### Exhibit E

# Equal Opportunity And Non-Discrimination Monitoring

Participant File Review Worksheet

### EQUAL OPPORTUNITY AND NONDISCRIMINATION MONITORING GUIDE

## Participant File Review Worksheet

 Date of File Review:

 LWIA/One-Stop/Service Provider:

 Monitor:

|    |                                       | Last Four | Program | Gender   | Race/<br>Ethnicity | LEP      | Disability | Medical<br>Condition<br>Information | Inappropriate<br>Comments | Notice                                       |
|----|---------------------------------------|-----------|---------|----------|--------------------|----------|------------|-------------------------------------|---------------------------|--|
| #  | Participant's Name                    |           |         | <u> </u> |                    |          |            | 20-                                 | =0                        |  |
| 1  | <u> </u>                              |           |         |          |                    |          | ļ          |                                     |                           |  |
| 2  |                                       |           |         |          |                    |          |            |                                     |                           |  |
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| 12 |                                       |           |         |          |                    |          | .<br>      |                                     |                           |  |
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| 18 |                                       |           |         |          |                    |          |            |                                     |                           |  |
| 19 |                                       |           |         |          |                    | <u> </u> |            |                                     |                           |  |
| 20 |                                       |           | <br>    |          | <u> </u>           |          |            |                                     |                           |  |
| 21 |                                       |           |         |          |                    |          |            |                                     |                           |  |
| 22 |                                       | <u> </u>  |         |          |                    |          |            |                                     |                           |  |
| 23 |                                       |           |         |          |                    |          |            |                                     |                           |  |
| 24 |                                       |           |         |          |                    |          |            |                                     |                           |  |

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| #  | Participant's Name | Last Four | Program | Gender   | Race/<br>Ethnicity | LEP | Disability | Medical<br>Condition<br>Information | Inappropriate<br>Comments | Notice |
|----|--------------------|-----------|---------|----------|--------------------|-----|------------|-------------------------------------|---------------------------|--------|
| 25 |                    |           |         | <u> </u> |                    | [   |            |                                     |                           |        |
| 26 |                    | _         |         |          |                    |     |            |                                     |                           |        |
| 27 |                    |           |         |          |                    |     |            |                                     |                           |        |
| 28 |                    |           |         |          |                    |     |            |                                     |                           |        |
| 29 |                    |           |         |          |                    |     |            |                                     |                           |        |
| 30 |                    |           |         |          |                    |     |            |                                     |                           |        |

#### Key

Last Four: Last four digits of the Social Security #

Disability: Is the participant registered as a person with a disability on the registration sheet?

Medical Condition Information: Is there any medical condition information in the file that could be construed as revealing a disability or relating to a disability? This includes information in case notes.

Inappropriate Comments: Subjective or Inappropriate Comments?

Notice: Is a signed copy of the "Equal Opportunity is the Law" notice (29 CFR 37.30) retained in the participant file?

#### Remarks

