



Disaster-Relief Worksite Agreement

Service Provider Information

WIOA Service Provider Name: _____

WIOA Case Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Worksite Information

Proposed Disaster-Relief Worksite: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Entity Type:

- Non-Profit
- Government/Public Agency
- *Other _____

*Projects may perform work on private property only to remove health and safety hazards to the larger community or alleviate specific economic or employment-related impacts related to COVID-19. This requires Nevadaworks and DETR approval.

Worker's Compensation Provider: _____

(All disaster-relief positions must have Worker's Compensation coverage)

WIOA Title I Service Provider Responsibilities

1. The WIOA Title I service provider must ensure participant eligibility for disaster-relief employment.
2. Disaster-relief employment for the participant is limited to 12 months (or 2,080 hours).
3. Ensure that the disaster-relief worksite is located within the geographic disaster area.
4. Provide an alternate staff person for the participant to report to at all times when designated case manager is not available.
5. Provide disaster-relief worksite and participant orientation for the worksite supervisor and participant that describes and explains the expectations of the disaster-relief employment position.
6. Assist the disaster-relief worksite supervisor and participant in filling out all documentation needed.
7. Negotiate the job duties, wages, timeframe, and expectations of the disaster-relief employment opportunity.
8. Ensure the following
 - a. The disaster-relief position removes health and safety hazards to the larger community or to address or alleviate specific economic or employment-related impacts of the COVID-19 disaster, or
 - b. The disaster-relief position is directly related to humanitarian assistance to alleviate suffering and maintain human dignity in the aftermath of COVID-19. This assistance includes activities such as the sanitizing of public spaces, provision of food, clothing, and shelter.
9. Maintain regular contact with the disaster-relief worksite supervisor and with the participant to provide necessary counseling and to address the needs of all parties.
10. Review the completed timesheets for accuracy and consistency for all authorized hours worked.
11. Provide a payroll schedule to participant and worksite supervisor.
12. The WIOA Title I service provider is responsible for ensuring that wages and workers' compensation benefits are provided to the participant.
13. Monitor and evaluate the disaster-relief worksite activities and participant performance to ensure that defined activities are completed and that applicable labor laws are followed.
14. Notify disaster-relief worksite supervisor and participant of any problems or circumstances that could potentially lead to early termination of the agreement. In addition, provide notification of any intent to terminate this agreement earlier than outlined in the agreement.
15. Must ensure that participant is not involved with religious sectarian instructions or political activities during disaster-relief employment activities.
16. Evaluation and monitoring of the actual disaster-relief worksite will be performed by the WIOA Title I service provider on at least one occasion during the term of the disaster-relief employment. This will be performed to ensure the safety, appropriateness and performance of the worksite and participant.

Disaster Relief Worksite Responsibilities

1. The designated individual who signs this agreement is authorized to represent the disaster-relief worksite.
2. Work with the WIOA Title I service provider to define and negotiate disaster-relief activities, work hours, timeframe, and wages for the participant, based on the attached Disaster-Relief Application (NW-37).
3. Provide the participant with an orientation to the rules, procedures, and regulations of the disaster-relief worksite.
4. Provide training and demonstrations on the work activities and proper use of any equipment utilized.

5. Provide an alternate worksite supervisor for the participant to report to at all times when the designated worksite supervisor is not available.
6. Provide sufficient tasks (as defined within Disaster-Relief Employment Application NW-37) to occupy the participant during work hours.
7. Provide a Monthly Progress Report (NW-38) to the WIOA Title I service provider that outlines the progress and performance of the participant.
8. Provide the WIOA Title I service provider access to participant to perform career counseling services when needed.
9. Assure that participants hired for disaster-relief employment will not result in the displacement of employed workers or will not result in the substitution of regular workers who would normally be hired.
10. Ensure that the participant maintains the designated work schedule, within the defined time frame. Participants are not allowed to accrue overtime, sick leave, or holiday pay.
11. Verify and sign that participant worked the recorded hours on the timesheet.
12. Must ensure that participant is not involved with religious sectarian instructions or political activities during disaster-relief employment, as defined within this agreement.

This Disaster-Relief Worksite Agreement is between the disaster-relief worksite and the WIOA Title I service provider. Both parties agree to the terms and conditions set forth within this agreement. To renew or extend the Disaster-Relief Employment Application (NW-38), please contact Nevadaworks Program Specialist.

Either party may terminate this agreement at any time by giving ten (10) days advance written, signed notice of intent to terminate to the other party. In the event the WIOA Title I service provider ends their funding relationship with the Local Board, this agreement will be amended as of the term date to reflect a new WIOA Title I service provider who will assume the balance of the agreement's terms.

The individual signing this agreement on behalf of the worksite is the worksite's authorized agent and certifies that all the information listed above is correct.

WIOA Case Manager Signature

Date

Disaster-Relief Worksite Authorizing Signature

Date

Nevadaworks Signature

Date