

# AGENCY FOR HUMAN RESOURCES DEVELOPMENT

AHENSIAN INADILANTO YAN GUINHA PARA TAOTAO  
GOVERNMENT OF GUAM

414 W. SOLEDAD AVENUE ♦ GCIC BUILDING ♦ HAGÁTÑA, GUAM 96910  
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## PRE-AWARD SURVEY

- CLASSROOM-BASED TRAINING
- WORK EXPERIENCE
- INTERNSHIP
- APPRENTICESHIP
- ON-THE-JOB TRAINING/RETRAINING
- OTHER (SPECIFY) \_\_\_\_\_

ELIGIBLE PROVIDER                       WORK SPONSOR                       EMPLOYER

NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TELEPHONE NO. & FAX NO.: \_\_\_\_\_

EMAIL ADDRESS, IF AVAILABLE: \_\_\_\_\_

CURRENT NO. OF EMPLOYEES: \_\_\_\_\_

COVERED BY WORKER'S COMPENSATION?                       YES                       NO

SURVEY DATE: \_\_\_\_\_

### Required Documents (Attached)

Private for Profit/Non Profit:

- \_\_\_ Business License
- \_\_\_ Workers Compensation (Declaration: Pt II/B)
- \_\_\_ Articles of Incorporation
- \_\_\_ Corporation Certificate
- \_\_\_ Non-Discrimination
- \_\_\_ Vender Record Establishment or Change with Instructions

\_\_\_\_\_  
AHRD REPRESENTATIVE NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date

NO.	PRE-AWARD ELEMENTS	Initial YES	Initial NO	Initial NA	COMMENTS/ACTION REQUIRED
1.	Does the eligible provider, work sponsor, or employer understand the purpose of AHRD's programs and the services and activities to be conducted?				Provide Program Information
2.	Is the eligible provider, work sponsor, or employer willing to participate in AHRD's program in accordance with established policies and statutory requirements?				Provide Policies & Procedures
3.	Does the eligible provider, work sponsor, or employer possess a good business reputation and stability in the community?				Copies of Awards, Letters of Good Standing etc.
4.	Does the eligible provider, work sponsor, or employer intend to permanently hire the participant upon successful completion of program objectives?				
5.	Is there a low turnover rate in the company?				
6.	Does the eligible provider, work sponsor, or employer have the necessary facilities, staff, and equipment to accommodate the participant while in training?				
7.	Will adequate supervision be provided for the participant?				Designated Supervisor (s)
8.	Has the eligible provider, work sponsor, or employer identified an alternate supervisor in the event the regular supervisor is absent or unavailable to supervise or train the participant?				Alternate Supervisor (s)
9.	Does the eligible provider, work sponsor, or employer have written policies and procedures that employees can refer to for guidance?				Employer Handbook

NO.	PRE-AWARD ELEMENTS	Initial YES	Initial NO	Initial NA	COMMENTS/ACTION REQUIRED
10.	Do these policies and procedures include: <ul style="list-style-type: none"> <li>▪ Hours of work?</li> <li>▪ Absences?</li> <li>▪ Tardiness?</li> <li>▪ Make-up time?</li> <li>▪ Other time and attendance issues?</li> <li>▪ Payroll and check payment procedures, including frequency of payment, method of payment, and location to pick up checks?</li> <li>▪ Sign in/out log at each site?</li> <li>▪ Individual time cards for employees?</li> </ul>				Copies of Policies & Procedures
11.	Does the eligible provider, work sponsor, or employer maintain accurate daily attendance records showing wages paid?				Copy of Time Sheet/Attendance Form
12.	Is the work or training site (environment) safe and conducive for training?				
13.	Is the work or training site accessible to physically disabled individuals?				
14.	Does the eligible provider, work sponsor; employer has a contingency plan for workers assigned outdoor duties during inclement weather conditions?				
15.	Does the job provide an opportunity for advancement within the firm or industry?				Advancement Level
16.	Will working conditions be acceptable and conducive to the development of the participant's occupational skills?				
17.	Will hiring of the participant displace current workers from their jobs? (Including partial displacement – reduced non-overtime hours.)				

NO.	PRE-AWARD ELEMENTS	Initial YES	Initial NO	Initial NA	COMMENTS/ACTION REQUIRED
18.	Was the eligible provider, work sponsor, or employer informed that no federal funds shall be used to assist in relocating the establishment or parts thereof from one area to another?				
19.	Has the eligible provider, work sponsor, employer been in business for one year or more? Indicate how long in business.				
20	Does the eligible provider, work sponsor, employer wish to establish an employer vendor file (attached)?				
21.	Attached to this Pre-Award Survey are provisions for Non-Discrimination, Nepotism, Political Activities, Guam Political Activity Law, and Drug-Free Workplace. Does the eligible provider, work sponsor, or employer understand these mandates? Ensure that certification is signed and retain original for record keeping purposes.				

\_\_\_\_\_  
Name of AHRD Representative

\_\_\_\_\_  
Name of Eligible Provider, Work Sponsor, or Employer Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Signature of Representative

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- Approved for Award
- Disapproved for Award
- Pending

\_\_\_\_\_  
Employment Program Administrator

Comment: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_