and the Interested Person in if the Board determines in good faith by vote of a majority of Directors then in office (excluding the vote of any Interested Person that is a Director), that:

(1) A committee or person authorized by the Board approved the transaction or business arrangement in concern;

(2) The Corporation entered into the transaction or business arrangement for its own benefit;

(3) The transaction or business arrangement was fair and reasonable as to the Corporation at the time the Corporation entered into the transaction; and

(4) It was not reasonably practicable to obtain approval of the Board prior to entering the transaction.

**3. Disqualifying Non-Financial Interest.**

(b) **Disqualifying Non-Financial Interest.** Any Director, Officer, or Committee Member must disqualify himself or herself when there exists a personal non-financial interest which will prevent the member from applying disinterested skill and undivided loyalty to the Corporation in making or participating in making the making of decisions.

4. **Procedure of Disqualification.** A Director, Officer, or Committee Member required to disqualify himself or herself pursuant to this Policy, shall (1) immediately disclose the interest, (2) withdraw from any participation in the matter, (3) refrain from attempting to influence any other Director, Officer, or Committee Member, and (4) refrain from voting on the matter. In the event the Interested Person is a Director, however, the presence of such Director may be counted in determining whether a quorum exists.

**5. Violations of the Conflicts of Interest Policy.**

(a) If the Board has reasonable cause to believe any Director, Officer, or Committee Member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

(b) If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board determines that the Director, Officer or Committee Member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action, including without limitation, removing such person from his or her respective office.

**ARTICLE IV**  
**RECORDS AND PROCEEDINGS**

The minutes of any special meeting of the Board conducted pursuant to this Policy shall contain:

(a) The names of the person or persons who disclosed or otherwise were found to have a financial interest or non-financial interest in connection with an actual or possible conflict of interest, the nature of the interest, any action taken to determine whether a conflict of interest was present, and the board's decision as to whether or not a conflict of interest in fact existed.

(b) The names of the persons who were present for discussions and votes relating to the transaction or business arrangement, the content of the discussion,

including any alternatives to the proposed transaction or business arrangement, and a record of any votes taken in connection with the proceedings.

## **ARTICLE V COMPENSATION**

1. **Compensated Directors, Officers, and Committee Members.** The Corporation currently does not compensate any Director, Officer or Committee Member. In the event, that any such person receives, directly or indirectly, from the Corporation compensation for services, such person shall be precluded from voting on matters pertaining to his or her compensation.

2. **Prohibited Conduct.** No Director, Officer or Committee Member whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

## **ARTICLE VI ANNUAL STATEMENTS**

Each Director, Officer, and Committee Member shall annually sign a statement that affirms such person:

- (a) Has received a copy of this Policy;
- (b) Has read and understands this Policy;
- (c) Has agreed to comply with this Policy; and
- (d) Understands the Corporation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

## **ARTICLE VII PERIODIC REVIEWS**

To ensure the Corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- (a) Whether compensation arrangements and benefits, if any, are reasonable, based on competent survey information, and are the result of arm's length bargaining.

(b) Whether partnerships, joint ventures, and arrangements with management organizations, if any, conform to the Corporation's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

## **ARTICLE VIII USE OF OUTSIDE EXPERTS**

When conducting the periodic reviews required under Article VII, the Corporation may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the Board of its responsibility to ensure that periodic reviews are conducted.

## **ARTICLE IX LEGAL STANDARDS**

The Corporation and its Directors, Officers, and Committee Members shall adhere to conflict of interest rules imposed by law, including those contained in sections 5227, 5231 and 5233 of the California Nonprofit Public Benefit Corporation Law, section 4958 of the Internal Revenue Code, and any other provisions of state and federal law, as appropriate.

## **ARTICLE X WHISTLEBLOWER PROTECTIONS**

It is the public policy of the State of California to encourage employees to notify an appropriate government or law enforcement agency, person with authority over the employee, or another employee with authority to investigate, discover, or correct the violation or noncompliance, and to provide information to and testify before a public body conducting an investigation, hearing or inquiry, when they have reason to believe their employer is violating a state or federal statute, or violating or not complying with a local , state of federal rule or regulation.

### **Who is protected?**

Pursuant to California Labor code Section 1102.5, employee are the protected class of individuals. ‘Employee’ means any person employed by an employer, private or public, including, but not limited to, individuals employed by the state or any subdivision thereof, any county, city, city and county, including any charter city or county, and any school district, community college district, municipal or public corporation, political subdivision, or the University of California. [California Labor Code Section 11063]

### **What is a whistleblower?**

A “whistleblower” is an employee who discloses information to a government or law enforcement agency, person with authority over the employee, or to another employee with authority to investigate, discover, or correct the violation or noncompliance, or who provides information to or testifies before a public body conducting an investigation, hearing or inquiry, where the employee has reasonable cause to believe that the information discloses:

1. A violation of a state or federal statute,
2. A violation or noncompliance with a local, state or federal rule or regulation, or
3. With reference to employee safety or health, unsafe working conditions or work practices in the employee's employment or place of employment.

A whistleblower can also be an employee who refuses to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a local, state or federal rule or regulation.

#### **What protections are afforded to whistleblowers?**

1. An employer may not make, adopt, or enforce any rule, regulation, or policy preventing an employee from being a whistleblower.
2. An employer may not retaliate against an employee who is a whistleblower.
3. An employer may not retaliate against an employee for refusing to participate in an activity that would result in a violation of a state or federal statute, or a violation or noncompliance with a state or federal rule or regulation.
4. An employer may not retaliate against an employee for having exercised his or her rights as a whistleblower in any former employment.

Under California Labor Code Section 1102.5, if an employer retaliates against a whistleblower, the employer may be required to reinstate the employee's employment and work benefits, pay lost wages, and take other steps necessary to comply with the law.

#### **How to report improper acts**

If you have information regarding possible violations of state or federal statutes, rules, or regulations, or violations of fiduciary responsibility by a corporation or limited liability company to its shareholders, investors, or employees, **call the California State Attorney General's Whistleblower Hotline at 1-800-952-5225**. The Attorney General will refer your call to the appropriate government authority for review and possible investigation.

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## **ACKNOWLEDGEMENT OF CONFLICT OF INTEREST POLICY**

I have received a copy of the Policy. I have read, understand, and agree to the provisions of the Policy. I understand that the Corporation is a California public benefit corporation, and in order for it to maintain its federal tax exemption it must engage primarily in activities that accomplish its tax exempt purposes. Furthermore, I have fully disclosed my direct or indirect financial interests, if any, pursuant to this conflict of interest policy.

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

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Signature of Recipient

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Printed Name of Recipient

Revised July 17, 2018



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## Agenda Item 8.1

Consent

Action

Information

**To:** Madera County Workforce Investment Corporation  
**From:** Tracie Scott-Contreras, Executive Director  
**Date:** December 10, 2020  
**Subject:** Workforce Development Board of Madera County Update

**Information:**

The WDB met last on October 15, 2020. The WDB October meeting agenda was provided to the MCWIC on October 22, 2020. The WDB meets next on December 17, 2020. Staff will provide new updated information on the WDB at their January 28, 2021 meeting.

**Financing:**

Workforce Innovation and Opportunity Act



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## Agenda Item 8.2

Consent

Action

Information

**To:** Madera County Workforce Investment Corporation

**From:** Tracie Scott-Contreras, Executive Director

**Date:** December 10, 2020

**Subject:** Program Update

### Information:

We have partnered with GRID Alternatives, Fresno Regional Workforce Development Board, and Madera County Department of Corrections on a Central Valley Pathway Home Project. If awarded, these funds will help incarcerated individuals successfully return to society by accessing training, case management support, and securing employment in solar or construction related industries. We have requested for approximately \$90,000 for pre-release assessments, referrals, and case management.

We are also partnering with Stanislaus County Workforce Development on a sub-regional Veterans Employment Related Assistance Program (VEAP) that will accelerate employment and re-employment for unemployed and/or under-employed veterans to enter the workforce in skilled occupations. Grant funds will also address the need for equal access to education, training, and re-employment opportunities for veterans as a result of COVID-19. The sub-region is applying for \$300,000 to serve 100 veterans in 18-24 months.

### WIOA Formula Funds

- **Adult:**

Budget: \$1,126,464.00

Budget term: 7/1/2020 - 6/30/2021

Scope: Provide employment, training, and supportive service assistance for eligible adult participants.

# of Participants Enrolled: 241

- **Dislocated Worker (DW):**

Budget: \$551,079

Budget term: 7/1/2020 - 6/30/2021

Scope: Provide employment, training, and supportive service assistance for individuals who have been laid off due to a company downsize or closure.

# of Participants Enrolled: 19

- **Rapid Response (RR) & Layoff Aversion (LOA):**

Budget: \$143,321

Budget term: 7/1/2020 – 6/30/2021

Scope: Provide timely and effective response to potential layoffs and business closures as well as enable affected workers to return to work as quickly as possible following a layoff.

- **Youth Formula:**

Budget: \$1,232,004

Budget term: 7/1/2020 – 6/30/2021

Scope: Provide out-of-school youth between the ages of 18-24 with employment, training, and supportive service assistance.

# of Participants Enrolled: 73

### **Special Grants/Projects**

- **CCP/AB109:**

Grant award: \$56,627 In-Custody

\$34,762 Post-Release

Grant term: 7/1/2020 - 6/30/2021

Scope: Provide a 4-week workshop for In-Custody Pre-Release customers at Department of Corrections and facilitate periodic job fairs inside the facility. Additionally, provide a 3-hour group Orientation and CalJOBS system registration workshop to Post-Release individuals four times a month at the Center as well as coordinate monthly resource fairs with Probation at the Center.

# of Participants to be Served: Open

# of Participants Enrolled: 18 referred in-custody, 18 completed

17 referred post release, 3 WIOA enrollment pending

- **COVID-19 Employment Recovery National Dislocated Worker Grant (NDWG)**

Grant award: \$90,000

Grant term: 4/10/2020 - 3/31/2022

Scope: Provide additional funding for staffing and include training funds for new dislocated workers impacted by closures or lay-offs due to the COVID-19 pandemic.

# of Participants to be Served: 20

# of Participants Enrolled: 12

- **COVID-19 Supportive Services (SS)**

Grant award: \$27,000

Grant term: 3/1/2020 - 12/31/2020

Scope: Provide additional supportive services for individuals who have been laid off due to COVID-19, have experienced a reduction in hours/pay due to COVID-19, or are unable to work for COVID-19 related reasons. We have requested to de-obligate \$10,000 of these funds to other workforce areas and extend \$17,000 to December 31, 2020.

# of Participants to be Served: 50

# of Participants Enrolled: 7 (grant #1187) and 11 (grant #2051)

- **Disability Employment Accelerator (DEA):**

Grant award: \$300,000

Grant term: 4/1/2019 – 12/31/2021

Scope: Increase and retain long-term employment for PWD who have graduated or are on track to graduate from college. Camarena Health, CAPMC, and Exact Staff will become worksites for work-based learning activities that lead to gainful employment. Worksite

agreements will outline specific information regarding skill gaps and development of skills in the areas of highest need.

# of Participants to be Served: 50

# of Participants Enrolled: 5

- **English Language Learners Pathways to Careers (ELL):**

Grant award: \$300,000

Grant term: 6/1/2020 – 3/31/2022

Scope: Increase services to ELLs with a focus on work-based learning opportunities and attainment of industry-recognized credentials.

# of Participants to be Served: 100

# of Participants Enrolled: 9

- **Prison to Employment (P2E) – Individual Direct Service (IDS):**

Grant award: \$56,249.00

Grant lead: San Joaquin County

Grant term: 9/1/19 – 3/31/2022

Scope: Funding to provide Individual Direct Services to formerly incarcerated and other justice involved individuals.

# of Participants to be Served: 4

# of Participants Enrolled: 33

- **Prison to Employment (P2E) – Supportive Service and Earn and Learn (SSEL):**

Grant award: \$100,289.00

Grant Lead: San Joaquin County

Grant term: 9/1/19 to 3/31/2022

Scope: Funding to provide Supportive Service and Earn and Learn activities to formerly incarcerated and other justice involved individuals.

# of participants to be Served: 9

# of participants Enrolled: 21

- **Ticket-to-Work:**

Scope: Provide employment and training support to SSI/SSDI beneficiaries.

Ticket Payments Received 7/1/2020 – 11/20/2020: \$10,053

# of Tickets Assigned: 19

- **Wells Fargo:**

Grant award: \$10,000

Grant term: 7/2020 until expended

Scope: Contract for a virtual platform to expand workshop offerings to customers. Funds will also be used to purchase 5 chrome books to provide to customers who need them to participate in education, training, or other workforce activities.

# of Participants to be Served: Open

Enrollment numbers reported through **11/30/2020**.

### **Financing:**

Workforce Innovation and Opportunity Act



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## Agenda Item 8.3

Consent

Action

Information

**To:** Madera County Workforce Investment Corporation

**From:** Tracie Scott-Contreras, Executive Director

**Date:** December 10, 2020

**Subject:** Local and Regional Plans Update

### Information:

The Workforce Innovation and Opportunity Act (WIOA) requires States, regions, and local workforce development areas to develop and submit strategic plans every 4 years. We are currently in the planning cycle for our local and regional plans for the period from July 1, 2021 through June 30, 2025. We have held two stakeholder forums to gather input on specific areas required by the draft plan guidance from the State and have two additional forum sessions scheduled. We have also held 6 stakeholder calls with individual partner agencies to date, and have two more scheduled. We are working with our consultant on providing information required for the narrative portion of the plan, and are also working with our regional lead on scheduling regional forums and providing information.

The plans should be drafted and ready for public comment by February 22, 2021. Following the 30-day required public comment period and approval by the Workforce Development Board, the plans (local and regional) will be forwarded to the Madera County Board of Supervisors for final approval and signature. The plans must be submitted to the State by April 30, 2021.

### Financing:

Workforce Innovation and Opportunity Act



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## Agenda Item 8.4

Consent

Action

Information

**To:** Madera County Workforce Investment Corporation  
**From:** Tracie Scott-Contreras, Executive Director  
**Date:** December 10, 2020  
**Subject:** MCWIC One Stop Operator Request for Proposal (RFP) Update

**Information:**

For the last several years, our organization has participated in a multi-area agreement with ProPath, Inc. to provide required One-Stop Operator services. The vendor was originally selected in 2017 through a procurement process managed by the County of Merced. The workforce areas participating, in addition to our area, are: Kings County Job Training Office, Merced County WorkNet, San Joaquin County WorkNet, and the Stanislaus County Workforce Alliance. The One-Stop Operator services must be procured again this fiscal year, for services starting on July 1, 2021.

Our organization has been asked to manage the procurement process, issue the Request for Proposals, and issue the new agreement with the One-Stop Operator selected, on behalf of the participating areas.

The Request for Proposals is planned to be issued in December, following review by this Board and approval by the Workforce Development Board.

The Workforce Development Board has the legislative authority and responsibility to select One-Stop Operators. Since the MCWIC will be the agency issuing the procurement and contract, staff felt it was critical for the MCWIC Board to be informed and involved in this process.

A draft of the RFP document is attached for the Board's review.

**Financing:**

Workforce Innovation and Opportunity Act



**WORKFORCE DEVELOPMENT BOARD OF MADERA COUNTY  
REQUEST FOR PROPOSAL  
FOR  
ONE-STOP OPERATOR**

Notice is hereby given that proposals will be received at the administrative offices of the Workforce Development Board of Madera County for performing all work necessary in accordance with the "REQUIREMENTS" and other related documents provided herein. Please carefully read and follow the instructions.

**Proposals shall be presented under sealed cover with the Bidder Name and the Proposal Submittal Close Date clearly marked on the outside and forwarded to:**

Workforce Development Board of Madera County  
2037 West Cleveland Avenue  
Madera, CA 93537  
Attn: Tracie Scott-Contreras, Executive Director

Any Bidder who wishes their proposal to be considered is responsible for making certain that their proposal is received by the closing date.

**PROPOSALS RECEIVED AFTER THE DEADLINE WILL BE REJECTED AND WILL BE RETURNED TO THE BIDDER UNOPENED.**

**CLOSING DEADLINE DATE: February 15, 2021 at 4:00 P.M.**

**PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL WORKFORCE DEVELOPMENT BOARD OF MADERA COUNTY TIME CLOCK READS 4:01 P.M.**

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## **SECTION 1**

### **INTRODUCTION**

#### **1.1 INTENT OF THE REQUEST FOR PROPOSAL**

The San Joaquin Valley (SJV) Sub-Region views this solicitation as an opportunity to further implement the reforms of the WIOA by soliciting a One-Stop Operator to oversee and maintain compliance between service providers and one stop partners per 20 C.F.R. § 678 et seq.

WIOA Title I One-Stop Operator will be awarded through this RFP. Services shall be provided to the local workforce development boards (LWDB) of the San Joaquin Valley Sub Region, made up of Kings, San Joaquin, Madera, Merced, and Stanislaus Counties.

The SJV Sub-Region reserves the right to make changes to the policies contained in this RFP based on changes and/or clarifications in the regulations, state legislation, local policy, or other guidance provided by the state or federal government.

The SJV Sub-Region makes no representation that any contract will be awarded to any offer responding to this RFP.

The SJV Sub-Region reserves the right to verify all information in the proposal. If the information cannot be verified, and if the errors are not willful, the SJV Sub-Region reserves the right to reduce the rating points awarded.

#### **1.2 BACKGROUND INFORMATION**

The Workforce Innovation & Opportunity Act (WIOA), signed into law on July 22, 2014, was the first legislative reform of the public workforce system in 15 years. WIOA presents an extraordinary opportunity to improve job and career options for our nation's workers and jobseekers through an integrated, job-driven public workforce system that links diverse talent to businesses. It supports the development of strong, vibrant regional economies where businesses thrive and people want to live and work. WIOA reaffirms the role of the American Job Center (one-stop) system as the primary service access point in each local area. The WIOA law outlines six (6) key purposes:

1. Increasing access to and opportunities for the employment, education, training and support services individuals need to succeed in the labor market, with particular emphasis on those with barriers to employment;
2. Aligning workforce investment, education, and economic development systems to support a comprehensive, accessible, and high-quality workforce development system;

3. Improving the quality and labor market relevance of workforce investment, education, and economic development efforts to provide individuals with the skills and credentials needed to secure and advance in employment with family-sustaining wages and to provide employers with the skilled workers needed for success in a global economy;
4. Promoting improvements in the structure and delivery of services through the workforce development system to better address the employment and skill needs of workers, jobseekers, and employers;
5. Increasing the prosperity of workers and employers and the economic growth of communities and regions; and
6. Increasing the employment, retention, and earnings of participants and increasing the attainment of recognized postsecondary credentials by participants to improve the quality of the workforce, reduce welfare dependency, increase economic self-sufficiency, and meet the skill requirements of employers to enhance productivity and competitiveness.

The U.S. Department of Labor envisions WIOA as the driver of workforce systems that support strong regional economies and play an active role in community and workforce development. America's Job Centers of California ("AJCCs") are expected to provide excellent customer service with a focus on continuous improvement, and the needs of businesses and workers will drive workforce solutions.

### **1.3 AGREEMENT TERM**

The Agreement term shall be for a period of two (2) years with an option to renew for one additional period of two years. The start date will commence July 1, 2021 with a scheduled completion date of June 30, 2023 contingent on appropriate and sufficient funding, and subject to one two-year extension.

A Sample Agreement is included as an attachment to this RFP. This Agreement will become part of the final Agreement with the successful Bidder being awarded the RFP. Any exceptions to the terms and conditions as stated herein and in the Sample Agreement must be identified separately within the submitted proposal. An Agreement with the successful Bidder will be executed by the Madera County Workforce Investment Corporation only upon final approval by the Workforce Development Board of Madera County and the parties holding contracting power for the other LWDBs in the San Joaquin Valley subregion.

## SECTION 2

### TIMETABLE AND CHECKLIST

#### 2.1 SUBMITTAL CHECKLIST

**All items are required. This checklist is provided to assist you in ensuring you submit a complete proposal.**

- a.  Signature Page (Attachment A)
- b.  Acknowledgement of Amendment(s) (If any)
- c.  Bond(s) (If any)
- d.  Cover Letter
- e.  Table of Contents
- f.  Executive Summary
- g.  Exceptions
- h.  Approach
- i.  Bidder's Qualifications
- j.  Cost Proposal
- k.  Financial Statement or Sufficient Financial Information  
**(Non-submittal is considered non-responsive and cause for rejection of proposal.)**

## **2.2 SCHEDULED ACTIVITIES**

To the extent achievable, the following schedule shall govern the review, evaluation, and award of the RFP. The Workforce Development Board of Madera County (WDB) reserves the right to modify the dates below in accordance with its review process.

Activity	Estimated Schedule	Date
2.2.1	Availability of the Request for Proposal	12.18.2020
2.2.2	Pre-proposal conference (Virtual)	01.06.2021 10:30 a.m. PDT
2.2.3	Deadline for submission of interpretation and/or written questions in relationship to the Request for Proposal. <i>Questions submitted after this date will not be answered. The closing date will not be extended for questions submitted after this date.</i>	01.22.2021
2.2.4	Closing date for the Request for Proposal <b>A list of respondents will be posted to the web at close of RFP</b>	02.16.2021
2.2.5	Commencement of review of the Request for Proposal submissions by the evaluation committee	02.17.2021
2.2.6	Agreement performance to commence	07.01.2021

## **2.3 PRE-PROPOSAL CONFERENCE**

A Pre-Proposal conference will be held to allow WDB staff to discuss all relevant issues associated with the Request for Proposal and to permit Bidders an opportunity to ask questions. While attendance is not required, all potential Bidders are strongly encouraged to attend. Each firm will be limited to not more than two (2) representatives in attendance.

Please submit, in writing, any questions about the RFP that you would like answered at the pre-proposal conference to the Workforce Development Board of Madera County, as referenced above, or fax your questions to (559) 673-1794, no later than three (3) working days before the conference. This will allow for a more thorough response.

The Pre-Proposal conference will be recorded and answers will be posted to the Workforce Development Board's website

(<https://www.maderaworkforce.org/public-notices-rfps/>) following the conference. Please contact the Workforce Development Board by phone at (559) 662-4589 or by email at [nmartin@maderaworkforce.org](mailto:nmartin@maderaworkforce.org) to reserve a seat at the Pre-Proposal conference. **Oral answers at the conference will not be binding on the WDB of Madera County or the Madera County Workforce Investment Corporation.**

The location, date and time will be as follows:

Date: 01.06.2021  
Time: 10:30 a.m.  
Location: Virtual Meeting

## 2.4 NUMBER OF COPIES TO BE SUBMITTED

- 2.4.1 Please submit **one (1) original signature hard copy** to be signed in blue ink (original copies marked as such) and **six (6)** exact copies of the original and one soft copy via thumb drive.
- 2.4.2 **Bidder also to submit ONE (1) paper copy of Financial Statement as set forth herein.** See Section 4.2.11 for guidance on what is required.
- 2.4.3 Disclosure of any Self Insured Retention (SIR) associated with the insurance requirement in the Sample Agreement.

## SECTION 3

### **REQUIREMENTS**

#### **3.1 SCOPE**

##### **3.1.1 Mandatory Duties**

- a. The SJV Sub-RPU expects to generally limit the role of the One-Stop Operator to the minimum requirements of “coordinating the service delivery of required one-stop partners and service providers” (20 CFR § 678.620), and ensuring the implementation of partner responsibilities and contributions agreed upon in the Memorandums of Understanding Phase I and Phase II. (EDD Directive WSD16-14) In order to fulfill this requirement, the one-stop operator shall:
  - i. Provide quarterly reports to all parties in the SJV Sub-RPU concerning the assessment of compliance with the separate memorandums of understanding between service providers and one-stop partners;
  - ii. Provide an end of the year comprehensive report to all parties in the SJV Sub-RPU and present the one-stop operator’s findings to each workforce development board during a public meeting, and be available to respond to inquiries.
  - iii. Participate in the coordination of partner meetings at least once a quarter, and attend said meetings. Attendance and participation may be through any suitable modality, including: WebEx, telephonic conference calls, in person or through some other readily available/adequate conferencing medium.
  - iv. Implementing policies established by the Local Workforce Development Board.
  - v. Complete all other duties that may be necessary to fulfill the requirements of 20 CFR § 678.620 and maintain compliance as a one-stop operator.
- b. Additional Costs: The individual members of the SJV Sub-RPU may wish to request more services dependent upon the needs of their local workforce development board (“LWDB”). As such, individualized billing will be required for the LWDB requesting the services. Should additional services be requested all bids should include the following:
  - i. Hourly rates of the one-stop operator;
  - ii. Travel costs including:
    - Mileage; and,
    - Overnight costs.

### **3.1.2 Desired Experience**

In addition to the duties as a one-stop operator, a Bidder with proven grant writing experience is desirable, but if a Bidder does not have the desired trait they will not be disqualified. Bidder may provide work on an hourly or by project basis to the individual members of the SJV Sub-RPU as requested. If a bidder has such experience, it should be included in the bid, as well as the cost of such services in addition to that identified in the preceding section.

## **3.2 SPECIFIC COMPLIANCE**

The Bidder awarded the Agreement derived from this RFP will be required to abide by all applicable local, Federal and State laws and regulations, including, but not limited to:

- The provisions of the Workforce Innovation and Opportunity Act (WIOA) and all legislation, regulations, directives, policies, procedures and amendments issued pursuant thereto;
- All State legislation and regulations to the extent permitted by federal law and all policies, directives and/or procedures, which implement the WIOA;
- The Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to ADA (42 U.S.C. 12101 et seq.);
- Executive Order 12549 (Debarment and Suspension), 29 CFR Section 98.50, and 2 CFR Section 200.213 concerning disbarment and suspension;
- 2 CFR Section 200.450 and in 29 CFR Part 93 concerning lobbying restrictions;
- Title VI of the Civil Rights Act of 1964, and the Rules and Regulations promulgated there under and the provisions of WIOA, Section 188; and,
- All other applicable rules and regulations governing the one-stop operator.

## **3.3 ESTIMATED COST OF SERVICES**

As explained above in section 3.1, this position is anticipated to have a limited presence in any one AJCC, as such it is estimated that the cost of services under this RFP will be approximately \$75,000 per year total for all five counties.

## **SECTION 4**

### **RESPONSE FORMAT AND CONTENT**

#### **4.1 GENERAL INFORMATION**

This section describes the required proposal format and content. The proposal should contain the requested information organized by the prescribed section and subsection numbers and titles. Any information provided beyond that required in the proposal should be contained in a section entitled "Optional Exhibits and Attachments".

Each Bidder shall submit a complete proposal, along with requested copies, providing all information requested and a complete description of the functional operation of the program/project proposed. Failure to follow the prescribed format may result in rejection of your proposal.

Proposals must be complete in all aspects. A proposal may be rejected if it is conditional or incomplete, or if it contains any alteration of form or other irregularities of any kind. A proposal may be rejected if any such defect or irregularity constitutes a material deviation from the proposal requirements. The proposal must contain all costs required by the proposal.

Proposals must be clearly marked as stated herein and must be received by the date and time specified.

The proposal must be typed. Every part of the proposal must be legible and of sufficient print clarity to allow copying of the document. Mistakes/Errors may be crossed out and corrections typed or printed adjacent to the mistake/error and initialed in ink by the person signing the proposal.

Special bindings, colored displays, etc., are not necessary. A single three-ring binder divided into sections by labeled tab index sheets is sufficient. Attachments that are not included in the binder should be clearly labeled according to the sections and titles provided therein. The proposal should be clear, complete and consistent with the proposal content requirements.

#### **4.2 PROPOSAL FORMAT**

The proposal must be developed on the forms provided in this package, or must follow the proposal content requirements in the order in which they appear in the proposal. Proposals that do not conform to this format may not be considered for evaluation. Proposals must be typewritten and submitted on standard 8 1/2" by 11" paper. Each page must be clearly and consecutively numbered. All proposals must be submitted in the name of the legal entity or authorized agency. Proposals must be signed in ink by the officer or officers legally authorized to bind the

company, partnership or corporation.

The content and sequence of the proposal will be as follows:

- 4.2.1 Signature Page (Attachment A)
- 4.2.2 Signed Amendment(s) (If any)
- 4.2.3 Bond(s) (If any)
- 4.2.4 Cover Letter
- 4.2.5 Table of Contents
- 4.2.6 Executive Summary
- 4.2.7 Exceptions
- 4.2.8 Approach
- 4.2.9 Bidder's Qualifications
- 4.2.10 Cost Proposal
- 4.2.11 Financial Statement (**separate sealed envelope**)

#### 4.2.1 Signature Page

Bidder must complete and return the enclosed Signature Page (**Attachment A**, "Signature Page"). The Signature Page must be signed in blue ink by the officer or officers legally authorized to bind the company, partnership, or corporation.

#### 4.2.2 Signed Amendment(s)

Bidder must sign, in blue ink, and include a copy of any amendments to the RFP.

#### 4.2.3 Bond(s)

Bidder must enclose any bonds as required in the RFP.

#### 4.2.4 Cover Letter

The Cover Letter must be a maximum of a one (1) page introducing the Bidder. The Cover Letter must include the Bidder's name and address.

#### 4.2.5 Table of Contents

The Table of Contents must be a comprehensive listing of the contents included in your proposal. This section must include a clear definition of the material, exhibits and supplemental information identified by sequential page numbers and by section reference numbers.

#### 4.2.6 Executive Summary

The Executive Summary shall condense and highlight the contents of the Bidder's Business Proposal to provide the Evaluation Committee with a broad understanding of the Bidder's approach, qualification, experience and staffing.

#### 4.2.7 Exceptions

This portion of the proposal will note any exceptions to the requirements and conditions taken by the Bidder. Exceptions should clearly explain why the Bidder is taking exception to the requirements. If exceptions are not noted, the WDB will assume that the Bidder's proposal meets those requirements as specified herein and that the Bidder accepts and intends to abide by all stated terms, conditions, and requirements. Exceptions will be considered by the WDB, and will form a part of any resulting Agreement, only if the WDB explicitly so states in writing.

Exceptions shall be noted as follows:

- Exceptions to the Scope of Work
- Exceptions to General Provisions
- Exceptions to Special Provisions
- Exceptions to Instructions for Submitting Proposal and RFP Content Requirements
- Exceptions to any other part of this RFP
- Exceptions to terms in the Sample Agreement

#### 4.2.8 Approach

The Bidder's proposal shall clearly describe in detail how the Bidder will meet the requirements of this proposal and perform the Requirements. Additionally, the proposal should provide any special or unique qualifications which the Bidder believes it possesses to meet the requirements of this RFP. Only those levels of performance the Bidder actually believes can be accomplished should be stated as measurable objectives. Each of the major tasks, or activities to be undertaken, as a means of reaching such objectives, must be specifically identified. Display the essential points of activity in a time sequence showing the amount of time allotted to each activity.

The merit of each proposal received in response to this RFP will be judged largely on the basis of each Bidder's narrative description as described in the Approach of their proposal. It is important that your proposal contain all information required for an effective review process. The responding proposal should be written in such a manner to provide sufficient detail to enable the Evaluation Committee members to know what is planned at every stage, and to make a judgment as to the probable success of the

proposed effort.

(A benchmark chart may be completed to display the time frame for achieving and accomplishing each major program/project task or activity. Flowcharts and other related graphics may accompany this section.)

#### 4.2.9 Bidder's Qualifications

Bidder shall provide a concise statement demonstrating that the Bidder's company has the qualifications, experience, and capability to perform the requirements of this RFP. The following sections must be included:

a) History

Provide a brief history of your company, including the number of years in business. State whether your organization is an individual proprietorship, partnership, corporation, or private nonprofit organization, and the date your company was formed or incorporated. Provide a statement as to any judgment, litigations, licensing violations, or other violations, outstanding or resolved, against your company in the past five (5) years.

b) Background and Experience

A summary of relevant background information describing your company's experience and major accomplishments and/or activities similar to the requirements set forth under this RFP, which demonstrates your company's ability to provide the service described in your proposal.

c) References

Provide a list of at least five (5) customer references. Include the firm's name; the name, title, and telephone number of a contact person; the dollar amount of the Agreement; and the dates that these services were completed. Bidder may provide sample material of your company's work to substantiate your previous experience.

d) Staff Assignment

A brief description of the experience and qualifications of the proposed key staff members assigned to this program/project and what percentage of their time will be devoted to the program/project. Show their function, level of education, degree and license, if appropriate, and a detailed resume for each person. Additionally, the Bidder must specify where the staff will be located and identify the program/project manager.

#### **4.2.10 Cost Proposal**

It is essential that all responding Bidders include and clearly detail all costs, payment schedules, categorization of line items, and/or other related costs associated with your proposal. All proposals must have a narrative providing a thorough and clear explanation of your costs.

#### **4.2.11 Financial Statement**

**FINANCIAL STATEMENT SUBMITTED WILL BE FORWARDED TO WDB OF MADERA COUNTY FOR REVIEW AND DESTROYED OR RETURNED WITHIN SEVEN (7) WORKING DAYS FOLLOWING CLOSE OF RFP. IF YOU WISH TO HAVE YOUR FINANCIAL STATEMENTS RETURNED, A SELF-ADDRESSED, STAMPED ENVELOPE MUST BE ENCLOSED.**

Provide copies of the Bidders most current and prior two (2) fiscal years financial statements. Financial statements should include a balance sheet and income statement at minimum. Financials consisting of, but not limited to the Balance Sheet (Statement of Financial Positions), and Income Statement (Statement of Operations), and the Retained Earnings Statement (Changes in Fund Balance) are necessary for construction and service provider Agreements over \$10,000. For Agreements under \$100,000 (federal funding over \$100,000 single audit requirements will apply), if audited statements are available, these should be submitted to meet this requirement. Financial statements will be kept confidential if so stamped on each page.

If financial statements are not available, sufficient financial information should be submitted to demonstrate the ability to finance the Agreement and provide the services in accordance with the requirements of this RFP, understanding that cash advances are not available. Financial information will be kept confidential if so stamped on each page.

**THIS INFORMATION IS TO BE PLACED IN A SEPARATE SEALED ENVELOPE AND MARKED "BIDDER'S FINANCIAL STATEMENT" ON THE OUTSIDE OF THE ENVELOPE. FAILURE TO SUBMIT FINANCIAL INFORMATION WILL BE CONSIDERED AS "NONRESPONSIVE", RESULTING IN REJECTION OF PROPOSAL.**

## **SECTION 5**

### **BASIS OF AWARD, SELECTION PROCESS AND EVALUATION CRITERIA**

#### **5.1 BASIS OF AWARD**

Award will be made to the Bidder whose proposal demonstrates to be the most qualified, responsive and advantageous to the County. **The WDB of Madera County shall not be obligated to accept the lowest cost proposal, but will make an award in the best interests of the County after all factors have been evaluated (“most responsive proposal”).**

THE WDB OF MADERA COUNTY RESERVES THE RIGHT, AT ITS SOLE DISCRETION, TO REJECT ANY OR ALL PROPOSALS OR ANY PART THEREOF, OR TO WAIVE ANY INFORMALITIES IN THE PROPOSAL AND MINOR IRREGULARITIES, TECHNICAL DEFECTS OR CLERICAL ERRORS, TO MAKE AN AWARD ON THE BASIS OF SUITABILITY, QUALITY OF SERVICE(S) TO BE SUPPLIED, THEIR CONFORMITY WITH THE SPECIFICATIONS AND FOR THE PURPOSES FOR WHICH THEY ARE REQUIRED, AND NOT CONFINED TO COST ALONE. THE WDB OF MADERA COUNTY SHALL NOT BE LIABLE FOR ANY COSTS INCURRED BY THE BIDDER IN CONNECTION WITH THE PREPARATION AND SUBMISSION OF THIS OR ANY OTHER PROPOSAL.

False, incomplete, or nonresponsive statements in connection with the proposal may be deemed sufficient cause for rejection. The WDB of Madera County shall be the sole judge in making such determination. The WDB of Madera County reserves the right to cancel or discontinue with the RFP process and reject any or all proposals in the event it determines that there is no longer a requirement for the furnishing of such items, materials, equipment and/or services, funding is no longer available for this RFP, or it is otherwise in the WDB of Madera County's best interest to cancel the RFP process.

#### **5.2 SELECTION OF EVALUATION COMMITTEE**

An Evaluation Committee consisting of selected personnel from each entity in the SJV Sub-Region will be established to evaluate the proposals. It is the intent of the Evaluation Committee to select an apparent successful Bidder with a recommendation to initiate Agreement negotiations. Selection will not be made on cost alone but will be based upon the most responsive proposal.

#### **5.3 EVALUATION CRITERIA**

The Evaluation Committee will consider only those proposals which have been considered responsive to the RFP. Any proposal which fails to meet the requirements of the RFP will be considered non-responsive and may be rejected. Responsiveness includes attention to detail in following the proposal format. The Evaluation Committee may also contact and evaluate the Bidder's and the Sub-

Contractors references; contact any Bidder to clarify any response; contact any current users of a Bidder's services; solicit information from any available source concerning any aspect of a proposal; and seek and review any other information deemed pertinent to the evaluation process. The Evaluation Committee shall not be obligated to accept the lowest priced proposal, but shall recommend such proposal that is the most qualified, responsive and cost-effective proposal and in the best interest of the WDB of Madera County and the SJV Subregional entities ("most responsive proposal").

Proposals shall be ranked on a score of 0 to 100, with a score of 60 to 100 as exceeds requirements; a score of 50-59 as meets requirements; and a score between 0 and 49 does not meet requirements.

CRITERIA		POINTS
1.	Financial Viability (County Auditor's Office financial review)	PASS/FAIL
2.	Required Attachments/Documents/Bonds (Completeness of required documents)	PASS/FAIL
3.	Responsiveness to RFP which includes clarity, completeness and general quality of RFP, terms, and conditions.	20
4.	Cost Reasonableness of Plan <ul style="list-style-type: none"> <li>• This category will evaluate the cost of the proposed program, to determine if it is fair and reasonable based on other program services and/or historical data, and the degree to which expenditure of funds relates to performance outcomes.</li> <li>• Budgets will be reviewed for accuracy and completeness. Additionally, all proposals will be reviewed for costs that are reasonable, allowable, necessary, fully justified, and competitive, as measured by the review of the line item budget, budget summary, the program design, and comparison to all other proposals.</li> </ul>	40
5.	Prior Experience as a One-Stop Operator and/or Understanding of the Project. <ul style="list-style-type: none"> <li>• This category will evaluate the following:               <ul style="list-style-type: none"> <li>i. The counties/regions where one-stop operator services are performed;</li> <li>ii. The extent to which the bidder currently</li> </ul> </li> </ul>	40

	<p>engages in one-stop operator related services; and/or,</p> <p>iii. Understanding of the project/technical capability and personal experience with WIOA.</p>	
6.	<p>Oral Presentation</p> <p>The top scoring bidders may be selected to conduct an oral presentation before the Evaluation Committee. This presentation may either be conducted in person, virtually or through a conference call.</p>	

#### **5.4 NOTICE OF INTENT**

A "Notice of Intent to Negotiate" will be sent to all participating Bidders upon Evaluation Committee recommendation to initiate Agreement negotiation. This "Notice of Intent to Negotiate" will be sent to all participating Bidders by U.S. postal mail and/or email.

A "Notice of Intent to Award" will be sent to all participating Bidders upon completion of the Agreement negotiation and the Agreement being placed on the WDB of Madera County's agenda. This "Notice of Intent to Award" will be sent to all participating Bidders by U.S. postal mail and/or email.

#### **5.5 NEWS RELEASES**

News releases by the Bidder pertaining to the award resulting from this RFP shall not be made without prior written approval of the WDB of Madera County.

#### **5.6 DEBRIEFING**

A debriefing shall be held before the award of the Agreement upon the timely request of an unsuccessful Bidder for the purpose of receiving information concerning the evaluation of the Bidder's proposal. The request must be in writing, dated, signed either by the Bidder or a legally authorized individual on behalf of the Bidder and be received by the WDB of Madera County at 2037 W. Cleveland Avenue, Madera, California, 93637 within three (3) working days following the WDB of Madera County's transmission, by U.S. postal mail or facsimile, of the "Notice of Intent to Negotiate". Each requesting Bidder will be allotted a maximum of one hour for any debriefing conference. The information provided by the WDB of Madera County will be based on the Evaluation Committee determinations of your company's submitted proposal as it relates to the evaluation criteria as stated herein above. The debriefing may be held, at the discretion of the WDB of Madera County, by telephone conference call. The debriefing is not the forum to challenge the RFP's

specification, requirements, or the selection criteria. The debriefing procedure provided herein to all requesting and unsuccessful Bidders to the WDB of Madera County's Request for Proposal is the exclusive and sole remedy and means of receiving information regarding the respective Bidder's evaluation and preliminarily challenging the award of the Agreement.

## **5.7 PROTEST**

The protest process is made available in the event that an unsuccessful Bidder cannot reach agreement with the WDB of Madera County after undergoing the debriefing process described herein above.

Should an unsuccessful Bidder request a debriefing, and believes its proposal to be the most responsive to the WDB of Madera County's RFP and that the WDB of Madera County has incorrectly selected another Bidder for award, the appealing Bidder may submit a protest of the selection as described below:

All protests must be made in writing, dated, signed by the Bidder or an individual authorized to sign Agreements on behalf of the protesting Bidder, and contain a statement of the reason(s) for protest; citing the law(s), rule(s) and regulation(s) or procedure(s) on which the protest is based. The protesting Bidder must provide facts and evidence to support the protest.

Protest(s) of the WDB of Madera County's Intent to Award must be sent either by U.S. mail, postage prepaid, or by personal delivery to:

Executive Director  
Workforce Development Board of Madera County  
2037 West Cleveland Avenue  
Madera, California 93637

All protests in relationship to the WDB of Madera County's intended award decision must be received by the WDB of Madera County Executive Officer no later than seven (7) working days following the WDB of Madera County's transmission, by U.S. postal mail or facsimile, of the "Notice of Intent to Award" to the Bidder.

## **5.8 PROTEST PROCEDURES**

A Bidder protesting the results of any of the processes described herein must follow the procedures set forth herein. By submitting a "Letter of Intent to Protest", the Bidder has agreed that the protest procedures herein shall precede any action in a judicial or quasi-judicial tribunal regarding this RFP. Protests that do not follow these procedures shall not be considered. The protest procedures constitute the sole administrative remedy available to the Bidder under this procurement. Upon exhaustion of this remedy no additional recourse is available with the WDB of Madera County.

Upon receipt of the formal protest, the Executive Director, or his/her designee, will attempt to resolve the protest. If the protest has not been resolved, the Bidder will have an opportunity to address the WDB of Madera County stating their concerns. The decision of the WDB of Madera County Board constitutes the final step of the Bidder's administrative remedy.

A protest shall be disallowed when, in the judgment of the Executive Director, or his/her designee, or the WDB of Madera County, it has been submitted: (1) as a delay tactic; (2) for the purpose of posturing the protester advantageously for future procurement; (3) in a form that deviates from the one prescribed; (4) without adequate factual basis or merit; or (5) in an untimely manner.

In the event that a protesting Bidder does not appear at the protest hearing as scheduled by WDB of Madera County, the protest will be disallowed.

## **SECTION 6**

### **TERMS AND CONDITIONS**

#### **6.1 REQUEST FOR PROPOSAL CLOSING DATE**

Proposals must be received in the WDB of Madera County office on or before 4:00 p.m. on date specified on page 6.

Proposals shall be presented under sealed cover and clearly identified on the outside to read:

- Name of the bidder
- Address of the bidder
- Subject of the Proposal
- Request for Proposal Name
- Proposal Submittal Deadline Date

The time specified will be as defined by the official time clock in the office of the WDB of Madera County, 2037 West Cleveland Avenue, Madera, California, 93637. It is the sole responsibility of the submitting Bidder to ensure that its proposal is received before the submission deadline.

Proposal must be labeled as:  
Madera County Workforce Development Board Request for Proposal  
One-Stop Operator

Without law or policy to the contrary, if the Bidder took reasonable steps to submit the proposal in due time, and failure of the proposal to be on hand at the time of closing was not the result of negligence or other fault of the Bidder, but was the result of negligence by the WDB of Madera County, the WDB of Madera County reserves the right to accept such proposal.

All proposals shall remain firm for at least one hundred twenty (120) days following the RFP closing date. The WDB reserves the right to withhold an award of the proposal for one hundred twenty (120) days from date of closing.

All proposals and accompanying documentation submitted by the Bidders, with the exception of Financials, will become the property of the WDB of Madera County and will not be returned. Proposals shall be based on the material contained in the RFP. Bidders are instructed to disregard any prospective oral representations it may have received prior to the solicitation of the RFP.

Cost for developing and preparing the proposal is solely the responsibility of the Bidder whether or not any award results from this solicitation. Further, the cost of developing and preparing responses to the RFP will not be allowed as direct or indirect charges under any resulting Agreement.

No alteration in any of the terms, conditions, delivery, price, quality, quantities, or specifications will be effective without prior written consent of the WDB of Madera County.

THE WDB OF MADERA COUNTY RESERVES THE RIGHT, AT ITS SOLE DISCRETION, TO REJECT ANY OR ALL PROPOSALS OR ANY PART THEREOF, OR TO WAIVE ANY INFORMALITIES IN THE RFP AND MINOR IRREGULARITIES, TECHNICAL DEFECTS OR CLERICAL ERRORS, TO MAKE AN AWARD ON THE BASIS OF SUITABILITY, QUALITY OF SERVICE(S) TO BE SUPPLIED, THEIR CONFORMITY WITH THE SPECIFICATIONS AND FOR THE PURPOSES FOR WHICH THEY ARE REQUIRED, AND NOT CONFINED TO PRICE ALONE. THE WDB OF MADERA COUNTY SHALL NOT BE LIABLE FOR ANY COSTS INCURRED BY THE BIDDER IN CONNECTION WITH THE PREPARATION AND SUBMISSION OF THIS OR ANY OTHER PROPOSAL.

## **6.2 ANNOUNCEMENT OF PROPOSALS**

All proposals received by the published date and time for submission will be publicly posted on the website of the WDB at <https://www.maderaworkforce.org/public-notices-rfps/>. All other information contained in the proposals shall be confidential to avoid disclosure of contents prejudicial to competing Bidders during the evaluation process.

## **6.3 INTERPRETATION, CORRECTIONS AND AMENDMENTS**

The Bidder must carefully examine the specifications, terms and conditions provided in the Request for Proposal and become fully informed as to the requirements set forth therein. If anyone planning to submit a proposal discovers any ambiguity, conflict, discrepancy, omission or error in the RFP, has any questions in relationship to the "REQUIREMENTS", or any other related matters, Bidder shall immediately notify the contact person as shown on the cover page of this RFP of such concern in writing and request clarification or modification of the document(s) no later than the Question and Answer deadline as set forth under Section 2.2, "SCHEDULED ACTIVITIES". No further requests for clarification or objections to the RFP will be accepted or considered after this date. Any change in the RFP will be made only by written amendment, issued by the WDB of Madera County and as posted on the WDB of Madera County website, and shall be incorporated in the RFP. The Bidder

shall sign and date the amendment and submit same with the proposal. **Any oral communication by the WDB of Madera County's designated contact person or any other WDB staff member concerning this RFP is not binding and shall in no way modify this RFP or the obligations of the WDB of Madera County or any Bidders.**

The Bidder may e-mail questions to the contact person whose name is specified on the RFP, or mail to:

Workforce Development Board of Madera County  
2037 W. Cleveland Avenue  
Madera, CA 93637

All inquiries shall be directed to the designated WDB of Madera County staff person shown on the RFP. Contact with any other WDB of Madera County personnel or any undue "badgering" of such WDB of Madera County personnel by the Bidder is prohibited. Failure to comply with this request may be considered cause for disqualification of your proposal.

#### **6.4 DISCUSSION WITH RESPONSIBLE BIDDERS AND CLARIFICATIONS TO PROPOSAL**

The WDB of Madera County may, in its sole discretion, conduct discussions with Bidders who submit proposals determined to be responsive and have the potential of being selected for an award, for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements. Such clarifications may be permitted after submission of proposals and prior to award. In conducting discussions, there shall be no disclosure of any information derived from proposals submitted by competing Bidders to anyone outside the Evaluation Committee. The purpose of such discussions shall be to examine Bidders:

- Qualifications
- Proposed method of performance
- Proposed personnel and facilities
- Compensation

All Bidders submitting a proposal for consideration agree that their company will be willing to enter into a final Agreement if awarded this RFP. The WDB of Madera County may, at its sole discretion, negotiate certain terms and conditions of such final Agreement after identification of the apparent successful Bidder. However, Bidders should not assume that any terms of this RFP or other applicable terms and conditions are subject to later negotiation and should instead assume that all such terms and conditions are mandatory conditions of participation in this RFP process. Negotiated changes, if any, will not change the "Requirements".

## **6.5 ANNOUNCEMENT OF APPARENT SUCCESSFUL BIDDER**

Based upon the qualifying and respective evaluations, the Evaluation Committee will recommend commencement of Agreement finalization. The WDB of Madera County will officially decide to select or reject the negotiated Agreement.

## **6.6 FALSE OR MISLEADING STATEMENTS**

Proposals which contain false or misleading statements, or which provide references which do not support an attribute or condition claimed by the Bidder, may be rejected. If, in the opinion of the WDB of Madera County, such information was intended to mislead the WDB of Madera County in its evaluation of the proposal, and the attribute, condition or capability is a requirement of this RFP, it will be the basis for rejection of the proposal.

## **6.7 RULES FOR WITHDRAWAL OR REVISION OF PROPOSALS**

A proposal which is submitted prior to the deadline may be withdrawn or revised any time prior to, but not after, the deadline for receipt of proposals provided that the request for withdrawal or revision is in writing and executed by the Bidder's duly authorized representative. The request for withdrawal or revision of the proposal must be filed with the WDB of Madera County, before the deadline for the receipt of proposals. The withdrawal of a proposal shall not prejudice the right of a Bidder to submit a new proposal, provided the Bidder can submit the new proposal by the deadline stated herein.

## **6.8 INDEPENDENT CONTRACTOR**

It is expressly understood that in the performance of any services resulting from this RFP, Bidder is an Independent Contractor and is not an agent or employee of the WDB of Madera County and warrants that all persons assigned to the program/project are employees, or subcontractors, of the Bidder. In the event the awarded Bidder shall employ others to complete or perform the services provided, Bidder shall be solely responsible and hold the WDB of Madera County harmless from all matters relating to the payment of such person(s).

It is mutually understood and agreed that no employee-employer relationship will be created between WDB of Madera County and Bidder or WDB of Madera County and Bidder's employees, and that the awarded Bidder shall hold WDB of Madera County harmless and be solely responsible for withholding, reporting and payment of any federal, state or local taxes, contributions or premium imposed or required by workers' compensation, unemployment insurance, social security, income tax or other statutes or codes applying to Bidder, or its sub-Contractors and employees, if any. It is mutually agreed and understood that the Bidder, its Sub-Contractors and employees, if any, shall have no claim under any Agreement that may result from this RFP or

otherwise against WDB of Madera County for vacation pay, sick leave, retirement or social security benefits, occupational or non-occupational injury, disability or illness, or loss of life or income, by whatever cause.

## **6.9 EXPLANATION OF USE OF SUB-CONTRACTORS**

Any Bidder using a Sub-Contractor(s) must clearly explain the use of the Sub-Contractor(s) and list the name(s) of the Sub-Contractor(s) providing work under this RFP. The selected Bidder will be fully responsible for all work performed under this RFP and will be considered as the Prime Contractor. Any Sub-Contracting, or other legal arrangements made by the Bidder are the sole responsibility of the Bidder. Any Agreement that is entered into between the selected Bidder and the Sub-Contractor(s) shall contain provisions for federal and state access to the books, documents, records, and inspection of work. Bidder awarded any Agreement as a result of this RFP shall obtain WDB of Madera County written approval of sub-contractors identified in Bidder submittal prior to execution of Agreement.

## **6.10 JOINT VENTURES**

In the event a proposal is submitted jointly by more than one organization, one legal entity must be designated as the Prime Contractor. All other participants shall be designated as Sub-Contractors.

## **6.11 CONFIDENTIALITY**

The contents of all proposals, correspondence, agenda, memoranda, or any other medium which discloses any aspect of a Bidder's proposal shall be held in the strictest confidence until after negotiations for the contract are negotiated. If you contend that any submission contains trade secrets or proprietary data, please be advised that the WDB of Madera County cannot and does not give any assurances or guarantees that such information will not be released under the California Public Records Act. The Bidder should clearly mark any of the information within their proposal that is proprietary, however, the WDB of Madera County will be guided by the California Public records Act and the definition of Trade Secrets under California Civil Code Section 3426.1, but in no case will the following be considered proprietary: a) the final cost of the bid or proposal; b) information that is not clearly marked as proprietary in nature; c) information that, though marked as proprietary, is not actually proprietary d) information that is otherwise generally available as information or technology within the subject trade, industry or profession.

**BIDDER SHALL NOT DESIGNATE THE ENTIRE PROPOSAL AS PROPRIETARY. SUCH ATTEMPTED DESIGNATION WILL NOT BE HONORED.**

Submission of a proposal by a Bidder shall constitute an agreement to the provision for public announcement. The WDB of Madera County shall not be

obligated to release information contained in any Bidder's RFP submittal that has been marked as proprietary, without the written consent of the Bidder. Any agency requesting such information so marked as proprietary must obtain such written authorization directly from Bidder and forwarded to the WDB.

WDB of Madera County shall not be required to contact any Bidder for information on behalf of any requesting agency. WDB of Madera County shall have the sole discretion and exclusive authority to determine if any other party has properly obtained the right to have access to proprietary information.

## **6.12 PUBLIC AGENCY PARTICIPATION**

Any public agency, i.e., city, district, public authority, public agency, municipality and other political subdivision or a public corporation (hereinafter referred to as Public Agency) shall have the option of participating in any award made as a result of this RFP at the same prices, and terms and conditions. The WDB of Madera County is not an agent, partner, or representative of the Public Agency, and is not obligated or liable for any financial responsibility in connection with purchase orders issued by any Public Agency. The Public Agency shall accept sole responsibility for placing orders or payments to the successful Bidder.

## **6.13 PRICING CONDITIONS**

All proposals shall remain firm for at least one hundred twenty (120) calendar days after RFP Submittal Deadline unless otherwise specified. Within one hundred twenty (120) calendar days after the RFP Submittal Deadline opening, a purchase order and/or an Agreement may be awarded by the WDB of Madera County, as it may deem proper, in its absolute discretion. The time for awarding a purchase order and/or an Agreement may be extended at the sole discretion of the WDB of Madera County, if required to evaluate proposals or for such other purposes as the WDB of Madera County may determine.

## **6.14 DETERMINATION OF BIDDER'S RESPONSIBILITY**

- Responsible Bidder**

A responsible Bidder is a Bidder who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, financial strength, and experience to satisfactorily perform the Agreement. It is the WDB of Madera County's policy to conduct business only with responsible Bidders.

- Non-responsible Bidder**

The WDB of Madera County may declare a Bidder to be non-responsible for purposes of this RFP for a variety of reasons, some of which are listed below. This is not an exclusive list - reasons may include the following but are not limited to the below:

- Committed any act or omission which negatively reflects on the Bidder's quality, fitness, financial strength, or capacity to perform any Agreement that may be derived from this RFP with the WDB of Madera County or a Agreement with any other public entity, or engaged in a pattern or practice which negatively reflects on same; or
- Committed an act or omission which indicates a lack of business integrity or business honesty; or
- Made or submitted a false claim against the WDB of Madera County or any other public entity; or
- Submitted false, incomplete or unresponsive statements or omitted requested documentation in connection with this RFP.

## **6.15 PUBLIC DISCLOSURE**

All public records of the WDB of Madera County are available for disclosure except the contents of the proposals received in response to an RFP, which are not open for public review until the contract between the awarded Bidder and the WDB of Madera County is agendized with the WDB of Madera County. In the event that an unsuccessful Bidder files an official request to view the awarded Bidder's proposal, the WDB of Madera County must comply with appropriate public disclosure procedures. However, if information specifically designated in the proposal as proprietary is requested the WDB may attempt to notify Bidder should Bidder wish to pursue protections against disclosure, at its own cost, so that the information will not be made available.

Pursuant to the California Public Records Act, Government Code Sections 6250 *et seq.*, any contract that eventually arises from this Request for Proposal is a public record, in its entirety. Also, all information submitted in response to this Request for Proposals is itself a public record **without exception**, and will be disclosed upon request, but only after negotiations are complete. Submission of any materials in response to this Request for Proposals constitutes your consent to release materials, and a waiver of any claim that the information is protected from disclosure. Furthermore, by submitting materials, you agree to indemnify and hold harmless the WDB of Madera County for release of such information.

## **6.16 QUALIFICATIONS OF BIDDER**

The WDB of Madera County may make such investigation as it deems necessary to determine the ability of the Bidder to provide the services requested herein, and the Bidder shall furnish to the WDB of Madera County all information and data for this purpose as the WDB of Madera County may request. The WDB of Madera County reserves the right to reject any proposal should the evidence submitted by, or investigation of, the Bidder fails to satisfy the WDB of Madera County that such Bidder is properly qualified to carry out the obligations of the proposal and to complete the requirements contemplated therein.

## **6.17 DISQUALIFICATION OF BIDDER**

A Bidder may be disqualified and the proposal rejected, in addition to any other cause for rejection as set forth elsewhere in this RFP, for any of, but not limited to, one of the following reasons:

- Proof of collusion among Bidders, in which case all proposals involved in the collusive action will be rejected and any participant to such collusion will be barred from future bidding until reinstated as a qualified Bidder.
- Lack of responsibility or cooperation as shown by past work or services provided to the WDB of Madera County or others.
- Being in arrears on existing Agreements with the WDB of Madera County or having defaulted on previous Agreements.
- Delivery of their proposal after the deadline specified in the RFP.
- Incomplete information or missing documents as required in the RFP.

## **6.18 INTEGRITY OF EXPENDITURE**

The Bidder assures that every reasonable course of action will be taken to maintain the integrity of expenditure of public funds and to avoid any favoritism, questionable, or improper conduct.

## **6.19 GRATUITIES**

Neither the Bidder nor any person, firm, or corporation employed by the Bidder shall give, directly or indirectly, to any employee or agent of the WDB of Madera County, any gift, money, or anything of value, or any promise, obligation, or Agreement for future reward or compensation, neither during the RFP process nor during the performance of any Agreement period resulting from this RFP.

## **6.20 CONFLICT OF INTEREST**

The Bidder covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of this RFP. Bidder shall make all reasonable efforts to ensure that no conflict of interest exists between its officers, employees, or sub-Contractors, and the WDB of Madera County. Bidder shall make all reasonable efforts to ensure that no WDB of Madera County officer or employee, whose position in the WDB of Madera County enables them to influence any award of this RFP or any competing offer, shall have any direct or indirect financial interest resulting from any Agreement that may be derived from this RFP or shall have any relationship to the Bidder or officer or employee of the Bidder, nor that any such person will be employed by Bidder in the performance of any Agreement that may be derived from this RFP without immediate divulgence or such fact to the WDB of Madera County.

## **6.21 FEDERAL, STATE, AND LOCAL TAXES**

The awarded Bidder shall pay all taxes lawfully imposed upon it with respect to this RFP or any product delivered with respect to the Agreement. The WDB makes no representation whatsoever as to the exemption from liability to any tax imposed by any government entity on the awarded Bidder.

## **6.22 OSHA REQUIREMENTS**

All material, equipment, or labor submitted under this RFP by Bidder shall meet the required standards of OSHA 1970 and CA-OSHA 1973. Bidder warrants that the described material, equipment or labor meets all appropriate OSHA safety and health requirements. Further, it warrants that the said material or equipment will not produce or discharge in any manner or form, directly or indirectly, chemicals or toxic substance that could pose a hazard to the health or safety of anyone who may use the material or equipment or come into contact with the material or equipment.

## **6.23 ENVIRONMENTAL PROTECTION**

The Bidder awarded the Agreement resulting from this RFP shall be in compliance with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (41 USC 1857(h)), Section 508 of the Clean Water Act (33 USC, 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR, Part 15) which prohibits the use under nonexempt federal Agreements, grants, and loans of facilities included on the EPA List of Violating Facilities. The Contractor shall report violations to the applicable federal agency and the US EPA Assistant Administrator for enforcement.

## **6.24 DRUG FREE WORK PLACE**

The awarded Bidder must certify that it will provide a drug-free workplace as set forth by the Federal Drug-Free Workplace Act of 1988.

## **6.25 COMPLIANCE WITH APPLICABLE LAWS**

The successful Bidder shall otherwise perform all obligations under the resulting Agreement in compliance with all applicable federal, state, and local laws, rules, regulations, and policies.

## **6.26 LEGAL CONSIDERATIONS**

Any Bidder, by submission of a response to this RFP, and any subsequent Agreement that may be derived from this RFP, shall be deemed and have agreed to be bound by the laws of the State of California in all respects as to interpretation, construction, operation, effect and performance.

Notwithstanding any other provisions of this RFP, any dispute concerning any

question of fact or law arising under this RFP, or arbitration arising out of any Agreement that may be awarded as a result of this RFP, shall be tried in Madera County, unless the parties agree otherwise or are otherwise required by law.

#### **6.27 OUT-OF-STATE BIDDER**

Where the Bidder is an Out-Of-State Bidder, not doing business in the State of California, the package bid or purchase price, for the purpose of determining the lowest price bid, shall be increased by applicable retail rate of general sales tax and use tax when and where applicable.

## **DEFINITIONS**

**Agreement** - Comprises the Request for Proposal (RFP), any amendment thereto, the bid proposal, and the purchase order if appropriate. The Agreement constitutes the entire agreement between the County and the awarded Bidder.

**Bidder** - A person, partnership, firm, corporation, or joint venture submitting a bid proposal for the purpose of obtaining a County Agreement.

### **Bonds –**

**Fidelity Bond** - Also referred to as a Dishonesty Bond. A fidelity bond is a form of protection that covers the County for losses as a result of fraudulent acts by the Contractor.

**Proposal Security Bond** – Also referred to as Bid Security. A bond that is submitted with Bidder's proposal to compensate the County for damages it might suffer if successful bidder refuses to execute the Agreement that may be derived from their proposal. Generally, it is 10% of the amount of Bidder's bid as bid security.

**Performance Bond** – A bond to ensure completion of the project as requested under the "Scope of Work". The Performance Bond is backed by a surety who guarantees the project will be completed in accordance with the specifications of the proposal.

**Payment Bond** – This bond is to protect sub-Contractors and suppliers. It ensures that the surety backing the bond will pay the sub-Contractors and suppliers if the general Contractor does not.

**Closing Date/Time** - The day and time the Request for Proposal must be received in the office of the Department of Administrative Services-Purchasing for acceptance.

**Consultant** - The Bidder awarded the Agreement derived from this RFP.

**Contractor** - The Bidder or Vendor awarded the Agreement derived from this Bid or RFP.

**Deliverable** - The physical evidence such as documentation, certification of completion, hardware/software delivery, etc. which shows that a specific work has been completed as specified in the "Requirements".

**Discount** - A percentage amount allowed off invoices for prompt payment.

**Evaluation Committee** - A committee established to review and evaluate proposals

to determine the Agreement award. The committee includes representatives of the department seeking the goods or services.

**Formal Date of Award** - Effective date the WDB of Madera County takes formal action to award the subject RFP to the most responsive Bidder.

**Goals/Tasks** - A discrete unit of work to be performed.

**Joint Ventures** - Two or more corporations or entities that form a temporary union for the purpose of the RFP.

**May** – Indicates something that is not mandatory but permissible.

**Must/Shall** – Indicates a mandatory requirement. A proposal that fails to meet a mandatory requirement will be deemed non-responsive and not be considered for award.

**Notice of Intent to Award** - Letter sent by WDB of Madera County to all participating Bidders advising them of the date the WDB of Madera County will hear and possibly take action in awarding the Agreement to the apparent successful Bidder as recommended by the Evaluation Committee.

**Objectives/Sub-Tasks** - Detailed activities that comprise the actual performance of the Goal/Task. The total of all Goals/Tasks and Objectives/Sub-Tasks makes up the “Requirements”.

**Prime Contractor** - The Bidder who is awarded the Agreement and designated as the legal entity. The Prime Contractor will hereafter also be known as the Contractor. Any sub-Contracting, Joint Ventures, or other legal arrangements made by the Contractor during this project are the sole responsibility of the Contractor.

**Proposal Deadline** - The closing date associated with this proposal.

**Proprietary** – The information provided that is considered exempt from public disclosure defined as Trade Secrets under Civil Code Section 3426.1, pursuant to Public Records Act.

**Scope of Work** - The mutually agreed to document which describe tasks, dependencies, the sequence and timing of events, deliverables, and responsible parties associated with the various phases of the proposal.

**Sub-Contractors** - Any person, entity or organization, to which Contractor or WDB has delegated any of its obligations hereunder.

**Tasks** - A discrete unit of work to be done.

**Vendor** - A person, partnership, firm, corporation, or joint venture submitting a bid or proposal for the purpose of obtaining an Agreement with the WDB.

**Work Plan** - The mutually agreed to document, which describes task, dependencies, the sequence and timing of events, deliverables, and responsible parties, associated with the various phases of the proposal.

## ATTACHMENT A

### **SIGNATURE PAGE**

(BIDDER TO COMPLETE AND PLACE IN FRONT OF PROPOSAL)

INDIVIDUAL/COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(P.O. Box/Street) (City) (State) (Zip)

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

The undersigned hereby certifies that he/she is a duly authorized official of their organization and has the authority to sign on behalf of the organization and assures that all statements made in the proposal are true, agrees to furnish the item(s) and/or service(s) stipulated in this Request for Proposal at the price stated herein, and will comply with all terms and conditions set forth, unless otherwise stipulated.

**"I certify that I have read the Sample Agreement (Exhibit 1) pursuant to the submittal of a Request For Proposal (RFP) and will comply with said Sample Agreement, unless otherwise noted by exception herein, as of the date and time of close of this RFP".**

---

Authorized Representative - Name \_\_\_\_\_ Title \_\_\_\_\_

---

Signature (in blue ink) \_\_\_\_\_ Date \_\_\_\_\_

Professional License No.: \_\_\_\_\_

Taxpayer Identification No.: \_\_\_\_\_

**MADERA COUNTY WORKFORCE INVESTMENT CORPORATION  
AGREEMENT FOR SERVICES**

**ONE-STOP OPERATOR SERVICES  
FOR THE  
SAN JOAQUIN VALLEY SUB REGIONAL PLANNING UNIT**

**THIS AGREEMENT**, is made and entered into by and between the Madera County Workforce Investment Corporation, the County of Kings (a political subdivision of the State of California), the County of Merced (a political subdivision of the State of California), the County of San Joaquin (a political subdivision of the State of California), and the County of Stanislaus (a political subdivision of the State of California) (hereinafter referred to collectively as the "Sub-RPU Entities"); and, (*insert the name of Contractor here*) (hereinafter referred to as "Contractor").

**WHEREAS**, the Sub-RPU Entities desire to contract with Contractor for special services which consist of acting as the One-Stop Operator for the Sub RPU Entities; and

**WHEREAS**, Contractor is specially trained, experienced, and competent to perform such services in connection with the specified duties of the One-Stop Operator as attached hereto as Exhibit "A"; and

**NOW, THEREFORE**, in consideration of the mutual covenants and promises herein contained, the parties hereby agree as follows:

**1. SCOPE OF SERVICES**

Contractor shall provide services in accordance with the terms and conditions stated herein, and any specifically referenced attachments hereto. Contractor's services include, but are not limited to, the following:

- A. Acting as the one stop operator for the Sub-RPU Entities as outlined in the attached Exhibit "A" (General Scope of Work); and, Exhibit "B" (Budget for Services).

The following exhibits are specifically incorporated by reference, attached hereto, and made a part hereof, except when in conflict with this Agreement or modified herein:

Exhibit A-General Scope of Work  
Exhibit B-Budget for Services

**2. TERM**

The term of this Agreement shall commence on the 1st day of July, 2021, and continue until the 30th day of June, 2023, unless sooner terminated in accordance with the sections entitled "TERMINATION FOR CONVENIENCE" or "TERMINATION FOR CAUSE", as set forth elsewhere in this Agreement.

**3. COMPENSATION**

The Sub-RPU Entities agree to a Total Agreement Price of One Hundred Fifty Thousand Dollars and No/100 Cents (\$150,000) for all of Contractor's services to be provided herein, as are more specifically

set forth under the "Scope of Work." Contractor will be paid separately by each Sub-RPU Entity in a percentage of the total and shall bill accordingly as follows:

For Program Year July 1, 2021 – June 30, 2022 the following compensation shall be:

Sub-RPU Entities	Share of Total Contract Price
Kings County	
Madera County Workforce Investment Corporation	
Merced County	
San Joaquin County	
Stanislaus County	

Subject to the availability of funds and satisfactory performance as determined by the five (5) Local Workforce Development Areas that are party to this Agreement-

For the second Program Year covering the period of July 1, 2022 – June 30, 2023, the following compensation shall be:

Sub-RPU Entities	Share of Total Contract Price
Kings County	
Madera County Workforce Investment Corporation	
Merced County	
San Joaquin County	
Stanislaus County	

The Total Agreement Price shall include all of the Sub-RPU Entities' compensation to Contractor, including reimbursement for all expenses incurred by Contractor in the performance of this Agreement. As stated in the Scope of Work, the separate Sub-RPU Entities may wish to have the Contractor provide additional services at the rate specified within the Scope. This will require a separate agreement, and the entity requesting the additional services will be solely liable for the cost of the services rendered and will be billed accordingly. Other than that exception, no other fees or expenses of any kind shall be paid to Contractor in addition to the Total Agreement Price. In no event shall the total services to be provided hereunder exceed the Total Agreement Price. This fee may be subject to withholding for State of California income tax.

Any and/or all payments made under this Agreement shall be paid by check, payable to the order of the Contractor and be mailed or delivered to Contractor at:

Name:  
Address:  
City/State/Zip:

Contractor may request that the Sub-RPU Entities mail the check to Contractor, at such other address as Contractor may from time to time designate to the Sub-RPU Entities. Such request must be made in writing in accordance with the procedures as outlined under Section 7 of this Agreement.

#### **4. PRICING CONDITIONS:**

The Sub-RPU Entities agree to pay Contractor for all services required herein as prescribed, fixed at the submitted pricing, which shall include reimbursement for all expenses incurred. No other expenses shall be paid to Contractor without formal approval by the entity in each of the separate Sub-RPU Entities having the power to enter into contracts or their authorized agent. In no event shall the total services to

be performed hereunder exceed \$150,000.00.

The Sub-RPU Entities shall not be responsible for any charges or expenses incurred by Contractor, his/her agents, employees or independent Contractors, other than those listed herein, in connection with the performance of services hereunder unless authorized in advance in writing by the Sub-RPU Entities.

## **5. TERMS OF PAYMENT**

Payment shall be made quarterly for satisfactory performance of the services required to be provided herein and as set forth under the attached "Scope of Work." Payment shall be made in the following manner:

Contractor shall submit an invoice quarterly **within 30 calendar days of each invoice period**, detailing the services it has provided and the amount owed under this Agreement. In addition to the invoice submitted by the Contractor for payment, Contractor must complete and submit to the Sub-RPU Entities, Form W-9, "A Request for Taxpayer Identification Number and Certification", located at ([www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)). Both the invoice and W-9 form shall be forwarded to the points of contact at the address shown under Section 7 of this Agreement, **not later than thirty (30) calendar days after completion and acceptance by the separate Sub-RPU Entities of all tasks identified on the invoice**. Upon approval by separate Sub-RPU Entities of the Sub-RPU, the fee due hereunder shall be paid to Contractor within thirty (30) days following receipt of a complete and correct invoice.

Each invoice or approved alternate documentation must:

- A. Detail by task the service performed by Contractor.
- B. Detail the labor cost (number of hours) attributed to each task.
- C. Show the cumulative cost for all tasks performed to date.
- D. Provide any additional information and data requested by Sub-RPU Entities as deemed necessary by the Sub-RPU Entities to properly evaluate or process Contractors invoice.

In no event shall the Sub-RPU Entities be liable for the payment of any invoice not submitted within thirty (30) calendar days following termination of the Agreement.

## **6. NO PAYMENT FOR SERVICE PROVIDED FOLLOWING EXPIRATION / TERMINATION OF AGREEMENT**

Contractor shall have no claim against the Sub-RPU Entities for payment of any kind whatsoever for any services provided by Contractor which were provided after the expiration or termination of this Agreement. Should one or more Sub-RPU Entities elect to terminate this Agreement for any reason, then Agreement shall continue as to the other Sub-RPU Entities. The terminating Sub-RPU Entity(s) shall provide thirty (30) calendar days written notice to the Contractor and non-terminating Sub-RPU Entities of the termination date. Upon the effective date of such notice, all of the terms of this Agreement shall apply with regard to the non-terminating Sub-RPU Entity(s). Furthermore, the Total Agreement Price, or the remainder thereof, shall be reduced in proportion to the amount remaining of the Total Agreement Price attributable to the terminating Sub-RPU Entity(s).

## **7. NOTICES**

All notices, requests, demands or other communications under this Agreement shall be in writing. Notice shall be sufficiently given for all purposes as follows:

- A. Personal Delivery. When personally delivered to the recipient, notice is effective upon delivery.
- B. First Class Mail. When mailed first class to the last address of the recipient known to the party giving notice, notice is effective three mail delivery days after deposit in a United States Postal Service office or mailbox.
- C. Certified Mail. When mailed by certified mail, return receipt requested, notice is effective upon receipt, if delivery is confirmed by a return receipt.
- D. Overnight Delivery. When delivered by an overnight delivery service, charges prepaid or charged to the sender's account, notice is effective on delivery, if delivery is confirmed by the delivery service.
- E. Facsimile Transmission. When sent by fax to the last fax number of the recipient known to the party giving notice, notice is effective upon receipt, provided that: a) a duplicate copy of the notice is promptly given by first class mail or certified mail or by overnight delivery, or b) the receiving party delivers a written confirmation of receipt. Any notice given by fax shall be deemed received on the next business day if received after 5:00 P.M. (recipient's time) or on a non-business day.

Any correctly addressed notice that is refused, unclaimed or undeliverable because of an act or omission of the party to be notified shall be deemed effective as of the first date that the notice was refused, unclaimed or deemed undeliverable by the postal authorities, messengers or overnight delivery service.

Information for notice to the parties to this Agreement at the time of endorsement of this Agreement is as follows:

### **Contractor**

**Madera County Workforce  
Investment Corporation**  
2037 W. Cleveland Avenue  
Madera, California 93637  
Fax: 559-673-1794

**County of San Joaquin**  
**EEDD Executive Director**  
56 South Lincoln Street  
Stockton, California 95203  
Fax: 209-462-3536

**County of Kings**  
**Job Training Office**  
124 N. Irwin Street  
Hanford, California 93230  
Fax: 559-585-3536

**County of Merced**  
**Workforce Development Board**  
1205 West 18<sup>th</sup> Street  
Merced, California 95340  
Fax: 209-722-3592

**County of Stanislaus**  
**Workforce Development**  
251 East Hackett Road C-2  
Modesto, California 95358  
Fax: 209-558-2164

Any party may change its address or fax number by giving the other party notice of the change in any manner permitted by this Agreement.

## **8. CONDITION SUBSEQUENT/NON-APPROPRIATION OF FUNDING**

The compensation paid to Contractor pursuant to this Agreement is based on the Sub-RPU Entities' continued appropriation of funding for the purpose of this Agreement, as well as the receipt of local, county, state and/or federal funding for this purpose. The parties acknowledge that the nature of government finance is unpredictable, and that the rights and obligations set forth in this Agreement are therefore contingent upon the receipt and/or appropriation of the necessary funds. In the event that funding is terminated, in whole or in part, for any reason, at any time, this Agreement and all obligations of the Sub-RPU Entities arising from this Agreement shall be immediately discharged. The Sub-RPU Entities agree to inform Contractor no later than ten (10) calendar days after the Sub-RPU Entities determine, in their judgment, that funding will be terminated and the final date for which funding will be available. Under these circumstances, all billing or other claims for compensation or reimbursement by Contractor arising out of performance of this Agreement must be submitted to the Sub-RPU Entities prior to the final date for which funding is available. In the alternative, the Sub-RPU Entities and Contractor may agree, in such circumstance, to a suspension or modification of either party's rights and obligations under this Agreement. Such a modification, if the parties agree thereto, may permit a restoration of previous Agreement terms in the event funding is reinstated. Also in the alternative, the Sub-RPU Entities may, if funding is provided to the Sub-RPU Entities in the form of promises to pay at a later date, whether referred to as "government warrants," "IOUs," or by any other name, the Sub-RPU Entities may, in their sole discretion, provide similar promises to pay to the Contractor, which the Contractor hereby agrees to accept as sufficient payment until cash funding becomes available.

## **9. TERMINATION FOR CONVENIENCE**

This Agreement, notwithstanding anything to the contrary herein above or hereinafter set forth, may be terminated by either party at any time without cause or legal excuse by providing the other party with thirty (30) calendar days written notice of such termination.

Upon the effective date of termination by the Contractor, the Contractor shall have no further liability to the Sub-RPU Entity(ies) except for invoicing for actual services provided during the performance hereunder. Such liability is limited to the time specified in such notice and for services not previously billed for by the Contractor. Such liability is further limited to the extent such services are actual, necessary, reasonable, and verifiable, and have been performed by the Contractor prior to, and in connection with, discontinuing the work hereunder.

Upon the effective date of termination, the Sub-RPU Entities shall have no further liability to Contractor except for payment for actual services incurred during the performance hereunder. Such liability is limited to the time specified in said notice and for services not previously reimbursed by the Sub-RPU Entities. Such liability is further limited to the extent such costs are actual, necessary, reasonable, and verifiable costs and have been incurred by Contractor prior to, and in connection with, discontinuing the work hereunder.

Should the Contractor or one or more Sub-RPU Entities wish to terminate this Agreement, the Agreement shall continue as to the other Sub-RPU Entities. The terminating party shall provide thirty (30) calendar days written notice to all other parties to the agreement of the termination date. Upon the effective date of such notice, all of the terms of this Section 9 shall apply with regard to the terminating Sub-RPU Entity(s). Furthermore, the Total Agreement Price, or the remainder thereof, shall be reduced in proportion to the amount remaining of the Total Agreement Price attributable to the terminating Sub-RPU Entity(s).

## **10. TERMINATION FOR CAUSE**

The Sub-RPU Entities may terminate this Agreement and be relieved of making any payments to Contractor, and all duties to Contractor should the Contractor fail to perform any material duty or obligation of the Agreement. Notice shall be given as otherwise provided herein. In the event of such termination the Sub-RPU Entities may proceed with the work in any manner deemed proper by the Sub-RPU Entities. All costs to the Sub-RPU Entities shall be deducted from any sum otherwise due the Contractor and the balance, if any, shall be paid to the Contractor upon demand. Such remedy is in addition to such other remedies as may be available to the Sub-RPU Entities provided by law.

## **11. MODIFICATION OF THE AGREEMENT**

Notwithstanding any of the provisions of this Agreement, the parties may agree to amend this Agreement. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto. No oral understanding or Agreement not incorporated herein shall be binding on any of the parties hereto.

## **12. INSURANCE**

A. Prior to the commencement of work, and as a precondition to this Agreement, Contractor shall purchase and maintain the following types of insurance for the stated minimum limits indicated during the term of this Agreement. Contractor shall provide a certificate of insurance and endorsements naming each entity comprising the Sub-RPU Entities as an additional insured on each policy. The insurance carrier shall be required to give Sub-RPU Entities notice of termination at least 10 days prior to the intended termination of any specified policy. Notice shall be given as specified above. Each certificate of insurance shall specify if Contractor has a self-insured retention ("SIR"), and if so, Contractor shall be required to provide the entire policy of insurance with which it has a SIR.

1. Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 annual aggregate covering bodily injury, personal injury and property damage. The Sub-RPU Entities and their officers, employees and agents shall be endorsed to above policies as additional insured, using ISO form CG2026 or an alternate form that is at least as broad as form CG2026, as to any liability arising from the performance of this Agreement.
2. Automobile Liability: \$1,000,000 per accident for bodily injury and property damage, or alternatively split limits of \$500,000 per person and \$1,000,000 per accident for bodily injury with \$250,000 per accident for property damage.
3. Workers Compensation: Statutory coverage, if and as required according to the California Labor Code, including Employers' Liability limits of \$1,000,000 per accident. The policy shall be endorsed to waive the insurer's subrogation rights against the Sub-RPU Entities.
4. Professional Liability: \$1,000,000 limit per occurrence and \$1,000,000 annual aggregate limit covering Contractors wrongful acts, errors and omissions. Any aggregate limit for professional liability must be separate and in addition to any CGL aggregate limit.

B. Insurance Conditions

1. Insurance is to be primary and non-contributory with any insurance of the Sub-RPU Entities, and placed with admitted insurers rated by A.M. Best Co. as A: VII or higher.

Lower rated, or approved but not admitted insurers, may be accepted.

2. Each of the above required policies shall be endorsed to provide the Sub-RPU Entities with 30 days prior written notice of cancellation. The Sub-RPU Entities are not liable for the payment of premiums or assessments on the policy. No cancellation provisions in the insurance policy shall be construed in derogation of the continuing duty of Contractor to furnish insurance during the term of this Agreement.
3. If the contractor maintains broader coverage and/or higher limits than the minimums shown above, the Sub-RPU Entities require and shall be entitled to the broader coverage and/or the higher limits maintained by the contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the Sub-RPU Entities.

## **13. INDEMNIFICATION**

Contractor has the contracted duty (hereinafter "the duty") to indemnify, defend and hold harmless, the Sub-RPU Entities, their Board of Supervisors, officers, employees, agents and assigns from and against any and all claims, demands, liability, judgments, awards, interest, attorney's fees, costs, experts' fees and expenses of whatsoever kind or nature, at any time arising out of or in any way connected with the performance of this Agreement, whether in tort, Agreement or otherwise. This duty shall include, but not be limited to, claims for bodily injury, property damage, personal injury, and contractual damages or otherwise alleged to be caused to any person or entity including, but not limited to employees, agents and officers of Contractor.

Contractor's liability for indemnity under this Agreement shall apply, regardless of fault, to any acts or omissions, willful misconduct or negligent conduct of any kind, on the part of the Contractor, its agents, sub-contractors and employees. The duty shall extend to any allegation or claim of liability except in circumstances found by a jury or judge to be the sole and legal result of the willful misconduct of the Sub-RPU Entities. This duty shall arise at the first claim or allegation of liability against the Sub-RPU Entities. Contractor will on request and at its expense defend any action suit or proceeding arising hereunder. This clause for indemnification shall be interpreted to the broadest extent permitted by law.

Each Sub-RPU entity agrees to indemnify, defend and hold harmless each of the other Sub-RPU Entities, their Board of Supervisors, officers, employees, agents and assigns from and against any and all claims, demands, liability, judgments, awards, interest, attorney's fees, costs, experts' fees and expenses of whatsoever kind or nature, at any time arising out of or in any way connected with services rendered to that specific entity under this Agreement by Contractor.

## **14. PATENT INDEMNITY**

The Contractor shall hold the individual Sub-RPU Entities of the Sub-RPU Entities, their officers, agents, and employees, harmless from liability of any nature in kind, including costs and expenses, from infringement or use of any copyrighted or un-copyrighted composition, secret process, patented or unpatented invention, article, or appliance furnished or used in connection with this proposal. The Contractor may also be required to furnish a bond or other indemnification to the Sub-RPU Entities against any and all loss, damage, costs, expenses, claims, and liability for patent or copyright infringement.

## **15. INDEPENDENT CONTRACTOR**

It is mutually understood and agreed that Contractor is an independent Contractor in the performance of

the work duties and obligations devolving upon Contractor under this Agreement. The Sub-RPU Entities shall neither have, nor exercise any control or direction over the methods by which Contractor shall perform the assigned work and functions. The contractual interest of Sub-RPU Entities is to assure that the services covered by this Agreement shall be performed and rendered in a competent, efficient and satisfactory manner.

It is agreed that no employer-employee relationship is created and Contractor shall hold the Sub-RPU Entities harmless and be solely responsible for withholding, reporting and payment of any federal, state or local taxes; any contributions or premiums imposed or required by workers' compensation; any unemployment insurance; any social security income tax; and any other obligations from statutes or codes applying to Contractor, or its sub-contractors and employees, if any.

It is mutually agreed and understood that Contractor, its sub-contractors and employees, if any, shall have no claim under this Agreement or otherwise against the Sub-RPU Entities for vacation pay, sick leave, retirement or social security benefits, occupational or non-occupational injury, disability or illness, or loss of life or income, by whatever cause.

Contractor shall insure that all its personnel and employees, sub-contractors and their employees, and any other individuals used to perform the Contracted services are aware and expressly agree that the Sub-RPU Entities are not responsible for any benefits, coverage or payment for their efforts.

## **16. RECORDS, INFORMATION AND REPORTS**

Contractor shall maintain full and accurate records with respect to all matters covered under this Agreement. To the extent permitted by law, the Sub-RPU Entities shall have free access at all proper times or until the expiration of five (5) years after the furnishing of services to such records, and the right to examine and audit the same and to make transcripts there from, and to inspect all data, documents, proceedings, and activities pertaining to this Agreement.

To the extent permitted by law, Contractor shall furnish the Sub-RPU Entities such periodic reports as the Sub-RPU Entities may request pertaining to the work or services undertaken pursuant to this Agreement. The costs and obligations incurred or to be incurred in connection therewith shall be borne by the Contractor.

## **17. OWNERSHIP OF DOCUMENTS**

To the extent permitted by law, all technical data, evaluations, plans, specifications, reports, documents, or other work products developed by Contractor hereunder are the exclusive property of the Sub-RPU Entities and upon request of a Sub-RPU Entity or Entities shall be delivered upon completion of the services authorized hereunder. In the event of termination, all finished or unfinished documents and other materials, if any, at the option of the Sub-RPU Entities, and to the extent permitted by law, shall become the property of the Sub-RPU Entities. Contractor may retain copies thereof for its files and internal use.

Any publication of information directly derived from work performed or data obtained in connection with services rendered under this Agreement must be first approved by the Sub-RPU Entities.

## **18. QUALITY OF SERVICE**

Contractor shall perform its services with care, skill, and diligence, in accordance with the applicable professional standards currently recognized by such profession, and shall be responsible for the

professional quality, technical accuracy, completeness, and coordination of all reports, designs, drawings, plans, information, specifications, and/or other items and services furnished under this Agreement.

Contractor shall, without additional compensation, correct or revise any errors or deficiencies immediately upon discovery in its reports, drawings, specifications, designs, and/or other related items or services.

## **19. PERSONAL SATISFACTION AS A CONDITION PRECEDENT**

The obligations of the Sub-RPU Entities as provided in this Agreement are expressly conditioned upon Contractor's compliance with the provisions of this Agreement to the personal satisfaction of the Sub-RPU Entities. The Sub-RPU Entities shall determine compliance in good faith as a reasonable person would under the circumstances.

## **20. PUBLIC AGENCY PARTICIPATION**

Any public agency, i.e., city, district, public authority, public agency, municipality and other political subdivision or a public corporation of California (hereinafter referred to as Public Agency) located in the State of California shall have the option of participating in this agreement at the same prices and terms and conditions. The Sub-RPU Entities are not an agent, partner, or representative of the Public Agency, and is not obligated or liable for any financial responsibility in connection with purchase orders issued by any Public Agency. The Public Agency shall accept sole responsibility for placing orders or payments with the Contractor.

## **21. ENTIRE AGREEMENT**

This Agreement and any additional or supplementary document or documents incorporated herein by specific reference contain all the terms and conditions agreed upon by the parties hereto, and no other Agreements, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the parties hereto.

## **22. THE SUB-RPU ENTITIES NOT OBLIGATED TO THIRD PARTIES**

The Sub-RPU Entities shall not be obligated or liable hereunder to any party other than Contractor.

## **23. LAWS, LICENSES, PERMITS AND REGULATIONS**

Contractor and the Sub-RPU Entities agree to comply with all State laws and regulations that pertain to construction, health and safety, labor, minimum wage, fair employment practice, equal opportunity, and all other matters applicable to Contractor and the Sub-RPU Entities, their sub-grantees, Contractors, or sub-contractors, and their work.

Contractor shall possess and maintain all necessary licenses, permits, certificates and credentials required by the laws of the United States, the State of California, County of Kings, Madera County Workforce Investment Corporation, County of Merced, County of San Joaquin; County of Stanislaus; and all other appropriate governmental agencies, including any certification and credentials required by the Sub-RPU Entities. Failure to maintain the licenses, permits, certificates, and credentials shall be deemed a breach of this Agreement and constitutes grounds for the termination of this Agreement by the Sub-RPU Entities.

## **24. LIMITED AFFECT OF WAIVER OR PAYMENT**

In no event shall the making, by the Sub-RPU Entities, of any payment to Contractor constitute, or be construed as, a waiver by the Sub-RPU Entities of any breach of covenant, or any default which may then exist, on the part of Contractor. The making of any such payment by the Sub-RPU Entities while any such breach or default shall exist, shall not be construed as acceptance of substandard or careless work or as relieving Contractor from its full responsibility under this Agreement.

No waiver by either party of any default, breach or condition precedent shall be valid unless made in writing and signed by the parties hereto. No oral waiver of any default, breach or condition precedent shall be binding on any of the parties hereto. Waiver by either party of any default, breach or condition precedent shall not be construed as a waiver of any other default, breach or condition precedent, or any other right hereunder.

## **25. PERSONNEL**

Contractor represents that it has, or will secure at its own expense, all personnel required in performing the services under this Agreement. All of the services required hereunder will be performed by Contractor or under its supervision, and all personnel engaged in the work shall be qualified to perform such services.

## **26. SUB-CONTRACTS - ASSIGNMENT**

Contractor shall not sub-contract or assign this Agreement, or any part thereof, or interest therein, directly or indirectly, voluntarily or involuntarily, to any person without obtaining the prior written consent by the Sub-RPU Entities. Contractor remains legally responsible for the performance of all Agreement terms including work performed by third parties under sub-contracts. Any sub-contracting will be subject to all applicable provisions of this Agreement. Contractor shall be held responsible by the Sub-RPU Entities for the performance of any sub-contractor whether approved by the Sub-RPU Entities or not.

## **27. APPLICABLE LAW; VENUE**

All parties agree that this Agreement and all documents issued or executed pursuant to this Agreement as well as the rights and obligations of the parties hereunder are subject to and governed by the laws of the State of California in all respects as to interpretation, construction, operation, effect and performance. No interpretation of any provision of this Agreement shall be binding upon the Sub-RPU Entities unless agreed in writing by the Sub-RPU Entities and their counsel.

Notwithstanding any other provision of this Agreement, any disputes concerning any question of fact or law arising under this Agreement or any litigation or arbitration arising out of this Agreement, shall be tried in the county where services are being provided, unless the parties agree otherwise or are otherwise required by law.

## **28. BREACH OF AGREEMENT**

Upon breach of this Agreement by Contractor, the Sub-RPU Entities shall have all remedies available to it both in equity and/or at law.

## **29. LIMITATION ON LIABILITY**

In the event there is a claim of breach against one or more of the Sub-RPU Entities that is a signatory to this Agreement, Contractor shall be limited to recovery against the breaching entity only. Contractor shall

have no cause of action against the non-breaching Sub-RPU Entities, their Board of Supervisors, officers, employees, agents and assigns. Contractor expressly waives any right to recovery in any amount for any cause of action or legal theory against the non-breaching Sub-RPU Entities.

### **30. REMEDY FOR BREACH AND RIGHT TO CURE**

Notwithstanding anything else in this Agreement to the contrary, if Contractor fails to perform any obligation of this Agreement, the Sub-RPU Entities may themselves perform, or cause the performance of, such agreement or obligation. In that event, Contractor will, on demand, fully reimburse the Sub-RPU Entities for all such expenditures. Alternatively, the Sub-RPU Entities, at their option, may deduct from any funds owed to Contractor the amount necessary to cover any expenditures under this provision. This is in addition to any other remedies available to the Sub-RPU Entities by law or as otherwise stated in this Agreement.

### **31. SUCCESSORS IN INTEREST**

All the terms, covenant, and conditions of this Agreement shall be binding and in full force and effect upon any successors in interest and assigns of the parties hereto. This paragraph shall not be deemed as a waiver of any of the conditions against assignment set forth herein.

### **32. CONFLICT OF INTEREST**

Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of this Agreement. Contractor shall ensure that no conflict of interest exists between its officers, employees, or sub-contractors, and the Sub-RPU Entities. Contractor shall ensure that no officer or employee of the Sub-RPU Entities is placed in a position that enables them to influence this Agreement in a manner that will have any direct or indirect financial interest resulting from this Agreement. Contractor shall ensure that no employee of the Sub-RPU Entities shall have any relationship to the Contractor or officer or employee of the Contractor, nor that any such person will be employed by Contractor in the performance of this Agreement without immediate divulgence of such fact to the Sub-RPU Entities.

### **33. NONDISCRIMINATION IN EMPLOYMENT, SERVICES, BENEFITS AND FACILITIES**

Contractor and any sub-contractors shall comply with all applicable federal, state, and local anti-discrimination laws, regulations, and ordinances and shall not unlawfully discriminate, deny family care leave, harass, or allow harassment against any employee, applicant for employment, employee or agent of the Sub-RPU Entities, or recipient of services contemplated to be provided or provided under this Agreement, because of race, ancestry, marital status, color, religion, political affiliation or belief, national origin (including limited English proficiency), ethnic group identification, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), sexual orientation, age, or disability. Contractor shall ensure that the evaluation and treatment of its employees and applicants for employment, the treatment of the Sub-RPU Entities' employees and agents, and recipients of services are free from such discrimination and harassment.

Contractor represents that it is in compliance with and agrees that it will continue to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.), the Fair Employment and Housing Act (Government Code §§ 12900 et seq.), Executive Order 11246, 20 CFR 683.285, 29 CFR Part 38, WIOA Section 188, and ensure a workplace free of sexual harassment pursuant to Government Code 12950; and regulations and guidelines issued pursuant thereto.

Contractor agrees to compile data, maintain records and submit reports to permit effective enforcement of all applicable antidiscrimination laws and this provision.

Contractor shall include this nondiscrimination provision in all sub-agreements related to this Agreement and when applicable give notice of these obligations to labor organizations with which they have Agreements.

#### **34. CAPTIONS**

The captions of each paragraph in this Agreement are inserted as a matter of convenience and reference only, and in no way define, limit, or describe the scope or intent of this Agreement or in any way affect it.

#### **35. SEVERABILITY**

If a court of competent jurisdiction holds any provision of this Agreement to be illegal, unenforceable or invalid, in whole or in part, for any reason, the validity and enforceability of the remaining provisions, or portion of them, will not be affected. Compensation due to Contractor from the Sub-RPU Entities may, however, be adjusted in proportion to the benefit received despite the removal of the effected provision.

#### **36. DUPLICATE COUNTERPARTS**

This Agreement may be executed in duplicate counterparts, each of which shall be deemed a duplicate original. The Agreement shall be deemed executed when it has been signed by all parties.

[Signature pages follow]

#### **Contractor**

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Signature

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Print Name

---

Title

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Dated

**County of Merced**

APPROVED AS TO LEGAL FORM  
MERCED COUNTY COUNSEL (\*If Applicable\*)

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Signature

Jerald R. O'Banion

Print Name

Chairman, Board of Supervisors

Title

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Dated

---

Signature

---

Print Name

---

Title

---

Dated

**County of Kings**

APPROVED AS TO LEGAL FORM  
KINGS COUNTY COUNSEL

---

Signature

Richard Valle

Print Name

Board of Supervisors - Chairman

Title

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Dated

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Signature

Colleen Carlon

Print Name

Kings County Counsel

Title

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Dated

**Madera County Workforce Investment Corporation**

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Signature

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Print Name

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Title

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Dated

**County of San Joaquin**

APPROVED AS TO LEGAL FORM  
SAN JOAQUIN COUNTY COUNSEL (\*If Applicable\*)

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Signature

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Print Name

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Title

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Dated

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Signature

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Print Name

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Title

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Dated

**County of Stanislaus**

APPROVED AS TO LEGAL FORM  
STANISLAUS COUNTY COUNSEL (\*If Applicable\*)

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Signature

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Print Name

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Dated

**EXHIBIT “A”**  
**General Scope of Work**

**PURPOSE**

This “General Scope of Work” is intended to provide the services under this contract that will be rendered to all workforce bodies represented above as the Sub-RPU Entities.

**ONE-STOP OPERATOR ROLE**

Three major roles and duties of the One-Stop Operator (Contractor):

1. Facilitates collaboration and cooperation among Partners.
2. Validates and ensures partner organizations adhere to the Memorandum of Understanding (MOU) documents (Phase I and II) providing infrastructure and operations contributions as determined in the WIOA legislation.
3. The Contractor will act as a liaison between the Workforce Development Boards of the Sub-RPU Entities and the America’s Job Centers of California Partners (“AJCC”).

**DUTIES THAT MAY NOT BE PERFORMED IN ACCORDANCE WITH WIOA**

The following duties are not to be performed by the One-Stop Operator (Contractor) as they are the duties of the Sub-RPU Entities, unless specifically provided in another section of this AGREEMENT:

1. Convene system stakeholders to assist in the development of the local plan
2. Prepare and submit local plans (as required under sec. 107 of WIOA)
3. Be responsible for oversight of itself
4. Manage or significantly participate in the competitive selection process for one-stop operators
5. Select or terminate one-stop operators, career services, and youth providers
6. Negotiate local performance accountability measures
7. Develop and submit budget for activities of the Local Board in the local area

**CONFLICT OF INTEREST AND FIREWALLS**

In order to ensure that no conflict of interest and proper Workforce Innovation and Opportunity Act firewalls are maintained, the following specific rights and responsibilities will be completed by the Contractor and Sub-RPU Entities:

1. The separate Workforce Development Boards of the Sub-RPU Entities will provide oversight of Contractor.
2. Contractor will have no duties related to procurement and contract selection, determination, termination, negotiation, or development related to one-stop operators, career services, youth providers, and other agencies.
3. Contractor will facilitate stakeholder engagement but will have no role in direct referrals or service provision.

## CONTRACTOR FACILITATION ROLE DELIVERABLES

DESCRIPTION	DELIVERABLES
Be the point of contact regarding issues that are substantive to the partners in the separate areas of responsibility for the Sub-RPU Entities	<ol style="list-style-type: none"> <li>1. Ensure all partners have updated contact information</li> <li>2. Accessible to all partners</li> </ol>
Convene partner meetings on a determined schedule to discuss and share information.	<ol style="list-style-type: none"> <li>1. Disseminate updates regarding law and local procedures provided by Sub-RPU Entities or other designated staff to all partners</li> <li>2. Promote conversation around and the adoption of creative and innovative methods and best practices in the delivery of required services</li> <li>3. Promote continual development and enhancement of the Sub-RPU Entities workforce development system through a fully coordinated and integrated service delivery model that is market driven and offers value-added services to AJCC job seekers</li> <li>4. Improve client flow system for AJCC shared services including:           <ol style="list-style-type: none"> <li>a. Cross-training,</li> <li>b. Policies and procedures training,</li> <li>c. Creation of a partner directory, and</li> <li>d. Collaborative efforts for process improvement</li> </ol> </li> <li>5. Document and disseminate each partner's services and procedures to all partners in each Sub-RPU Entities designated areas of operation and periodically update</li> </ol>
Determine meeting agendas for AJCC partner meetings.	<ol style="list-style-type: none"> <li>1. Create meeting agendas</li> <li>2. Provides minutes to attendees after each meeting</li> </ol>
Ensure relevant partners are invited and engaged.	<ol style="list-style-type: none"> <li>1. Send meeting invitations to core partners and additional stakeholders as identified by each of the Sub-RPU Entities.</li> <li>2. Follow-up with partners to encourage and confirm attendance.</li> </ol>

## VALIDATING ROLE DELIVERABLES

DESCRIPTION	DELIVERABLES
Ensure partner organizations adhere to the Memorandum of Understanding (MOU) documents (Phase I and II) providing infrastructure and operations contributions as determined in the WIOA legislation	<ol style="list-style-type: none"> <li>1. Contractor should provide partner coordination to ensure that the AJCC partners adhere to Memorandums of Understanding (“MOU”).</li> <li>2. Facilitate alignment regarding the actual provision of career services and the referral system as agreed upon in the MOU.</li> <li>3. Refer any questions or issues related to MOU agreements to designated points of contact in each of the Sub-RPU Entities.</li> </ol>

## LIAISING ROLE DELIVERABLES

DESCRIPTION	DELIVERABLES
The Contractor shall act as a liaison between the Sub-RPU Entities and the AJCC partners.	<ol style="list-style-type: none"><li>1. Provide all AJCC Partners with updated polices and ensure that partners are following the policies of the AJCC</li><li>2. Report to the separate Sub-RPU Entities or designated staff any AJCC operational issues and recommendations for partner coordination improvement.</li><li>3. Develop and submit a quarterly report to each of the Sub-RPU Entities that accurately measures and documents operator activities including AJCC partner coordination and activities, operations, performance and continuous improvement recommendations. The report is due 10 business days after the quarter closes and may be submitted via email</li><li>4. Attend and report on Contractor activities at WDB meetings for each of the Sub-RPU Entities as requested, but not less than once per quarter.</li><li>5. Adhere to and implement all Federal, State, and Board policies and guidance.</li><li>6. Follow and abide by any current and future WDB administrative directives of the separate Sub-RPU Entities, especially those directives concerning day-to-day operation of the AJCC, Equal Employment Opportunities, and the Americans with Disabilities Act.</li></ol>

## UPDATES

The roles and responsibilities of the Contractor may be modified as follows:

1. Federal, state, and local law or requirements are enacted and implemented covering the workforce development system;
2. Regulations and procedures are developed or changed the U.S. Department of Labor;
3. WDB's governing boards adopt local direction and procedures; and
4. WDB develops and coordinates mandatory strategic initiatives for the local workforce development area.

**EXHIBIT "C"**  
**Budget for Services**

Service Description	Hours Assigned	Cost Per Hour	Total
<b>TOTAL CONTRACT COST</b>			<b>\$150,000</b>



# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## Agenda Item 8.5

Consent

Action

Information

**To:** Madera County Workforce Investment Corporation  
**From:** Tracie Scott-Contreras, Executive Director  
**Date:** December 10, 2020  
**Subject:** Information on Weekly UI Initial Claims for Madera County

**Information:**

Attached is the report outlining the number of initial Unemployment Insurance and Pandemic Unemployment Assistance (new program for gig workers and self-employed individuals) for Madera County. New claim numbers are increasing slightly for the week ending November 21, 2020 for a total of 965.

Madera County has had a total of 50,164 initial claims for unemployment insurance benefits since the week ending March 21, 2020, following the initial closure and shelter in place orders issued by the Governor in March.

**Financing:**

Workforce Innovation and Opportunity Act

Number of Weekly Unemployment Insurance (UI) Initial Claims for Madera County			
Week Ending	County	Initial UI Claims	PUA Claims
1/11/2020		387	0
1/18/2020		423	0
1/25/2020		269	0
2/1/2020		256	0
2/8/2020		225	0
2/15/2020		257	0
2/22/2020		206	0
2/29/2020		287	0
3/7/2020		310	0
3/14/2020		283	0
3/21/2020		498	0
3/28/2020		2,793	0
4/4/2020		2,133	0
4/11/2020		1,590	0
4/18/2020		1,317	0
4/25/2020		867	0
5/2/2020		1,377	597
5/9/2020		832	286
5/16/2020		646	242
5/23/2020		758	198
5/30/2020		871	200
6/6/2020		1,030	204
6/13/2020		975	195
6/20/2020		1,281	284
6/27/2020		1,332	349
7/4/2020		1,331	303
7/11/2020		1,393	372
7/18/2020		1,557	486
7/25/2020		1,281	374
8/1/2020		1,100	302
8/8/2020		1,051	371
8/15/2020		1,128	453
8/22/2020		1,159	500
8/29/2020		1,489	755
9/5/2020		1,790	993
9/12/2020		1,309	425
9/19/2020		1,144	260
9/26/2020		830	175
10/3/2020		611	63
10/10/2020		857	104
10/17/2020		710	79
10/24/2020		724	80
10/31/2020		867	84
11/7/2020		825	84
11/14/2020		831	94
11/21/2020		858	107
		41,144	9,020
			50,164

Please Note: The data by county represents the mailing address given by the claimant at the time of filing for UI. It is possible that an individual can reside in a different county than their mailing address. Also, this information does not represent the county where the individual worked. It is also possible that a claimant could have moved or changed their mailing address after filing for UI which would not be reflected here. Data for claimants residing outside of California but collecting benefits are not included in these figures nor are invalid addresses in California where a county cannot be determined. A "0" value is included in the Pandemic Unemployment Assistance (PUA) data for dates prior to April 28, when PUA was not available. Initial claims includes new claims, transitional claims, and additional claims of both regular and PUA type claims. The PUA claims is a breakout from this total that only includes initial PUA claims.





# MADERA COUNTY WORKFORCE INVESTMENT CORPORATION

## Agenda Item 8.6

Consent

Action

Information

**To:** Madera County Workforce Investment Corporation  
**From:** Tracie Scott-Contreras, Executive Director  
**Date:** December 10, 2020  
**Subject:** COVID-19 Update

**Information:**

On March 13, 2020 we moved to phone-based services to minimize public contact while continuing to provide services. The resource room was open and limited to a maximum of 10 people at a time, and 1 hour per person. We sanitize the equipment after each use.

As of March 20, 2020 at noon, and in response to the order by the Governor, we locked the front doors to the facility and have been providing access to the facility by appointment only. This includes picking up or dropping off documents, accessing the resource room, or scheduling assessments. Our staff have been providing all other services by phone or on-line meetings. This has been consistent with the strategy being used by other partners who are still open and on-site or otherwise available, as organizations who provide government programs and services.

We developed a phased plan for beginning to provide in-person services that we began rolling out the week of May 4. At this time, the number of customers who are interested in in-person services is very low, and we are managing the numbers safely and effectively. Customers who do come into the facility are screened at the lobby doors and are asked to immediately wash or sanitize their hands. We ask that customers coming to the Center for in-person services wear a mask or face covering as well.

The front doors of the Center were reopened to the public on June 8, 2020. The screening, mask, hand sanitizing, and social distancing requirements remain in place. We have added plexiglass screens to the lobby and resource room staff desks and are limiting group activities to 5 at this time, to ensure appropriate social distancing.

Given the new shut-down orders issued by the Governor on July 13, we will be maintaining all current safety and health practices and anticipate another surge in individuals needing assistance with unemployment insurance and job search services. We are watching customer numbers closely and will move back to more restricted access if customer numbers increase to a level that exceeds our current limitations on safe group sizes.

On July 29, due to a positive case of COVID-19, we initiated a 14-day closure of the Center and our organization in compliance with isolation/quarantine requirements currently in place. We were able to reopen the Center on Thursday, August 13, and have not had any additional instances of illness to date. Our Public and Internal Health and Safety plans have been updated to align with local and State guidance around the safe reopening of AJCC's. The updated plans have been shared with partners and with all staff and have been posted in English and Spanish at the entrance to the facility.

We worked with Sierra HR Partners Inc. to develop an Injury and Illness Prevention Program (IIPP) for our organization. The IIPP is attached for the Board's review.

All staff have been provided masks, and we have made disinfecting products, hand sanitizer, and gloves available to all staff as well. We applied for and received a month's worth of PPE through the program coordinated by the City of Madera and the Chamber of Commerce.

We continue to monitor the situation by regularly checking the CDC, State, and Local Health Department websites.

**Financing:**

Workforce Innovation and Opportunity Act



## Injury & Illness Prevention Program

Revised October 2020

*Under the direction of the Executive Director, this injury and illness prevention program (IIPP) is maintained and implemented by the Deputy Director:*

Maiknue Vang  
*Employee Name*

Deputy Director  
*Job Title*

559.662.4503      559-598-2819  
*Work Phone*      *Mobile Phone*

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## **Management Commitment & Assignment of Responsibilities**

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The Madera County Workforce Investment Corporation (hereafter referred to as MCWIC) is committed to maintaining a safe workplace for its employees and compliance with all current and applicable occupational health, safety, and environmental laws.

To achieve that end, MCWIC has instituted the following Injury and Illness Prevention Program (IIPP). Maiknue Vang, Deputy Director, has been appointed as the Safety Director and has the authority and responsibility for implementing and maintaining this IIPP at MCWIC. Questions regarding the IIPP should be directed to her.

A copy of this IIPP is available from your manager, the Safety Director, or in the Personnel Forms folder on the company shared drive.

All employees and managers are responsible for learning and understanding the safety programs and rules established by MCWIC to promote safe and healthful working conditions. Employees are also responsible for immediately reporting all work related injuries, illnesses, and accidents to Maiknue Vang, the Safety Director, or to the Executive Director.

## **Compliance**

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All employees and managers are responsible for complying with the IIPP and following safe and healthful workplace practices. The Safety Director, with the assistance of management staff, will enforce the safety programs and rules fairly and uniformly.

New employees are provided with specific safety training by the Safety Director at the beginning of their employment, during new hire orientation. The safety performance of all employees is evaluated regularly, and retraining is provided when that performance is deficient. Continued failure to comply with safe and healthful work practices will result in discipline, up to and including termination. Employees that pose a direct threat to the health and safety of others in the workplace will be placed on leave until a determination is made about their continued employment.

Extraordinary safety performance, including the recognition of previously unrecognized hazards or unsafe work practices, may be recognized by the Safety Director during regular staff meetings, during luncheons, or by email.

## **Communication**

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MCWIC recognizes that open, two-way communication between management and employees on health and safety issues is essential to an injury-free, productive workplace. Managers and supervisors will communicate with the employees about safe and healthful work practices in a

form readily understandable by all employees. We encourage all employees to inform their supervisor or the Safety Director about any workplace hazards, and injuries or symptoms that may be related to such hazards, without fear of reprisal. To report hazards or injuries, employees may use **IIPP Form #1 – Employee Communication** below.

The company communicates safe and healthful work practices in the following ways:

### *Oral Communication*

Oral communication will provide comprehensive and specific instructions with respect to hazards unique to each employee job assignment.

- All supervisors and employees are trained on the IIPP within one week of beginning work as part of their **new employee orientation**, or (in the case of internal transfers) during **on-the-job training** in their new position.

### *Posted and Distributed Communication*

Posted and distributed communication will include both the full IIPP and safety reminders.

- The IIPP is **distributed upon hire** to new staff members.
- The IIPP is **posted in the employee breakroom** with other labor law notices.
- The IIPP is available from **any supervisor** and the **Safety Director**.
- The IIPP is available in the Personnel Forms folder on the company shared drive.

### *Anonymous Communication*

Employees may communicate with management without fear of reprisal. Anonymous communications are addressed with staff as appropriate.

- Employees who wish to communicate anonymously with management about workplace hazards may use the **IIPP Form #1 – Employee Communication** and place the form in the managers mailbox.

## **Hazard Identification and Evaluation**

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### *Scheduled Periodic Inspections*

Periodic inspections of the entire workplace to identify and evaluate hazards are performed by the Safety Director or delegated to another member of management at her discretion. These periodic inspections consist of identification and evaluation of workplace hazards utilizing **IIPP Form #4 – Periodic Inspection Form** and **IIPP Form #5 – Periodic Inspection Form**

**Summary** below, applicable sections of the attached Hazard Assessment Checklist, and any other effective methods to identify and evaluate workplace hazards.

Periodic inspections are conducted at least twice per year. They will also be conducted whenever MCWIC introduces new substances, processes, procedures, or equipment that represent new occupational safety and health hazards, whenever MCWIC is made aware of new or previously unrecognized housekeeping hazards, when occupational injuries or illnesses occur, or whenever workplace conditions warrant an inspection.

#### *Initial Inspection*

An initial inspection was completed when the IIPP was first established.

## **Injury or Illness Investigations**

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#### *Caring for Employee Injuries*

Employees are to **immediately** report all injuries, no matter how minor, to the Safety Director. Failure to report injuries is cause for disciplinary action, up to and including termination. If the Safety Director is unavailable, injuries may be reported to a supervisor or the Executive Director. These reports may be verbal or may use **IIPP Form #1 – Employee Communication**.

Prompt first aid and or medical treatment will be provided as needed. **Dial 911 for emergencies**. For non-emergencies, the injured employees will be directed to the appropriate medical facility. First aid kits are maintained by the Safety Director and are located at the front lobby desk, in the employee break room, and in the MCWIC supply area. Each kit includes Band-Aids, gauze-pads, tape, icepack, latex gloves, burn cream, antibiotic ointment, eyewash, and barrier devices.

Management will contact the workers' compensation insurance carrier within twenty-four (24) hours of injury or illness notification and provide the operator with information about the injury.

#### *Injury or Illness Investigations*

The reason for conducting an accident or near-miss occurrence investigations is to determine the factors, conditions, and work practices that contributed to the accident or near-miss occurrence, so that action can be taken to prevent re-occurrence. **All injuries or accidents, regardless of how minor, must be reported**. The procedure to investigate occupational injuries, occupational illnesses or near-miss occurrences consists of the following:

- Within twenty-four (24) hours of notice of an occurrence of an occupational injury or illness, MCWIC will conduct an investigation.
- The investigation will be conducted by the Safety Director or another member of management delegated at the discretion of the Executive Director. The investigator will complete **IIPP Form #2 –Injury or Illness Investigation**.
- Corrective action consistent with this IIPP will be taken as necessary to eliminate identified workplace hazards.

The investigator will do the following:

- **Visit** the injury scene as soon as possible;
- **Interview** injured workers and witnesses;
- **Examine the workplace** for factors associated with the injury;
- **Determine the cause** of the injury, illness, accident, or exposure;
- Take **corrective action** to prevent the injury, illness, accident, or exposure from reoccurring;
- **Record the findings** and corrective actions taken.

## Hazard Correction

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Hazards identified during a periodic inspection or in the investigation of injuries or illnesses will be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures, and reviewed after implementation:

- When a hazard is observed or discovered
- When an imminent hazard exists, which cannot be immediately abated without endangering employee(s) and/or property, we will remove all workers from the area except those necessary to correct the existing condition. Workers necessary to correct hazardous conditions shall be provided with the necessary protection. No employee shall be admitted to the area unless authorized by the Safety Director to correct the hazard

All actions taken, and the dates that they are completed, will be documented and available with other IIPP documentation.

## Training and Instruction

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All employees, including managers and supervisors, shall have training and instruction on **general and job-specific safe work practices**. Training and instruction shall be provided as follows:

- When the program is **first established**;
- To all **new employees and supervisors**;
- To all employees given **new job assignments** for which training was not previously provided;
- Whenever new **substances, processes, procedures, or equipment** are introduced, or whenever MCWIC becomes aware of a **new or previously unrecognized hazard**;

The initial training, and subsequent training provided thereafter, will include the following elements:

- **Explanation of the IIPP**, emergency action procedures, and fire prevention plan.
- **Measurers for reporting** any unsafe conditions, work practices, injuries, and when additional instruction is needed.
- **Use of appropriate clothing**, when necessary.
- **Emergency response following common natural disasters**, including:

- Chemical accidents
- Earthquakes
- Explosion/bomb threat
- Fire
- Gas leak
- Severe weather
- Drive-by shooting or homicide
- Fallen aircraft
- Flood
- Nuclear Emergencies
- Hostage Situations
- Suicide
- **Information about hazardous substances** to which employees could be exposed and other hazard communication program information.
- Recognizing problematic behaviors in clients and customers, and procedures to prevent and respond to **workplace violence**.
- General office **ergonomics** and illness-prevention.
- Availability of toilet, hand-washing, and drinking water facilities.
- Provisions for medical services and first aid including emergency procedures.

### *Workplace Violence Prevention*

Conduct that threatens, intimidates, or coerces an employee, family member, vendor, or business associate will not be tolerated. MCWIC resources may not be used to threaten, stalk, or harass anyone at the workplace or outside of the workplace. MCWIC treats threats coming from an abusive personal relationship as it does other forms of violence. This policy also applies to the behavior or actions of an individual utilizing MCWIC services.

Workplace violence includes many types of behavior including, but not limited to, the following:

- Any type of physical violence toward a person
- Threats of violence, whether direct, indirect, or conditional
- Physical intimidation or aggression
- Possession of a weapon on company property or during work-related activities

Behavior that, from the perspective of a reasonable person, generates a concern that an individual may act out violently may also be reported and investigated under this policy. This may include, but is not limited to stalking, erratic behavior caused by mental illness or substance abuse, and suicidal statements.

Employees will receive training regarding all aspects of workplace violence prevention.

### *Emergency Procedures*

For complete information about MCWIC emergency procedures, including evacuation plans, emergency phone numbers, locations of alarm control panels and fire extinguishers, and what to do in the event of an emergency or natural disaster, please refer to the Emergency Preparedness Quick Reference Guide provided to all employees.

## **Access**

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MCWIC considers it important that all employees have unobstructed access to this IIPP. Because all MCWIC employees, as part of their regular work duties, predictably and routinely use electronic means to communicate with management and coworkers, access to the IIPP is provided on the company shared drive in the Personnel Forms folder. From this location, employees may review, print, or email the current version of the IIPP.

## **Recordkeeping**

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Records of steps taken to implement and maintain the IIPP for MCWIC include the following:

- Records of **scheduled and periodic inspections** required to identify unsafe conditions and work practices (see **IIPP Form #4 – Periodic Inspection Form** and **IIPP Form #5 – Periodic Inspection Form Summary**) will be maintained for **at least one (1) year**, and will include:
  - The person(s) who conducted the inspection
  - The unsafe condition or work practice that was identified
  - The action taken to correct the unsafe identified unsafe condition or work practice
- Records of **safety and health trainings** (see **IIPP Form #3 – Employee Training**) will be maintained for **at least one (1) year**, and will include:
  - Employee name
  - Training date
  - Training type and/or topic
  - Training provider(s)

A copy of the IIPP and all inspection records required by law are available for review and copying from the Safety Director. A copy of this IIPP is also available from the Safety Director or any supervisor. Records of occupational injuries and illnesses will be created and maintained as required by law.

*Updated August 2020*

## Preface

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The Madera County Workforce Investment Corporation, under the oversight of the Workforce Development Board of Madera County, is open to the public on a reduced basis and/or **by appointment only**. If customers choose not to utilize the Center for delivery of services at this time, we will continue to provide services by phone, email, zoom, etc.

To ensure a healthy and safe environment for all, we have performed a risk assessment and have created a work-site specific COVID-19 prevention plan. We will continue to adhere to the requirements for face coverings, social distancing, and hygiene prevention practices. We have made available masks, gloves, and hand sanitizer to staff to ensure the safety of everyone. Signage is provided to show appropriate distances of 6 feet and plexiglass dividers have been installed in public areas. All individuals will be screened prior to entering the facility and must have a face mask or activities will be rescheduled by staff. Upon completion of each activity, all computers, tabletops, and equipment will be disinfected. Individuals must stay home if they have recently been in direct contact with a positive case of COVID-19, are having symptoms, were diagnosed with COVID-19, or are awaiting test results for COVID-19.

We continue to monitor local and state re-opening ordinances and provide information and training to staff. Updated plans and processes are communicated through emails and/or frequent staff meetings. MCWIC checks in periodically with onsite partner supervisors to monitor for compliance and address deficiencies immediately. Should a COVID case arise, the infected individual would be ordered to isolate or quarantine. Staff who have been in close contact with the infected individual will also be notified and quarantined. The local health department will be notified for additional guidance and assistance.

The following services are available in the Workforce Assistance Center:

- Resource Room (no more than 10)
- Face to face Eligibility
- Assessments (no more than 5)
- OSY Career Awareness (no more than 5)
- Face to face Specialist of the Day
- Workshops (no more than 5)
- Panel Interviews

We will assess the situation weekly and adjust as needed. If you have questions, please contact the Executive Director or designee at (559) 662-4500.

## **Health and Safety Plan for Staff**

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We are committed to providing a safe and healthy work environment. However, we cannot do it alone and need everyone's cooperation. Together, we can prevent and slow the spread of COVID-19 and lower the impact within the workplace.

### ***Ensure Sick Workers Stay Home***

Employees should self-screen, notify HR, and stay home if they:

- have been in contact with a confirmed case of COVID-19 within the last 14 days
- are sick (feeling feverish or have any of the symptoms outlined in the screening checklist)
- have tested for COVID and are awaiting test results
- have returned from international travel or domestic travel to areas with a high concentration of COVID-19 cases

Employees will need to isolate and may return to work when the following are true:

- it has been 10 days from the start of symptoms
- they have not had a fever for 24 hours without the help of medicine
- symptoms have significantly improved
- test results are negative (if possible, documentation provided)
- they have received clearance from a health professional or Public Health
- it has been 14 days from the return date of international travel or domestic travel to areas with a high concentration of COVID-19 cases

Employees who report to work will be screened and upon entering the facility. Employees who do not pass the screening process and/or have a temperature greater than 100.0 F will be sent home to isolate. Should a COVID case arise, the infected individual will be ordered to isolate or quarantine. Staff who have been in close contact (within 6 ft for a cumulative total of 15 minutes over a period of 24 hours) with the infected individual will also be notified, quarantined, and provided information on where to test for COVID. Workspaces of an infected worker will be thoroughly cleaned and, if necessary, the Center will be closed for fogging and disinfection. The local health department will be notified for additional guidance and assistance.

### ***Worker Hygiene***

Employees have access to masks, gloves, hand sanitizer, and cleaning supplies to ensure the safety of everyone. These supplies are monitored by management and restocked as needed. Employees are also reminded to take effective steps to protect their health as well as the health of everyone, including:

- Washing hands with soap and water for at least 20 seconds after using the bathroom, before eating, and after blowing your nose or sneezing.
- Using hand sanitizer effectively with an adequate amount for the hands to be wet and scrubbed for 20 seconds. Keep rubbing until dry.
- Avoid touching eyes, nose or mouth with unwashed hands.
- Routinely disinfect commonly used surfaces such as doorknobs, handles, countertops, electronic devices, touch screens, and cell phones.

- Wearing a face covering in public and common spaces or whenever in a room with another person.

### *Social Distancing*

Employees must maintain a physical distance of 6 feet throughout the day. Individuals must also refrain from meeting with customers and/or colleagues in their cubicles. Meeting rooms are available for usage in compliance with social distancing criteria. Furniture in the lobby, resource room and break room have been re-arranged to reduce traffic and the number of individuals allowed in each location at a time. The resource room is limited to 10 individuals seated at every other station. Assessments and workshops are also limited to 5 individuals. Signage is provided to show appropriate distances of 6 feet and plexiglass dividers have been installed in public areas.

### *Workplace Cleaning and Disinfection*

Employees have access to cleaning supplies that are stored in a COVID labeled cabinet. Staff are encouraged to routinely disinfect commonly used surfaces such as doorknobs, handles, countertops, electronic devices, touch screens, and cell phones. Upon completion of Center activities, appointments, meetings, and events, all computers, tabletops, and equipment will be disinfected by staff. Custodial staff also clean and disinfect work areas and surfaces on a nightly basis.

### *Confidentiality and Retaliation*

An infected worker's name and health information is kept confidential and will only be shared with authorized individuals on a need to know basis. If an infected worker has disclosed health information with you, you are also expected to maintain confidentiality and refrain from sharing with others. Under no circumstances will harassment and retaliation be tolerated against an infected worker or anyone in the workplace.

### *Communications and Training Practices*

We continue to monitor local and state re-opening ordinances and will provide information and training promptly to employees. Updated plans and processes will be posted on Center doors to inform the public of changes. Internally, this information will be communicated through emails and/or frequent staff meetings. MCWIC will also check in periodically with onsite partner supervisors to monitor for compliance and address deficiencies immediately.

## **COVID-19 Health and Safety Acknowledgement**

I have received the COVID-19 Health and Safety plan, which describes processes and expectations of me and my role in reducing the spread of COVID-19 in the workplace. I understand that failure to comply with the expectations outlined in this plan will result in immediate disciplinary actions. I also understand that I should consult with Human Resources regarding any questions I have about the plan.

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Signature

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Name (Print)

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Date

# IIPP Form #1 - Employee Communication

This form may be used by any employee who wishes to notify MCWIC of any concerns, problems, or suggestions on any matter of employee safety, including workplace hazards, safety and health practices, personnel problems, claims of unlawful behavior, or proposed changes in policies, procedures, or practices. The Safety Director will evaluate each notice submitted.

An employee may submit a notice anonymously. An anonymous notice will be given equal consideration.

Date:

### **Employee's Concern, Problem, or Suggestion:**

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Employee's Name (optional):

## IIPP Form #2 - Injury or Illness Investigation

Investigator's Name: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Incident Time/Date: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Names/titles of involved employees:

Detailed incident/exposure description
_____
_____
_____

Root cause of incident/exposure (*who, what, when, where, how*)

_____
_____
_____
_____

Input regarding potential control measures, procedures, or tools that could have prevented the incident/exposure:

<i>Employee</i>
_____
_____
_____

<i>Employee's Supervisor</i>
_____
_____
_____

Corrective action to be taken; interim action taken:

_____
_____
_____

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*Investigator Signature*

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*Date Provided to Safety Director*

## **IIPP Form #3 – Employee Training**

Training Provider: \_\_\_\_\_

Training Date: \_\_\_\_\_

Training Description: \_\_\_\_\_  
\_\_\_\_\_

## Employee Roster

Employee Printed Name	Employee Signature

*Training Provider Signature*

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*Training Provider Job Title*

## IIPP Form #4 – Periodic Inspection Form

<p>Inspector Name: _____ Employee Name: _____ Date: _____</p>			
Work Area: _____			
Activity / Task: _____			
Work Steps and Tasks <i>Describe the tasks/steps involved in the job, in the order in which they occur</i>	Hazard(s) in each Task / Step; Unsafe Condition(s)	Risk Level (Low, Med, High)	Controls / Procedures for each Task / Step <i>(Engineering/administrative controls to be implemented; use PPE as last option)</i>
Action Taken to Correct Hazard(s) or Unsafe Condition(s)			
Safety Officers/Managers/Supervisors Comments			
		Inspector Signature: _____	

## IIPP Form #4 – Periodic Inspection Form Training Guide

<p>Work Area: _____</p> <p>Activity / Task: _____</p>				Inspector Name: _____ Employee Name: _____ Date: _____
Work Steps and Tasks <i>Describe the tasks/steps involved in the job, in the order in which they occur</i>	Hazard(s) in each Task / Step; Unsafe Condition(s)	Risk Level (Low, Med, High)	Controls / Procedures for each Task / Step <i>(Engineering/administrative Controls to be implemented; use PPE as last option)</i>	
<p>Break down the job into its basic job steps (e.g., what is first, what is next, and so on). You can do this by:</p> <ol style="list-style-type: none"> <li>1. <b>Observing</b> the job;</li> <li>2. <b>Discussing</b> it with the operator;</li> <li>3. Drawing on <b>your knowledge</b> of job; or</li> <li>4. A combination of the three.</li> </ol> <p>Record the steps in their normal order of occurrence. Describe what is done, not the details of how it is done. Usually three or four words are enough to describe each basic job step.</p>	<p>For each job step, ask yourself what accidents could happen to the employee doing the job. You can get the answers by:</p> <ol style="list-style-type: none"> <li>1. <b>Observing</b> the job;</li> <li>2. <b>Discussing</b> it with the operator;</li> <li>3. Recalling <b>past accidents</b>; or</li> <li>4. A combination of the three.</li> </ol> <p>Ask yourself, "What injuries could he/she sustain?"</p>	Examine the jobs, tasks, and processes in the company with the <b>highest potential</b> to cause a severe injury.	<p>For each potential accident, ask yourself what safeguards should be provided for the employee and how should the employee do the job to avoid potential injury. You can get your answers by:</p> <ol style="list-style-type: none"> <li>1. <b>Observing</b> the job for leads;</li> <li>2. <b>Discussing</b> precautions with experienced housekeepers;</li> <li>3. Drawing on <b>your experience</b>; or</li> <li>4. A combination of the three</li> </ol> <p>Be sure to describe the provided safeguards and precautions an employee must use. Number each separate recommended precaution with the same number you gave the potential accident that the precaution seeks to avoid. Use simple 'do' or 'don't' statements to explain recommended precautions as if talking to the employee.</p> <p>Avoid generalities, such as, 'Be Careful', 'Stay Alert', 'Take Caution', etc.</p>	
Action Taken to Correct Hazard(s) or Unsafe Condition(s)				
<b>Safety Officers/Managers/Supervisors Comments</b>			Inspector Signature: _____	

## IIPP Form #5 – Periodic Inspection Form Summary

<i>Inspector Name</i>	<i>Inspection Location</i>	<i>Inspection Date</i>		
<b>RISK</b>	<b>SOURCE OF HAZARD</b>	<b>CTRLS IN PLACE</b>	<b>CTRLS RECOMMENDED</b>	<b>ACTIONS TAKEN</b>
<i>Other</i>				

*Inspector Signature*

## Hazard Assessment Checklist

<b>ADMINISTRATIVE OFFICES &amp; GENERAL SAFETY</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Are office work areas kept clean and orderly?				
Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant? Are spilled materials or liquids cleaned up immediately?				
Are toilet and washing areas kept clean and sanitary?				
Are lights working properly and all work areas properly illuminated?				
Is the glass in windows, doors, or walls that is subject to human impact of sufficient thickness and type for the condition of use?				
Are employees instructed in the proper manner of lifting heavy objects?				
Is all water provided for drinking and washing potable? Are all non-potable water outlets clearly identified?				
Are storage items organized and stacked at safe heights?				
<b>INTERIOR WALKWAYS</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Are hallways and walkways kept clear?				
Are hallways and walkways marked as appropriate?				
Are wet surfaces covered with non-slip materials?				
Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?				
Is adequate headroom provided for the entire length of any hallway or walkway?				
Are grates or other covers used for openings like floor drains so that foot traffic will not be affected?				
<b>EXTERIOR (PARKING LOT &amp; SIDEWALKS)</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Are sidewalks and curbs in good repair?				
Is landscaping trimmed away from walks and to eliminate possible hiding places?				
Is the parking lot free of potholes or tripping hazards?				
Is the dumpster area in good condition?				
Are outside lights working properly?				
<b>EXITING OR EGRESS</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>

Are all exits marked with an exit sign and illuminated by a reliable light source? Are exits otherwise recognizable as exits?				
Are doors or passageways that are not exits clearly marked as such?				
Are all exits kept free of obstructions?				
Are there sufficient exits to permit prompt escape in case of emergency?				
Can exit doors be opened from the direction of exit travel without the use of a key or any special knowledge or effort, when the building is occupied?				
<b>EMERGENCY AND FIRE PREVENTION</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Do you have a fire prevention plan describing the type of fire protection equipment and/or systems?				
Have you established practices and procedures to control potential fire hazards and ignition sources?				
Are sufficient fire extinguishers provided (within 75 feet of employees)? Are they free from obstruction or blockage?				
Are fire extinguishers serviced and maintained at intervals not to exceed one year? Are they fully charged and in their designated places?				
Are employees trained in the use of extinguishers?				
<b>FIRST AID</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Is there a list of hazardous substances used or stored in the workplace? Are employees aware of these hazardous substances?				
Have standard procedures been established and are they being followed when dealing with chemical hazardous substances? Are employees trained in these procedures?				
Is the first aid kit adequately stocked and accessible?				
Are employees trained in proper first aid and other emergency procedures?				
<b>ERGONOMICS</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Can the work be done without twisting or overly bending the lower back?				
Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks?				
Are tools, instruments and machinery shaped, positioned and handled so that tasks can be performed comfortably?				
Are all pieces of furniture/workstations adjusted, positioned and arranged to minimize strain on all parts of the body?				

<b>RECORDKEEPING &amp; FORMS</b>	<b>Yes</b>	<b>No</b>	<b>Date of Correction</b>	<b>N/A</b>
Are safety training records complete, up-to-date, and organized?				
Are inspection records up-to-date and organized?				
Are Cal/OSHA logs up to date?				
Have all new employees received appropriate safety training?				

<b>FOLLOW-UP</b>	<b>YES</b>	<b>NO</b>
Have the hazards that were identified during the last inspection been corrected? (If "NO", specify which hazards below.)		
Have unsafe practices been addressed with all employees?		
<b>Comments:</b> (Describe all areas that have been marked "Needs improvement")		

\_\_\_\_\_  
*Inspector Signature*

\_\_\_\_\_  
*Date of Inspection or Walk-Through*