

ÁREA LOCAL
DE DESARROLLO LABORAL
MAYAGÜEZ / LAS MARÍAS

AmericanJobCenter

PUBLIC POLICY ELECTRONIC PAYMENT BY DIRECT DEPOSIT

I. INTRODUCTION

The purpose of the Mayagüez-Las Marías Workforce Development Board is to maximize and continue to improve the quality, client satisfaction, and effectiveness of the services provided in the single management system.

The Mayagüez-Las Marías Local Workforce Development Board issues this public policy to establish strategies to increase productivity, facilitate the exchange of funds, and safeguard the personal information of participants, employees, service providers, suppliers, and employers. Consequently, one of the initiatives to be implemented will be electronic payment through direct deposit.

The direct deposit payment system allows the Mayagüez - Las Marías Workforce Development Board to electronically transfer to any financial institution from the Mayagüez - Las Marías Local Area's bank account the net amount of the payments made to the service providers and/or suppliers as well as to the participants. The transfer is deposited in the bank account specified in the Direct Deposit Authorization.

Among the advantages of this system are the elimination of the risk of loss, theft, forgery, or any other adverse incident, as well as the considerable reduction in the use of paper checks, which results in savings in check issuance and mailing. In addition, payments are processed more quickly using this method.

II. LEGAL BASIS

- ❖ Workforce Innovation and Opportunity Act (WIOA), Section 107
- ❖ Cash Management Improvement Act, de 1990.
- ❖ "Federal Register" 20 CFR 679.300
- ❖ "Federal Register" 31 CFR 205 - Rules and procedures for efficient federal-state fund transfers.
- ❖ Act. No. 103 of May 25, 2006, Article 20.

III. PUBLIC POLICY

Under the aforementioned, to improve the payment process to service providers and/or suppliers and participants, it is established as public policy that payments be issued through direct deposit. Payments will be as follows:

Participants	Providers/Suppliers
❖ Wages of work experience activities aimed at young people in all its modalities;	❖ Invoices for Consulting Services
❖ Work Experience, Internship and Transitional Employment Activities Adult and Dislocated Worker Program;	❖ Invoices for Activities related to Training Services, and Individualized Career Services.
❖ Stipends directed to participants receiving Individualized Careers services;	❖ Invoices for materials and/or equipment purchases
❖ Stipends offered to participants of the Youth Program elements that do not carry salaries;	❖ Invoices for Services related to Youth Program items.
❖ Support services such as: need-related payment, transportation, child and/or elder care, lodging and others directed to adults, dislocated workers and youth.	❖ Invoices for other payments allowable under WIOA.

To comply with this public policy, it is established that:

- A. **Providers and/or Suppliers:** When the provider and/or supplier is negotiating a contract and/or awarding a purchase, the use of the electronic payment system will be emphasized. The Direct Deposit Authorization form duly completed with the requested evidence will be required to receive payment of their invoices through direct deposit. The original document will then be submitted to the Finance Director for evaluation.
- B. **Participants:** At the time services are offered to the participant, it is necessary to be oriented on the importance of obtaining a bank account or other deposit instrument as a tool that allows him/her to have access to the payments that are issued in our system, and when he/she is integrated into the workforce. In those deserving cases, guidance and support will be provided to facilitate opening an account in the financial institution of his/her preference. Then, participants must complete the Electronic Payment Authorization document accompanied by a

Certification from their Banking Institution containing the following information:

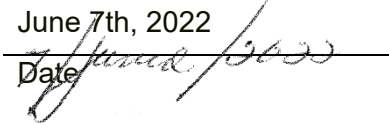
1. Account number
2. Routing and transit number
3. Account type
4. Bank name and address
5. Name of person(s) to whom the account belongs.

IV. APPROVAL AND EFFECTIVENESS

This public policy shall become effective immediately after its approval.



José A. Justiniano Rodríguez
Local Board President

June 7th, 2022


Date

CERTIFICATE OF TRANSLATOR

Smile Again Learning Center, Corp., certifies that a fluent translator in English and Spanish translated this document, that the above is a true and correct translation of the original document provided, in our best judgment, the translated text truly reflects the content, meaning, and style of the original text and constitutes in every aspect a complete and accurate translation of the original document. This is to certify the correctness of the translation only. We do not make any claims or guarantees about the authenticity or content of the original document. Further, Smile Again Learning Center assumes no liability for the way in which the translation is used by the customer or any third party, including end-users of the translation. Any translation into another language shall be deemed as reference and the original version shall prevail in any case. A copy of the translation is attached to this certification.

In Isabela, Puerto Rico, June 30, 2024

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