

**ASSEMBLY BILL (AB) 74**  
**COUNTY WELFARE DEPARTMENT (CWD)**  
**EXPANDED SUBSIDIZED EMPLOYMENT (ESE) PLAN**

CWD:	DATE:
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**CWD CONTACT INFORMATION**

NAME/POSITION:

ADDRESS:

PHONE NUMBER:	EMAIL ADDRESS:	PLEASE INDICATE THE DATE YOUR CWD WILL BEGIN OFFERING AN ESE PROGRAM:
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HOW MANY TOTAL PARTICIPANTS DO YOU EXPECT TO PLACE IN ESE IN STATE FISCAL YEAR 2013-14?	HOW MANY PARTICIPANTS DO YOU EXPECT TO PLACE IN ESE BY THE END OF MARCH 2014?
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HOW MANY PARTICIPANTS DO YOU EXPECT TO PLACE IN ESE BY THE END OF DECEMBER 2013?	STARTING WITH STATE FISCAL YEAR 2014-15, HOW MANY PARTICIPANTS DO YOU EXPECT TO PLACE IN ESE ANNUALLY?
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Please describe how your CWD plans to utilize funds allocated for the ESE Program and include responses to the following 10 categories. There is an 11th text box to enter other information about your ESE Program if needed. The text boxes will accept up to 1,000 characters of text. If additional space is needed you may also submit attachments to accommodate the additional information. You may also attach CWD materials that address each of the areas below if the materials can be converted to pdf format for posting to the CDSS website (i.e., not scanned copies).

1. What are your ESE Program goal(s) for the participants: basic employability skills, training for a specific field, obtaining unsubsidized employment, other?

2. What types of employers and industries will you place your participants in: private, public, non-profit, for-profit, retail, manual labor, data entry, health services, etc.?

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3. What types of partnerships will you develop for your ESE Program: workforce investment boards, employers, community colleges, payroll services, other?

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4. What strategies will you use to link clients with employers?

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5. Will your CWD use job developers? If yes, will they be CWD staff or contracted? What will their roles and responsibilities be: employer relations, job coaching, unsubsidized job search, conflict resolution, etc.?

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6. What is your CWD's criteria for clients to participate: pre-requisites for entry, targeted population(s) to be served, etc.?

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7. What entity (or entities) will serve as employer(s) of record: CWD, workforce investment board, placement agency, private employers, etc.?

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8. What strategies does your CWD have to transition participants to unsubsidized employment?

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9. Will your CWD supplement ESE subsidies with Single Allocation funds? If yes, how?

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10. What will be the average hourly wages and number of hours per week for placements?

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11. Please include any other components of your ESE Program not covered above:

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Please fill out this form electronically and submit to [ESEProgram@dss.ca.gov](mailto:ESEProgram@dss.ca.gov).

**Note:** CWDs must submit their plans no later than 30 days after implementation of their ESE Programs. CDSS may request subsequent submittals of AB 74 CWD ESE Plans from CWDs depending on the needs of the program.