



**SAN JOAQUIN COUNTY WORKNET
 EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
 POLICIES AND PROCEDURES DIRECTIVE**

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
23-13	May 7, 2024	CMD, GMD, FMD	1 of 5
SUBJECT: TRANSPORTATION REIMBURSEMENT			

I. PURPOSE

The purpose of this directive is to establish guidelines for the determination, authorization, and distribution of transportation reimbursements for Adult, Dislocated Worker, and Youth enrolled in Workforce Innovation and Opportunity Act (WIOA) services. Participants in non-WIOA programs may also receive transportation reimbursement in accordance with these guidelines, and eligibility will be based on the requirements of the specific program and availability of funds.

II. GENERAL INFORMATION

Section 3 of the [WIOA](#) defines “‘supportive services’ as services such as transportation, child care, dependent care, housing, and needs-related payments, that are necessary to enable an individual to participate in activities authorized under [the WIOA].” [Section 680.900](#) of Title 20 of the Code of Federal Regulations (CFR), allows for supportive services for Adult, Dislocated Worker, and Youth participants as defined in the WIOA, and section [680.910](#) specifies that supportive services may only be provided to individuals who are participating in career or training services as defined in [WIOA](#) sections 134(c)(2) and (3); and unable to obtain supportive services through other programs providing such services. It further limits supportive services by stating they may only be provided when they are necessary to enable individuals to participate in career service or training activities.

In accordance with these provisions, the San Joaquin County Employment and Economic Development (EEDD) America’s Job Centers of California (AJCCs) will provide transportation services to participants who have been registered into WIOA, but individuals participating in basic career services who have not been determined eligible for Title I Adult or Dislocated Workers services will not receive transportation assistance, including bus passes. These services should be coordinated with other service providers that may be able to provide them. Additionally, WIOA will not provide mileage reimbursement for anyone employed more than 100 miles away. All WIOA participants will be notified of the availability

of transportation assistance available under the WIOA if other resources are not available.

This PPD supersedes PPD D-19 Transportation Reimbursement Policy For Adults, Dislocated Workers And Youth Registered In The WIOA, dated July 1, 2016.

References

- [WIOA](#) Sections 3(59) and 134(c)(2) and (3)
- Title 20 CFR [680.900](#) and [680.910](#)

III. POLICY

It is the administrative policy of the Employment and Economic Development Department (EEDD) that transportation services will be provided to Title I Adult, Dislocated Worker, and Youth who have been deemed eligible for supportive services. Transportation reimbursement for participants in non-WIOA programs will be based on the requirements of the specific program and availability of funds. Participants in non-WIOA programs will be expected to follow the same procedures outlined below, unless otherwise specified by the program.

The range of transportation assistance available to participants includes, but is not limited to registration, automobile insurance, driver license, auto repair on a case by case basis and mileage reimbursement. Participants may receive mileage reimbursement for the costs associated with traveling to and from approved program activities. To receive this type of supportive service, the participant must have current liability insurance, valid vehicle registration and a valid California driver's license. Copies of both shall be retained in the case file.

- A. The guidelines and procedures set forth in this directive will govern the authorization and distribution of transportation reimbursement available to WIOA Adult, Dislocated Worker, and Youth Title I participants who meet the State Department of Motor Vehicles' insurance requirements during authorized training activities.
- B. Transportation reimbursement will be provided to participants based solely on need. Authorization will be based on the participant's monthly family budget versus monthly expenditures, as reflected in the financial budget of the Individual Employment Plan (IEP); and
- C. Subject to the availability of funds, all participants who have a valid California Driver's License and meet the minimum required liability insurance and need transportation to participate in a WIOA activity will receive transportation assistance.

This policy is based on EEDD interpretation of WIOA law and subsequent federal, state, and local laws, regulations, and policies and will be reviewed and updated based on any additional federal or state guidance.

IV. PROCEDURE

These procedures apply to WIOA and non-WIOA program participants. The process for providing transportation reimbursements to participants in non-WIOA programs will match the procedures outlined below, except where specified otherwise by the respective program.

A. Determination/Documentation Needed for Transportation Assistance

For a participant to receive transportation assistance, the following documentation must be completed and approved by the CMD Division Manager and/or their designee.

1. Individual Employment Plans

The Case manager must complete the IEP with the participant, prior to authorization of transportation services. The completed budget sheet (Attachment 1) must be reasonable and practical and not exceed a positive balance of \$100.00.

Determination of the amount of the reimbursement will be based on the round-trip distance to and from the training/employment site (not to exceed 200 miles) and the prevailing mileage reimbursement rate.

2. Modification

A modification on the Request for Goods and Services-Supportive Services form (RGS) (Attachment 2) must be made if the transportation assistance amount changes during the participant's enrollment in the program or if the need for transportation is determined after the initial budget is completed and/or updated.

3. Request for Goods and Services

The initial request for transportation reimbursement will include an RGS, reflecting the round-trip mileage or cost per day as determined by the assessment and identified on the IEP. Additionally, the RGS must include the timeframes for which the authorization is made, funding source and cost category to which the participant's transportation reimbursement is to be charged. Requests for transportation reimbursements must also include an attendance sheet from the school or training provider.

4. CalJOBS Activity Enrollment Printout

A CalJOBS activity enrollment printout (or corresponding activity enrollment printout for non-WIOA participants not co-enrolled in WIOA

Title I) must be attached to RGS showing that the participant is enrolled in an approved training program and that the funding source stated on the RGS is correct.

5. Signed Participant Transportation Reimbursement Invoice

The case manager must have the participant sign the Participant Transportation Invoice (mileage form) (See Attachment 3), and it must be attached to the RGS upon submission for approval.

6. Approval of Transportation

The supervisor or her designee must ensure the above documentation is complete and that the necessary documents are in the participant file to justify expenditure.

7. Maintaining Supporting Documentation

In accordance with state and local Data Validation policies, required supporting documentation for WIOA participants will be uploaded to CalJOBS. Supporting documentation for non-WIOA participants must be maintained in the case file or in accordance with the participant's program. The RGS, IEP and/or Modification along with any other documentation obtained from customer are maintained in CalJOBS with:

1. A copy of the participant's driver's license
2. A copy of current liability insurance

B. Reimbursement to Participants

Participants are reimbursed 70% of the published Internal Revenue Service's mileage reimbursement rate with the resulting rate rounded to two decimals. This reimbursement is further limited by the cap of \$30.00 per day. (For example: IRS rate \$.56¢ per mile x 70% = \$.39 per mile up to the maximum of \$30.00 per day.) The IRS rate may change semi-annually, and case managers will be notified of rate changes as they occur.

Exceptions are allowable through non-WIOA funds when documented as reasonable and necessary in case notes and with Program Manager or Executive Director approval.

Participants approved for transportation assistance will be mailed their reimbursement through the San Joaquin County Auditor Controller's Office subject to the following conditions and requirements:

1. Participants will submit their mileage form for reimbursement to their case manager every 2 to 3 weeks. It is then the case manager's responsibility to submit the mileage form to assigned clerical support.

The mileage form and any other documentation that may be required by the Fiscal Division will be processed by clerical support staff and submitted to the Fiscal Division. Late submissions will not be paid until the next fiscal processing period.

2. The mileage form must be signed in ink daily by the WIOA participant and submitted for signature (also in ink) by the training representative on a weekly basis.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director EEDD via Managers and Supervisors.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee will be responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:jl

Attachment 1: Budget

Attachment 2: Request for Goods and Services-Supportive Services (RGS)

Attachment 3: Participant Transportation Invoice (mileage form)



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REQUEST FOR GOODS AND SERVICES - SUPPORTIVE SERVICES

Request Date: _____

Need By Date: _____

Requested By: _____

WIOA Adult WIOA Youth WIOA D/W Out - School OTHER In - School

Approved By: _____

CalCard Voucher Petty Cash

QTY	UNIT	DESCRIPTION (Give Size, Color, Name, Stock No., Sample)	ITEM COST	TOTAL COST	FMD USE ONLY RGS NO.
Total					
Tax & fees					
Total					
Is participant enrolled in training? Yes No*					
CalJOBS Activity _____ Start Date _____ Projected/Actual End Date _____					

Vendor Name: _____
 Address: _____ Phone: _____
 City: _____ Zip Code: _____

Participant's Name: _____ Case No: _____ Grant: _____

Justification: _____

Cost Estimate: _____

PLEASE ATTACH THE FOLLOWING: Quote(s) Budget CalJOBS Printout (Round To The Dollar)

FMD USE ONLY

County Account No.: 6221024800 Method: 3 Pool: 999

4820 - 46 - _____ - _____ - _____ 4851 - 46 - _____ - _____ - _____

4840 - 46 - _____ - _____ - _____ _____ - 46 - _____ - _____ - _____

Available: _____ Allowable/Proper Justification: _____ Date: _____

*Approval of supportive services outside of CalJOBS activity training dates will not be included as a part of the WIOA 30% training requirement.

SMALL PURCHASE QUOTES & DOCUMENTATION

Procedural Requirements: **Price** quotations shall be secured for each small purchase transaction and the identification of sources and solicitation of quotes must be supported by documentation based on the following requirements:

DOLLAR RANGE OF PURCHASE	CONTACTS AND METHOD
\$0 through \$9,999.99	<p>One or more documented quotes</p> <p>Source of quote (check one or more)</p> <p> <input type="checkbox"/> Prior receipts (within one year) <input type="checkbox"/> Written quote from vendor <input type="checkbox"/> Product or Service Catalog <input type="checkbox"/> Current Price List <input type="checkbox"/> Telephone contact with vendor to obtain quote: </p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p> <p>Vendor Name: _____</p> <p>Contact Person: _____ \$ Quote: _____</p> <p>Staff Signature: _____ Date: _____</p>
\$10,000 through \$49,999.99	<p>Two (2) or more written quotes**</p> <p>Request for Quote (RFQ) is required for small purchases in this dollar range</p> <p> <input type="checkbox"/> RFQ was provided in writing <input type="checkbox"/> RFQ specifies the quantity, timeframes and all the requirements of the product being sought <input type="checkbox"/> Sole Source (attach sole source justification) </p> <p>REQUEST FOR QUOTE (RFQ) MUST BE COMPLETED AND ATTACHED</p>
\$50,000 or more	<p>For transactions of \$50,000 or more, the sealed bid or competitive proposal must be used.</p> <p>If only one proposal is obtained and that proposal is deemed to be responsible, then the noncompetitive or sole source process may be used.</p>

** Unless sole source justification.

SAN JOAQUIN COUNTY WORKNET
6221 West Lane, Ste #105 Stockton, CA 95210
(209) 468-3500

PARTICIPANT WEEKLY TRANSPORTATION INVOICE

Entire Invoice **MUST** be completed **in black or blue ink** (see instructions on reverse side of this form).
Participant will complete mailing information. Make certain to include zip code.

NAME: _____ CASE NO.: _____

ADDRESS: _____

Check box if address has changed since last processing date.

DAY	DATE	IN	OUT	PARTICIPANT'S SIGNATURE
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

I attest that this student was in my classroom and/or training site during the days and hours specified above.

(INSTRUCTOR'S SIGNATURE)

(COURSE TITLE)

(INSTRUCTOR'S SIGNATURE)

(COURSE TITLE)

<u>FOR SJC WORKNET USE ONLY:</u>				DATE
TRAVEL	_____	DAYS X \$ _____	= \$ _____	_____ CMU INITIAL
TRAVEL	_____	DAYS X \$ _____	= \$ _____	
		INVOICE TOTAL = \$ _____		
_____	RTM		_____	_____ FMD INITIAL
			GRANT	

COMMENTS: _____

PARTICIPANT WEEKLY ATTENDANCE RECORD
INVOICE INSTRUCTIONS

1. **IMPORTANT:** **Entire invoice *must* be completed in black or blue ink.**
2. NAME: Print your full name. (Case number will be entered by CMD staff.)
3. ADDRESS: Print the full address that you want the check mailed to including city, state and zip code.
4. DAY: Each day of the week is listed in this column.
5. DATE: Print the dates you attended training in these boxes. (Be sure the date coincides with the day.)
6. IN: Print the time your training started for each day of the week you attended.
7. OUT: Print the time your training ended for each day of the week you attended.
8. PARTICIPANT'S SIGNATURE: Sign your name for each day of the week you attended training and verify that all dates and times are correct.
9. COURSE TITLE: Print the name of the course title.
10. INSTRUCTOR'S SIGNATURE: Have the instructor sign his/her name verifying that you were in training and that all dates and times are correct.

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11. SJC WORKNET USE ONLY: CMD and Fiscal use only.
 12. INVOICE TOTAL: Calculated by CMD staff.
 14. GRANT NUMBER: Entered by CMD staff.
 15. CMD INITIAL: Concurs to expenditure by CMD.
 16. RTM: Round trip miles participant travels on a daily basis are entered by CMD staff.
 17. DATE: Designated Fiscal staff enters the date invoice was approved.
 18. FMD INITIAL: Designated Fiscal staff initials after reviewing invoice.
 19. COMMENTS: Special notations needed for payment made by CMD staff.