

UNEMPLOYMENT INSURANCE (UI)

(OMB Control Number: 1205-0132)

The Unemployment Insurance (UI) program requires a State Quality Service Plan (SQSP) on a 2-year planning cycle that is a condition of receipt of administrative funding to administer the program. The SQSP is the State's UI performance management and planning process that allows for an exchange of information between Federal and State partners to enhance the UI program's ability to reflect their joint commitment to performance excellence and client-centered services. A formal two-year SQSP is submitted biennially. On the off years, States may be required to modify the SQSP with additional corrective action plans and narrative if they are failing any new performance measures, and they are required to provide updated budget documents, certifications, and assurances. ETA Handbook No. 336, 18th Edition provides detailed guidance for the preparation and submittal of the SQSP and supplemental guidance is provided in an annual UIPL, issued as UIPL 15-19 for the FY 2020 SQSP. The Social Security Act (SSA) sections 302 and 303 authorize the Secretary of Labor to provide funds to administer the UI program and govern the expenditure of those funds. States that choose the option to include UI in a WIOA Combined State Plan will be required to submit their SQSP through the Combined State Plan process. The SQSP must be prepared in accordance to the instructions in ET Handbook 336, 18th Edition and there are no changes to the established SQSP cycle if a State chose to submit their SQSP through the Combined State Plan process.

A. CONTENTS OF A COMPLETE UI SQSP PACKAGE

A complete UI SQSP package includes the following documents, as described in Chapter 1, ETA Handbook 336, 18th Edition:

1. TRANSMITTAL LETTER

A cover letter to the appropriate Regional Office (RO) transmitting all the required SQSP documents.

November 3, 2023

Ms. Tamika Ledbetter
Region 6 Administrator
Employment and Training Administration
United States Department of Labor
90 7th Street, Suite 17-300
San Francisco, CA 94103-1516

Dear Ms. Ledbetter,

Enclosed is the Idaho Department of Labor's Unemployment Insurance State Quality Service Plan for the fiscal year 2024.

If you have any questions, please contact JoAnna Henry at 208-332-3570 ext. 3146, joanna.henry@labor.idaho.gov.

Sincerely,



Jani Revier
Director

2. BUDGET WORKSHEETS/FORMS

Budget worksheets/forms and plan for program administration based on projected allocations received from the Federal partner. These forms include Worksheet UI-1 and SF 424, SF 424A and SF 424B. The SF 424A is only required if the State vary the quarterly distribution of base claims activity staff years.

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="09/18/2023"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="EXECUTIVE OFFICE OF THE STATE OF IDAHO, IDAHO DEPT OF LABOR"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="82-6000966"/>	* c. UEI: <input type="text" value="RX95IGJULDR9"/>	
d. Address:		
* Street1: <input type="text" value="317 W MAIN ST"/>	Street2: <input type="text"/>	
* City: <input type="text" value="BOISE"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="ID: Idaho"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="83735-0801"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="IDAHO DEPARTMENT OF LABOR"/>	Division Name: <input type="text" value="UNEMPLOYMENT INSURANCE"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text"/>	* First Name: <input type="text" value="CARRIE"/>	
Middle Name: <input type="text"/>		
* Last Name: <input type="text" value="PETERMAN"/>		
Suffix: <input type="text"/>		
Title: <input type="text" value="FINANCIAL EXECUTIVE OFFICER"/>		
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="208-332-3570 EXT 4011"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="CARRIE.PETERMAN@LABOR.IDAHO.GOV"/>		

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

EMPLOYMENT AND TRAINING ADMINISTRATION

11. Catalog of Federal Domestic Assistance Number:

17.225

CFDA Title:

UNEMPLOYMENT INSURANCE

*** 12. Funding Opportunity Number:**

FY 2024 BASE ALLOCATIONS -ETA UIPL 13-23

*** Title:**

FISCAL YEAR (FY) 2024 STATE WORKFORCE AGENCY UNEMPLOYMENT INSURANCE (UI) RESOURCE PLANNING TARGETS AND GUIDELINES

13. Competition Identification Number:

ETA UIPL 13-23

Title:

FISCAL YEAR (FY) 2024 STATE WORKFORCE AGENCY UNEMPLOYMENT INSURANCE (UI) RESOURCE PLANNING TARGETS AND GUIDELINES

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

UIPL 13-23 - FISCAL YEAR (FY) 2024 STATE WORKFORCE AGENCY UNEMPLOYMENT INSURANCE (UI) RESOURCE PLANNING TARGETS AND GUIDELINES

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="15,048,019.00"/>
* b. Applicant	<input type="text" value=""/>
* c. State	<input type="text" value=""/>
* d. Local	<input type="text" value=""/>
* e. Other	<input type="text" value=""/>
* f. Program Income	<input type="text" value=""/>
* g. TOTAL	<input type="text" value="15,048,019.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:  * Date Signed:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. FY 2024 STATE ALLOCATIONS-NYA STATE 13-23 FY 2024 STATE WORKFORCE AGENCY BY REGIONAL PLANNING TARGET AND GOALS/ELIG	17.325	\$ 15,040,019.00	\$	\$	\$	\$ 15,040,019.00
2.						
3.						
4.						
5. Totals		\$ 15,040,019.00	\$	\$	\$	\$ 15,040,019.00

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 1

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	FY 2024 STATE ALLOCATIONS-NYA STATE 13-23 FY 2024 STATE WORKFORCE AGENCY BY REGIONAL PLANNING TARGET AND GOALS/ELIG				
a. Personnel	\$ 9,972,426.00	\$	\$	\$	\$ 9,972,426.00
b. Fringe Benefits	4,692,709.00				4,692,709.00
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other	492,893.00				492,893.00
i. Total Direct Charges (sum of 6a-6h)	15,040,019.00				\$ 15,040,019.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 15,040,019.00	\$	\$	\$	\$ 15,040,019.00
7. Program income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A-102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	FY 2024 BASE ALLOCATIONS-RTA UICPL 13-23 FY 2024 STATE WORKFORCE AGENCY RT RESOURCE PLANNING TARGET AND OUTLINES	\$ 0.00	\$	\$	\$ 0.00
9.					
10.					
11.					
12.	TOTAL (sum of lines 8-11)	\$ 0.00	\$	\$	\$ 0.00
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13.	Federal	\$ 3,762,004.00	\$ 3,762,005.00	\$ 3,762,005.00	\$ 3,762,005.00
14.	Non-Federal	\$			
15.	TOTAL (sum of lines 13 and 14)	\$ 3,762,004.00	\$ 3,762,005.00	\$ 3,762,005.00	\$ 3,762,005.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	FY 2024 BASE ALLOCATIONS-RTA UICPL 13-23 FY 2024 STATE WORKFORCE AGENCY RT RESOURCE PLANNING TARGET AND OUTLINES	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
17.					
18.					
19.					
20.	TOTAL (sum of lines 16 - 19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION F - OTHER BUDGET INFORMATION					
21.	Direct Charges:		22.	Indirect Charges:	
23.	Remarks:				

Authorized for Local Reproduction

Standard Form 624A (Rev. 7-97)
Prescribed by GMS (Circular A-102) Page 2

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award, and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-648) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	DIRECTOR
APPLICANT ORGANIZATION	DATE SUBMITTED
EXECUTIVE OFFICE OF THE STATE OF IDAHO, ID DEPT OF LABOR	11/6/2023

Standard Form 424B (Rev. 7-97) Back

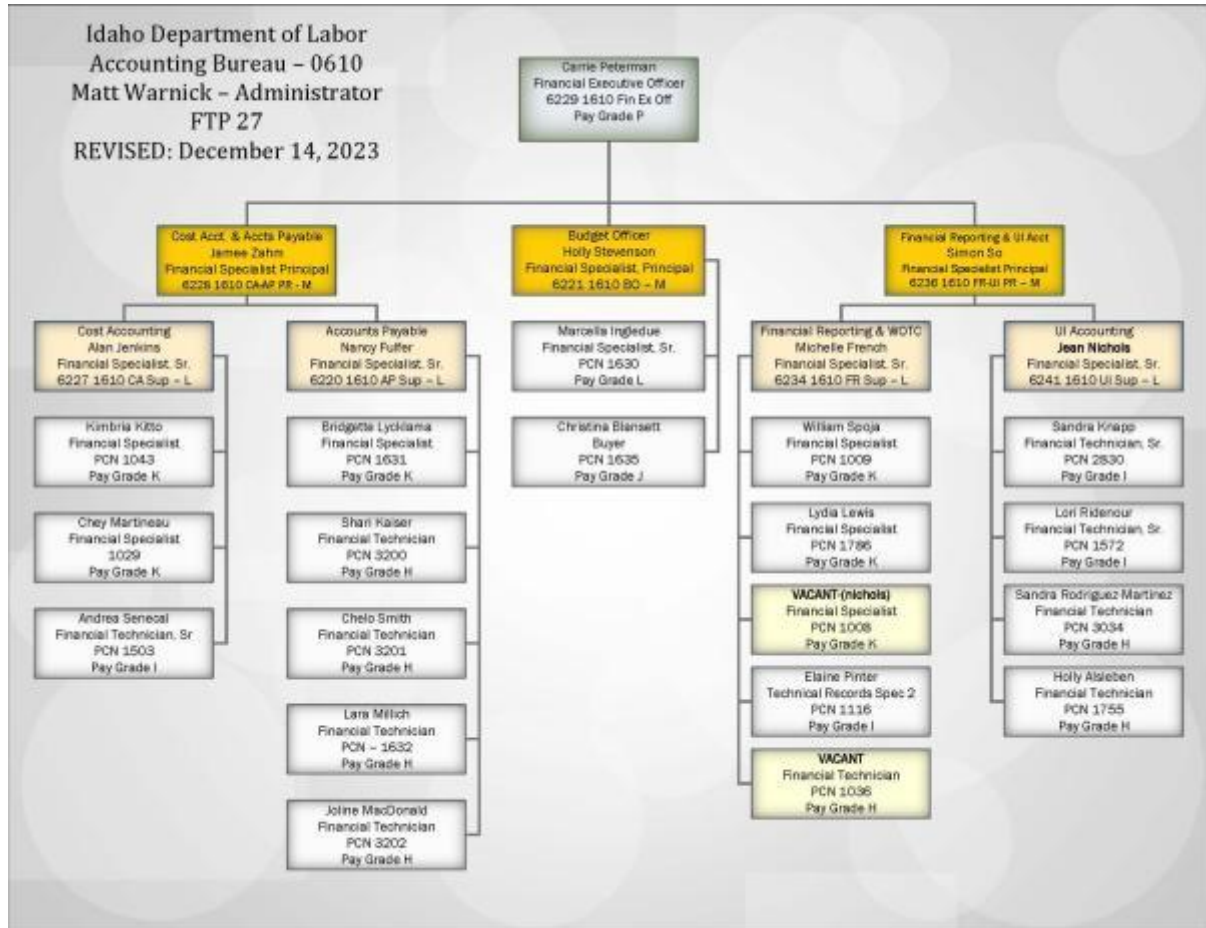
4. CORRECTIVE ACTION PLANS (CAPS)

CAPs are expected as a part of the SQSP when State’s annual performance does not meet the established criteria for core measures, Secretary’s Standards, UI program, assurances, and other program deficiencies identified in the annual SQSP guidance provided by the Department. The CAP must list both specific milestones for key corrective actions or improvement activities, and the completion date for each milestone.

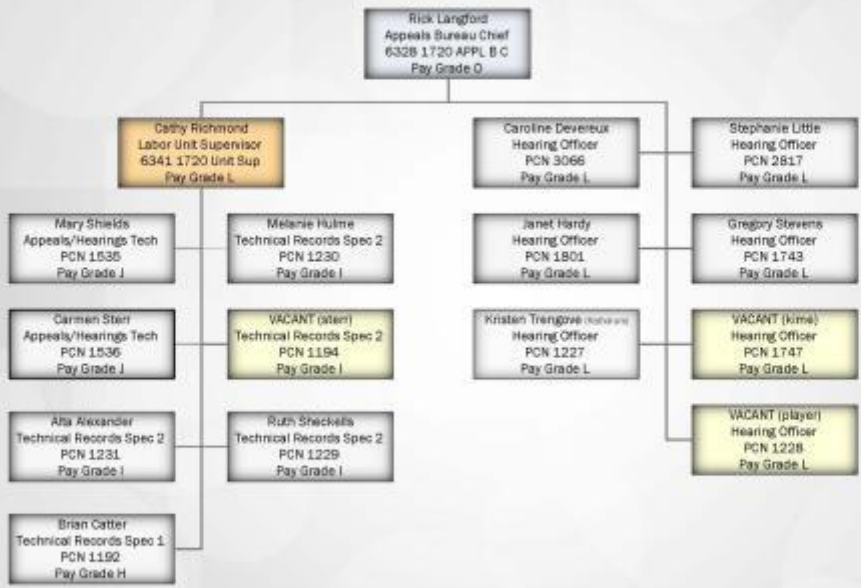
Idaho							
MEASURES/PROGRAMS TO BE ADDRESSED FOR ALTERNATE SQSP FISCAL YEAR (FY) 2024							
	Measures/Programs to be Addressed <small>(Each Measure Below is Hyperlinked to the CAP Worksheet)</small>	Acceptable Level of Performance (ALP)	Corrective Action Plan (CAP)		Narrative Required <small>(in Word Doc.)</small>	SQSP 2024 Performance Year Data	
			N	E			
B E N E F I T S	First Payment Promptness	≥ 87%				94.28%	
	First Payment Promptness (IntraState 14/21 Days)	≥ 87%				94.83%	
	First Payment Promptness (InterState 14/21 Days)	≥ 70%				92.16%	
	First Payment Promptness (IntraState 35 Days)	≥ 93%				98.03%	
	First Payment Promptness (InterState 35 Days)	≥ 78%				96.43%	
	Nonmonetary Determination Timeliness	≥ 80%				83.49%	
	Nonmonetary Determination Quality - Separations	≥ 75%				84.95%	
	Nonmonetary Determination Quality - Nonseps	≥ 75%				91.01%	
	Lower Authority Appeals (30 Days)	≥ 80%				94.05%	
	Lower Authority Appeals (45 Days)	≥ 80%				96.66%	
	Average Age of Pending Lower Authority Appeals	≤ 30 days				10.0	
	Average Age of Pending Higher Authority Appeals	≤ 40 days				11.1	
A P P E A L S	Lower Authority Appeals Quality	≥ 80%				98.75%	
	New Employer Status Determinations Timelapse	≥ 70%				81.1%	
	Tax Quality (Part A)	No more than 3 tax functions failing TPS in a year				Fail	
	Tax Quality (Part B)	The same tax function cannot fail for 3 consecutive years				Pass	
	TPS Sample Reviews	Pass				Pass	
	Effective Audit Measure	Pass 4 factors/score ≥ 7				Fail Factor 1: 0.15% Factor 2: 0.6%	
	I N T E G R I T Y	Improper Payments Measure	< 10%				8.11%
		Detection of Overpayments - 3 Year Measure	≥ 50% & ≤ 95%				122.40%
		Overpayment Recovery Measure	≥ 68%				54.34%
		Data Validation - Benefits (All Submitted & Passing)	All Benefit Pops Submitted & Passing				Fail Not Submit Benefits 7.8.2 (Module 1)
		Data Validation - Tax (All Submitted & Passing)	All Tax Pops Submitted & Passing				Fail TPS Fail
		NDNH BAM Compliance	Pass				Pass
B A M	BAM Operations Compliant	Pass All M&P				Fail	
	Incorrect Recording of Issue Detection Date	95%				97.05%	
	Incorrect Recording of Determination Date	95%				100.00%	
	UI Reporting Requirements	Pass				Fail	
	G P R A	Percent of Intrastate Payments Made Timely	87%				94.33%
		Detection of Recoverable Overpayments	57.5%				180.15%
Percent of Employer Tax Liability Determinations Made Timely		90%				90.11%	
Integrity Action Plan (IAP) Top Three Root Causes - Payment Integrity Information Act (PIIA) Year Data							
Monitoring Findings/Audit Resolution							

6. ORGANIZATIONAL CHART

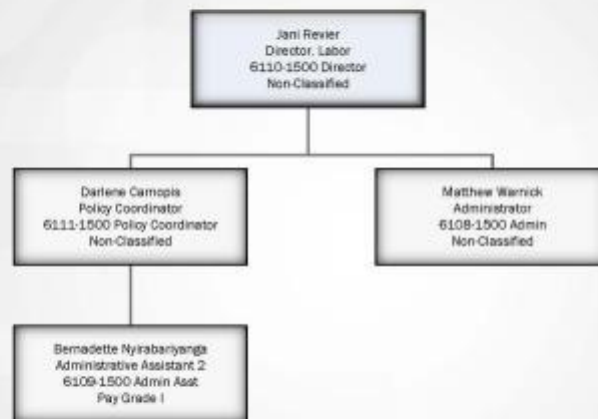
The organization chart must conform to the requirement for delivery of service through public employment offices, or such other designated providers as the Secretary may authorize; show the State's configuration from the Governor of the State down to the point of Employment Service and UI customer service delivery; and provide sufficient detail to show each organizational unit involved and the title of the unit manager.



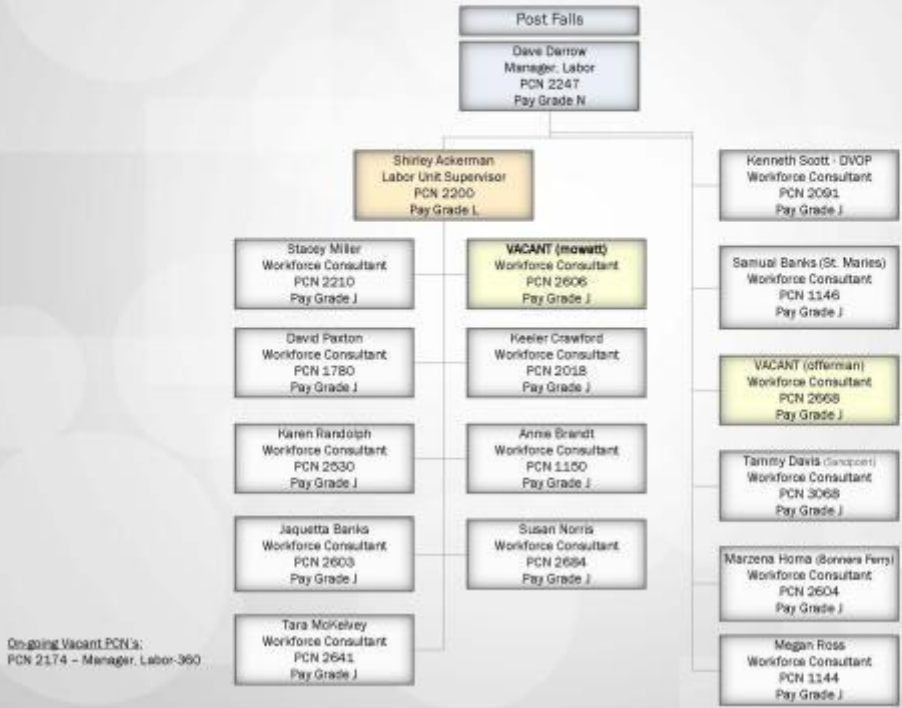
**Idaho Department of Labor
 Appeals Bureau – 0720
 Michael Johnson – Administrator
 16.0 FTP
 Revised: November 30, 2023**



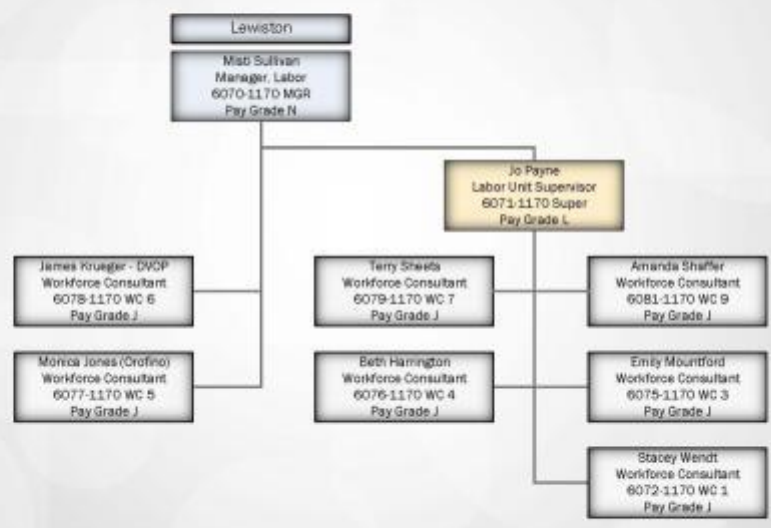
**Idaho Department of Labor
 Director's Office - 0500
 4 FTP
 Revised: August 18, 2023**



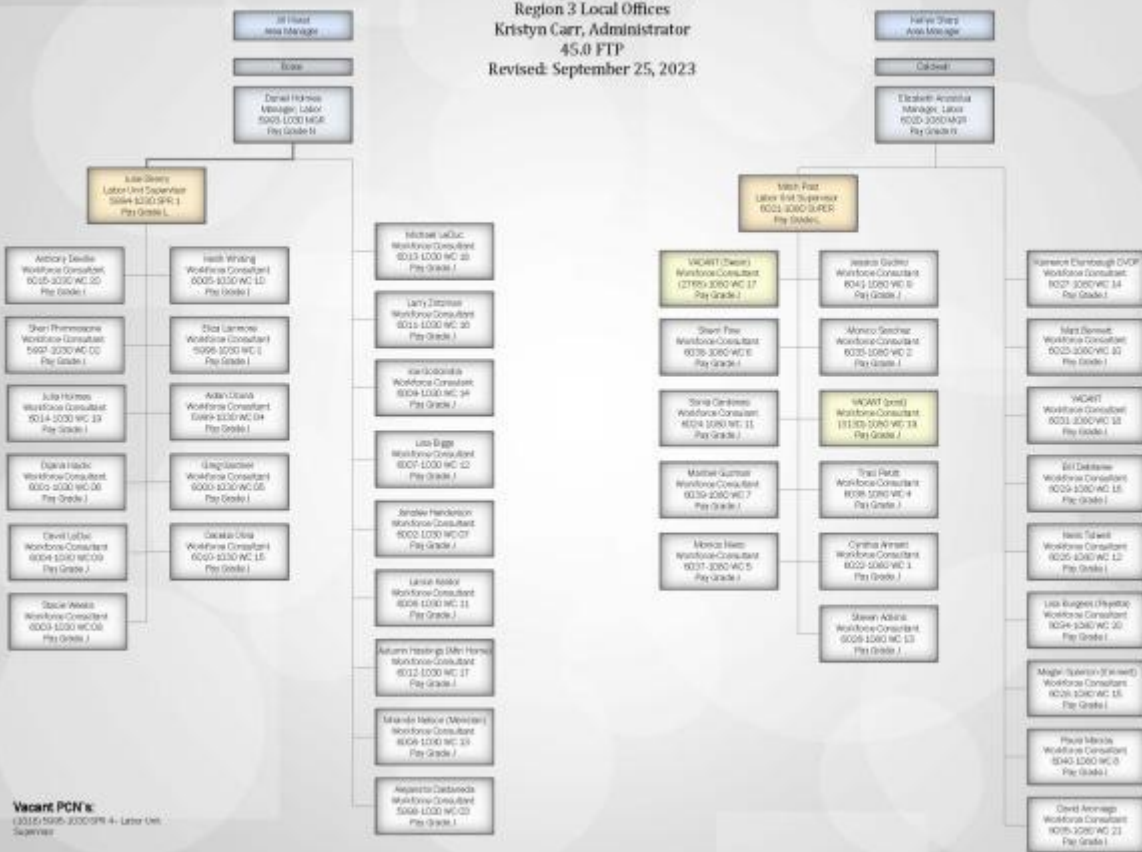
Idaho Department of Labor
 Region 1 Local Offices
 Kristyn Carr, Administrator
 Kellye Sharp – Area Manager
 18.0 FTP
 Revised: December 14, 2023



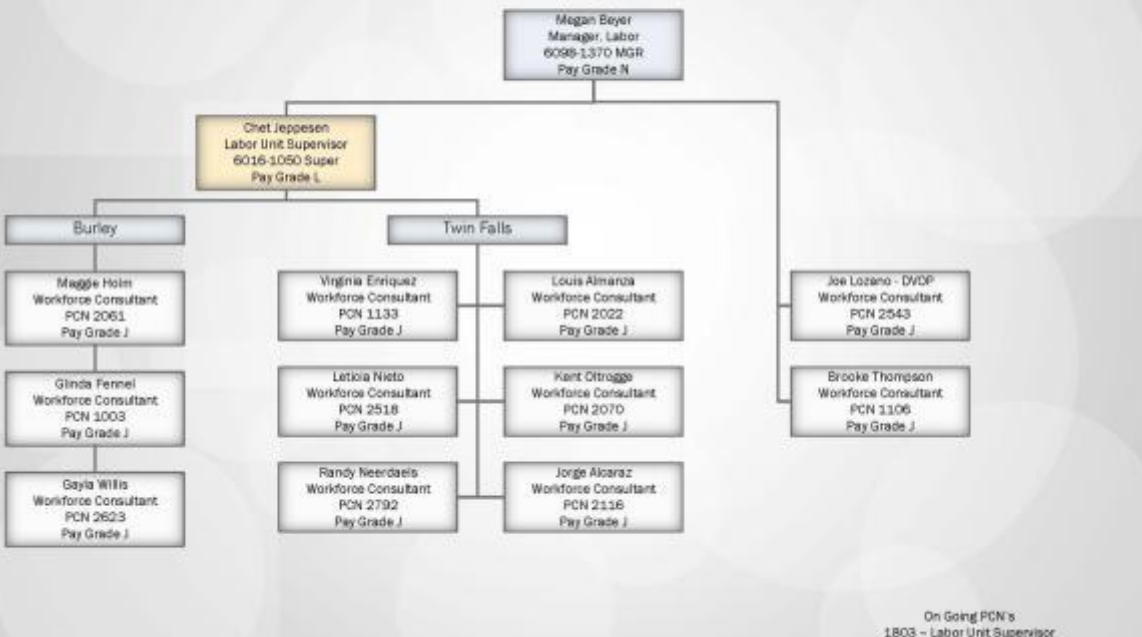
Idaho Department of Labor
 Region 2 Local Office
 Kristyn Carr – Administrator
 Kellye Sharp, Area Manager
 12.0 FTP
 Revised: December 14, 2023



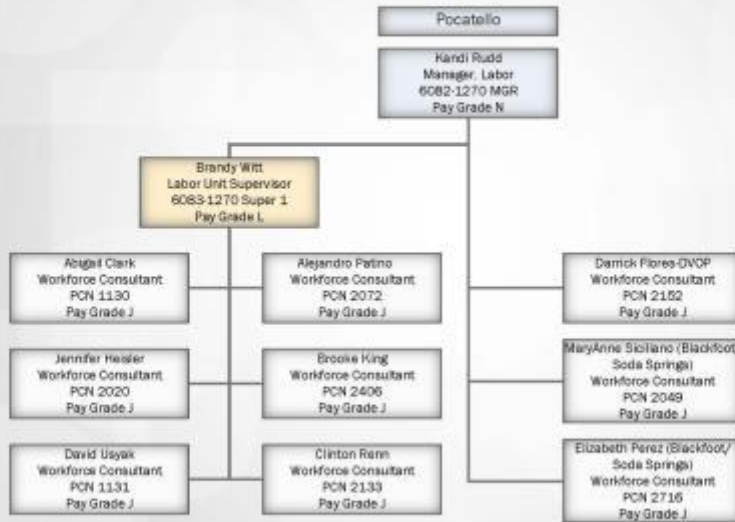
Idaho Department of Labor
 Region 3 Local Offices
 Kristyn Carr, Administrator
 45.0 FTP
 Revised: September 25, 2023



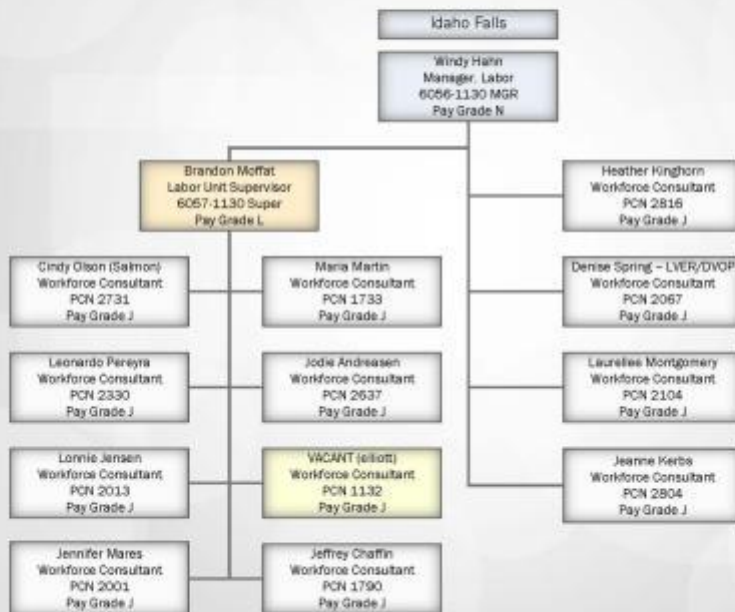
Idaho Department of Labor
 Region 4 Local Offices
 Kristyn Carr, Administrator
 Jill Kleist - Area Manager
 14.0 FTP
 Revised: September 25, 2023

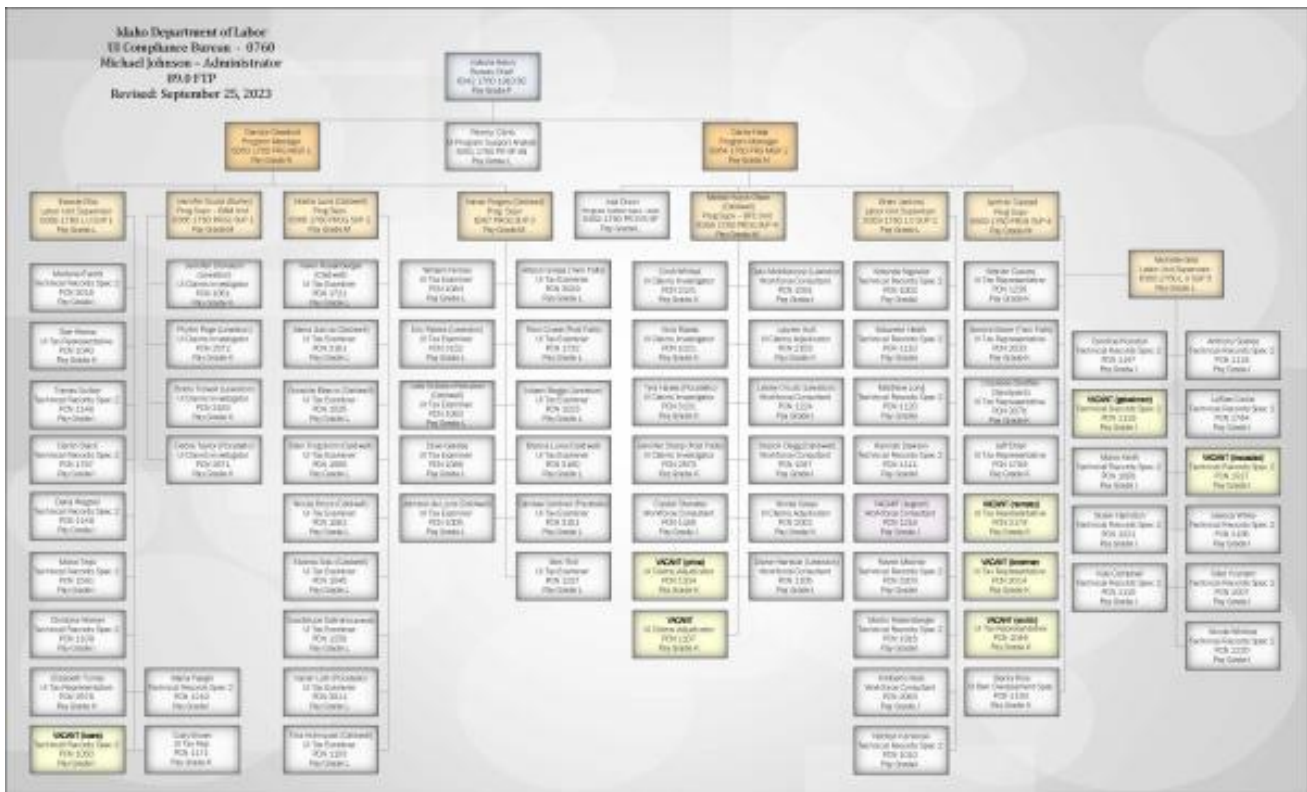
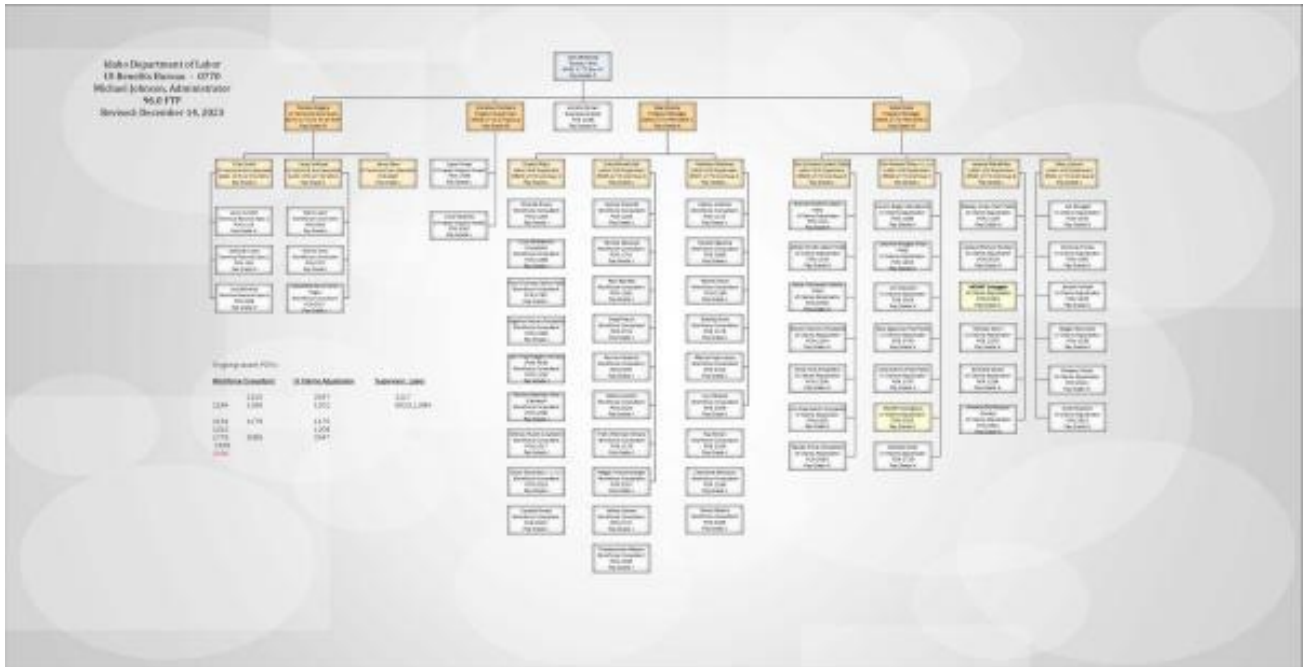


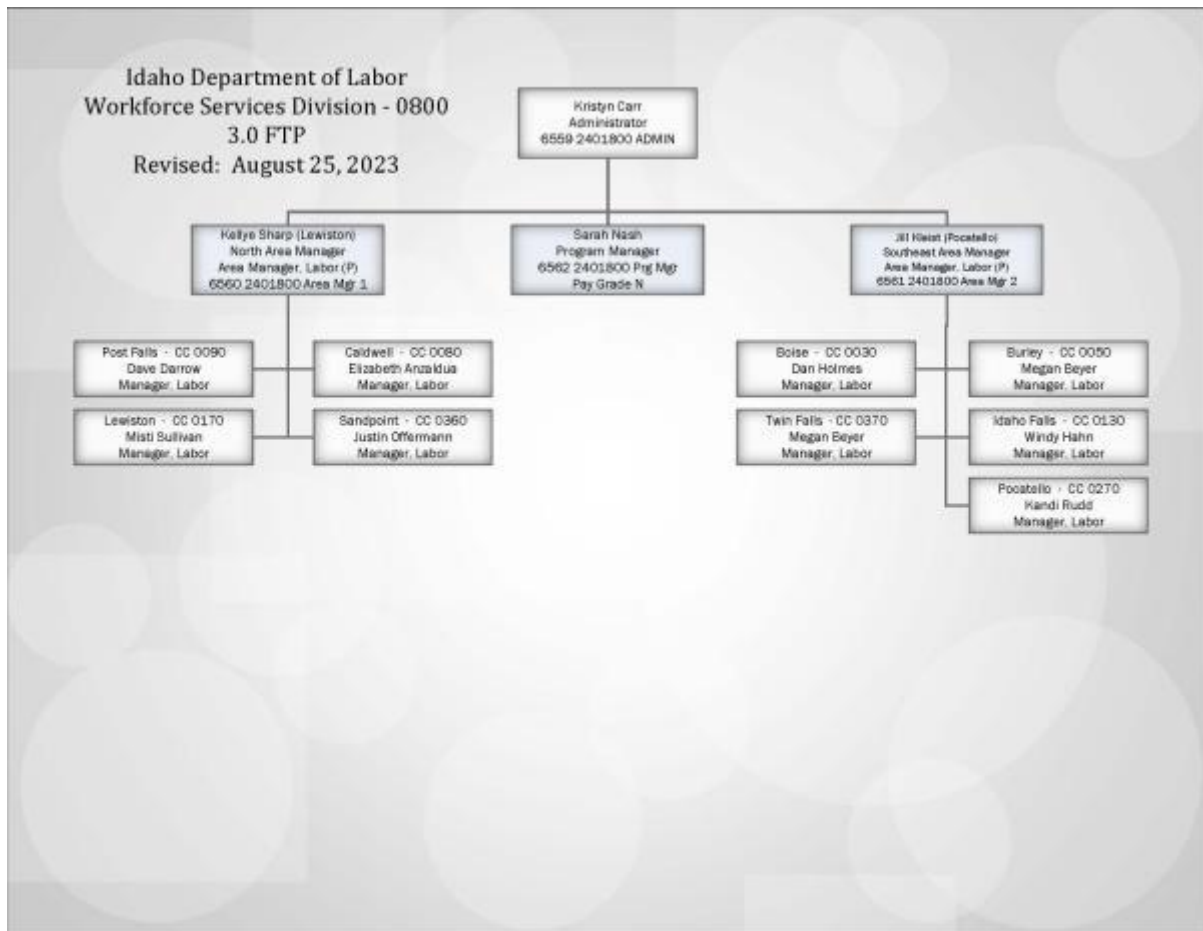
Idaho Department of Labor
 Region 5 Local Offices
 Kristyn Carr, Administrator
 Jill Kleist - Area Manager
 11.0 FTP
 Revised: November 1, 2023



Idaho Department of Labor
 Region 6 Local Offices
 Kristyn Carr, Administrator
 Jill Kleist - Area Manager
 14.0 FTP
 Revised: September 25, 2023







7. SQSP SIGNATURE PAGE

The State administrator must sign and date the SQSP Signature Page. By signing the Signature Page, the State administrator certifies that the State will comply with all the assurances and activities contained in the SQSP guidelines.

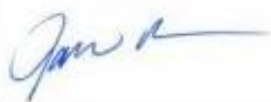
Though a State needs to submit the complete SQSP package on a 2-year cycle, there are certain documents contained in the SQSP package which are required to be submitted by States annually as part of the off-year submission. The documents which are required to be submitted annually are considered a modification to the complete SQSP submitted the previous year. Since funds for State UI operations are appropriated each year, each State is required to annually submit the transmittal letter, budget worksheets, organizational chart and the signature page. The modification may also include CAPs for new identified performance deficiencies, and any required modifications to existing CAPs.

Since the UI program is a required one-stop partner, States have the option of including UI in the Combined State Plan authorized by WIOA sec. 103.

**U.S. Department of Labor
SQSP SIGNATURE PAGE**

OMB Control No.: 1205-0132

Expiration Date: 02/29/2024

U.S. DEPARTMENT OF LABOR Employment and Training Administration	FEDERAL FISCAL YEAR FFY 2024	STATE IDAHO
UNEMPLOYMENT INSURANCE STATE QUALITY SERVICE PLAN SIGNATURE PAGE		
<p>This Unemployment Insurance State Quality Service Plan (SQSP) is entered into between the Department of Labor, Employment and Training Administration, and</p> <p align="center"> <u>IDAHO DEPARTMENT OF LABOR</u> (NAME OF STATE AGENCY) </p> <p>The Unemployment Insurance SQSP is part of the State's overall operating plan and, during this Federal fiscal year, the State agency will adhere to and carry out the standards set forth in Federal UI Law as interpreted by the DOL, and adhere to the Federal requirements related to the use of granted funds.</p> <p>All work performed under this agreement will be in accordance with the assurances and descriptions of activities as identified in the SQSP Handbook and will be subject to its terms.</p>		
TYPED NAME AND TITLE	SIGNATURE	DATE
JANI REVIER, DIRECTOR <hr/> STATE ADMINISTRATOR (print name)		11/6/2023
<hr/> DOL – REGIONAL OFFICE APPROVING OFFICIAL (print name)		
<hr/> DOL – NATIONAL OFFICE APPROVING OFFICIAL (print name) (if required)		

B. REQUIREMENTS FOR STATES ELECTING TO INCLUDE UI IN THE COMBINED STATE PLAN

States that elect to include UI in the Combined State Plan must:

1. SUBMIT AN SQSP IN THE FOLLOWING MANNER DEPENDING ON THEIR TIMING IN THE SQSP CYCLE:

A. IF A STATE IS IN THE FIRST YEAR OF THEIR 2-YEAR CYCLE, THE STATE IS REQUIRED TO SUBMIT THE MOST RECENTLY APPROVED COMPLETE SQSP PACKAGE. A COMPLETE SQSP PACKAGE WILL INCLUDE THE TRANSMITTAL LETTER, BUDGET WORKSHEETS/FORMS, STATE PLAN NARRATIVE, CAPS (INCLUDING THE MILESTONES AND THE COMPLETION DATE FOR EACH MILESTONE), THE UI IAP, ORGANIZATIONAL CHART, AND THE SQSP SIGNATURE PAGE. ONE OF THE KEY GOALS FOR THE UI PROGRAM IS TO ENSURE THAT CLAIMANTS ARE ABLE TO SUCCESSFULLY RETURN TO WORK. AS SUCH, THE SQSP STATE PLAN NARRATIVE MUST PROVIDE A DISCUSSION OF THE PLAN COORDINATION WITH OTHER WIOA COMBINED PLAN PROGRAMS TO ENSURE A COORDINATED EFFORT AND INTEGRATED SERVICE DELIVERY.

Idaho is in the first year of the 2-year cycle as such the required documents are submitted in the appropriate sections.

B. IF A STATE IS IN THE SECOND YEAR OF THE 2-YEAR CYCLE, THE STATE IS REQUIRED TO SUBMIT THE MOST RECENTLY APPROVED COMPLETE SQSP PACKAGE WITH A MODIFICATION THAT MUST INCLUDE THE TRANSMITTAL LETTER, BUDGET WORKSHEETS/FORMS, ORGANIZATIONAL CHART, AND THE SQSP SIGNATURE PAGE. THE MODIFICATION MAY ALSO INCLUDE CAPS FOR NEW IDENTIFIED PERFORMANCE DEFICIENCIES, AND ANY REQUIRED MODIFICATIONS TO EXISTING CAPS. THE CAP MUST LIST BOTH SPECIFIC MILESTONES FOR KEY CORRECTIVE ACTIONS OR IMPROVEMENT ACTIVITIES, AND THE COMPLETION DATE FOR EACH MILESTONE.

Idaho is in the first year of the 2-year cycle as such the required documents are submitted in the appropriate sections.

2. SUBMIT THE REQUIRED OFF-YEAR SQSP COMPONENTS AS A MODIFICATION TO THE COMBINED STATE PLAN ON THE SAME CYCLE AS THE REGULAR SQSP PROCESS WHICH MUST BE APPROVED BY SEPTEMBER 30TH EACH YEAR

Idaho is in the first year of the 2-year cycle as such the required documents are submitted in the appropriate sections.