

<b>TITLE:</b>	<b>Providing Compensation in Class 1 Workgroups</b>
<b>NUMBER:</b>	PRO 100-03-001
<b>AUTHORIZING SOURCES:</b>	<b><u>POL 100-03-001</u></b>
<b>EFFECTIVE DATE:</b>	
<b>SUNSET REVIEW DATE:</b>	

**PURPOSE**

To ensure a consistent process for the payment of stipends to eligible participants in Class 1 workgroups.

**PROCEDURE**

**Note:** Until a virtual option for forms is available, forms must be sent and received via email, fax, mail, or in-person.

**Prior to workgroup activities**

<b>Action By:</b>	<b>Action</b>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>1. Establish “lived experience” criteria for the purpose of the workgroup.</li> <li>2. Calculate proposed costs of compensation in the workgroup.</li> <li>3. Send cost proposal to appointing authority for review and approval.</li> </ol>
<i>Appointing Authority</i>	<ol style="list-style-type: none"> <li>4. Review and authorize or deny proposed costs for workgroup compensation.               <ol style="list-style-type: none"> <li>a. If denied, provide reason for denial.</li> <li>b. Provide the MI where compensation will be provided from</li> </ol> </li> </ol>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>5. Prior to the first workgroup meeting, provide workgroup participants seeking compensation with:               <ol style="list-style-type: none"> <li>a. <a href="#">Self-attestation form</a></li> <li>b. <a href="#">Statewide Vendor Number (SWV) Registration</a> (See Exceptions to SWV*)                   <ol style="list-style-type: none"> <li>i. Information related to SWV such as address or bank account information must be updated through OFM.</li> </ol> </li> <li>c. Information on the types of activities which they will be eligible to receive compensation.</li> </ol> </li> </ol>
<i>Workgroup Participant</i>	<ol style="list-style-type: none"> <li>6. Complete and return self-attestation form</li> <li>7. Complete SWV Registration</li> </ol>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>8. Prior to events where compensation will be sought, designate in writing the specific individuals who will be seeking compensation.</li> <li>9. Consult with the Commerce Purchasing Office at least 6 weeks prior to in person events or any event where the following expenses need to be paid:               <ol style="list-style-type: none"> <li>a. Child or elder care</li> <li>b. Transportation</li> <li>c. Per diem for meals</li> <li>d. Lodging</li> </ol> </li> </ol>

	<p>e. Other miscellaneous expenses related to event participation that are not stipends or reimbursement</p> <p>10. Ensure that pre-approved travel and stipends do not exceed funds budgeted for this activity.</p> <p>11. Ensure that the pre-approved travel and stipends are directly connected to the Department's business need.</p>
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**After workgroup activities**

<b>Action By:</b>	<b>Action</b>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>1. Provide workgroup participants seeking compensation with <a href="#">stipend request form</a>.</li> <li>2. Provide workgroup participants with <a href="#">Class One Volunteer: Demographic &amp; Geographic Information</a> survey link               <ol style="list-style-type: none"> <li>a. Participant completion of the survey is optional and no compensation is contingent on completion</li> <li>b. Only needs to be provided to a participant once per workgroup</li> </ol> </li> </ol>
<i>Workgroup Participant</i>	<ol style="list-style-type: none"> <li>3. Complete and return stipend request form</li> </ol>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>4. Complete accounting submission templates               <ol style="list-style-type: none"> <li>a. <a href="#">SWV Compensation Template</a></li> <li>b. <a href="#">Exception Code Compensation Template</a></li> </ol> </li> <li>5. Send stipend request forms and accounting submission templates to signing authority.</li> </ol>
<i>Signing Authority</i>	<ol style="list-style-type: none"> <li>6. Review stipend requests for accuracy and approve or deny requests.</li> <li>7. Return approved requests to the meeting manager for submission to accounting, or denied requests with reason for denial.</li> </ol>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>8. Send approved requests to the Commerce Accounting Director</li> </ol>
<i>Accounting Director</i>	<ol style="list-style-type: none"> <li>9. Review submitted forms for completion and accuracy</li> <li>10. Assign completed requests to fiscal analyst to process for payment</li> <li>11. Provide confirmation to the workgroup manager that payments have been processed</li> <li>12. Contact workgroup manager with any information on returned checks or payments issues</li> </ol>

**Annual Compensation Reporting**

<b>Action By:</b>	<b>Action</b>
<i>Workgroup Manager</i>	<ol style="list-style-type: none"> <li>1. Provide the following information to <a href="mailto:equityandbelonging@commerce.wa.gov">equityandbelonging@commerce.wa.gov</a> prior to July 31<sup>st</sup> for the prior state fiscal year for each work group managed:               <ol style="list-style-type: none"> <li>a. Full name of the work group</li> <li>b. Fiscal Year</li> <li>c. Purpose of the workgroup</li> <li>d. How many workgroup members are there in total?</li> <li>e. How many members of the workgroup received Compensation?</li> <li>f. List the hourly amount paid to members</li> </ol> </li> </ol>

	<ul style="list-style-type: none"> <li>g. Average time to pay out a request for compensation from the date requested</li> <li>h. Total amount (\$) of stipends distributed to workgroup members</li> <li>i. Total amount (\$) of allowances (reimbursements) distributed to workgroup members</li> <li>j. A brief (500 words or less) analysis of whether and how the availability of stipends and allowances reduced barriers to participation and increased the diversity of group participants</li> <li>k. A brief (500 words or less) analysis of whether the provision of stipends and allowances resulted in more applications and willingness to participate</li> <li>l. Provide any other comments that are relevant to community compensation for lived experience</li> </ul>
<i>Office of Equity and Belonging</i>	<ul style="list-style-type: none"> <li>2. Compile work group reporting submissions</li> <li>3. Send reporting to the State Office of Equity by August 31</li> <li>4. Provide reporting for agency employees to view by October 31</li> </ul>

**\*Exceptions to requiring a SWV**

An exception to requiring that the individual obtain a statewide vendor number in order to receive a stipend may be approved by Accounting in the following limited circumstances:

- 1. A person does not have a Social Security Number
- 2. A person is being engaged in a limited number of activities, such as a one-time listening session.

Payments to individuals without a SWV cannot exceed \$600 in a calendar year.

Divisions must track payments to people paid through this exception to ensure that payments do not exceed \$600 in a calendar year. Until a different software solution is available, this tracking can be done with excel on a network drive (S: or secure N: drive folder)

**Note:** Those who select “lived experience – Class 1” or “individual” on their SWV application form with OFM will not be searchable in OFM’s SWV lookup tool.

**DEFINITIONS**

**Class 1 workgroup or Workgroup** means a class one group defined in [RCW 43.03.220](#) as “Any part-time board, commission, council, committee, or other similar group which is established by the executive, legislative, or judicial branch to participate in state government and which functions primarily in an advisory, coordinating, or planning capacity shall be identified as a class one group.”

**Workgroup Manager** the Commerce employee responsible for the development, management, facilitation, or maintenance of a class 1 workgroup.