



Cattaraugus-Allegany
Workforce Development Board

TO: All One-Stop Career Center Staff and Providers

SUBJECT: Customized Training Policy & Procedure

ISSUANCE DATE: April 1, 2011

EFFECTIVE DATE: April 1, 2011

EXPIRATION DATE: None

Purpose

To assist employers in Cattaraugus and Allegany Counties with upgrading the skills sets of their incumbent workforce in order to help their business grow.

Policy

A growing array of business services can be accessed through the through the statewide One-Stop Workforce Development System, including funding from sources other than WIOA. In fact, WIOA training funds are to be used to fill gaps in resources, rather than being the first and foremost funding source. In addition, there may be other businesses in the area requesting the same type of training and it may be possible to combine training to provide it at a lower cost. Every effort will be made to coordinate requests to ensure the most efficient and cost effective method of training is utilized.

Businesses are encouraged to register with the Workforce Development Board (WDB) Office and submit applications for customized training assistance even if it is evident that the WIOA policies, below, would disallow WIOA funding, so that the WDB Office can serve as a broker for needed resources.

Eligible Businesses

Businesses that have a presence in our Workforce Development Area (Cattaraugus and Allegany Counties) are eligible to apply for customized training services. A "presence" includes being located within one or both of the two counties, doing business within one or both of the counties or employing individuals who reside in one or both of the counties.

Registration and Application

Business registration and an application is requested from all companies that are interested in accessing customized training services. This one-page form provides contact information and allows businesses to indicate service categories that are of interest. These forms can be obtained from the WDB Office and once completed returned via e-mail or fax.

Cost of Training

Cost of training may include the following:

- cost of the in-house or external training provider or the course tuition including travel for training provider and curriculum development
- cost of wages and fringe during the time of training for eligible trainees,
- material and supply costs, but not equipment costs.

WIOA-funded customized training assistance can be provided at a rate not to exceed 50% of the total cost of training.

The employer share of the costs may be met through the eligible trainee wages and fringe paid during the training period.

Dependent upon employer demand, assessment of critical skills shortages and other labor market information, the amount of training funds available and/or other pertinent factors, the WDB may target or restrict training funds or charge fees for services.

Customized Training Criteria

- The employer has committed to hire or to continue to employ the individuals trained for a designated minimum period of time.
- Must train new hire and incumbent employees earning less than \$20 per hour prior to the start of training. The WDB Director may approve waivers to this hourly wage requirement on a case-by-case basis.
- Must relate to the introduction of new technologies, production or service requirements; job upgrading; workplace literacy (including computer and technical literacy) and produces a return on investment, as defined by the Local WDB. Returns on investment include, but are not limited to:
 - retention of jobs that would otherwise have been lost or layoff aversion;
 - average earnings for the workers being trained; and
 - economic development impact, such as business growth/job expansion and transferability of skills to multiple local businesses.
- Must be delivered by an in-house or external training provider chosen by the business even if the business has received WDB/One-Stop System assistance in locating training providers able to meet their training need.

Procedure

- The business/employer submits a Registration (if not previously submitted) and Application Form(Request for Customized Training Assistance) to the WDB Office no less than 30 days prior to the projected start date of training, in which case the WDB Office provides a copy to the applicable One Stop Center; or

- The business/employer submits the registration and application to a One Stop Center no less than 30 days prior to the projected start date of training; the One Stop forwards the original to the WDB Office and keeps a copy.
- The WDB Director reviews the application and determines whether there are resources other than WIOA funding that can be used and contacts/convenes System Partners that may be able to provide resources.
- The WDB Director reviews the application against established policies and criteria. If the request is to be denied on the basis of not meeting policies or because other resources are available, the WDB Director notifies the employer by means of the "Response to a Request for Customized Training Assistance", a copy of which is sent to the One Stop Center. Otherwise, the WDB Director consults with the One Stop Centers related to availability of funds and other considerations and issues an approval or denial using the "Response" form, also forwarding a copy to the One Stop Center.
- The WDB Director continues to pursue resources other resources, as indicated, and informs the One Stop Operators of any funding granted by other sources.
- The WDB Office shall maintain data from all applications as part of an on-going skills shortage assessment.
- Upon receiving an approved "Response" form, the One Stop Center will assign a staff person to the employer who will 1) ensure that a Customized Training Contract is completed; 2) enroll prospective trainees into WIOA and provide appropriate services; and 3) monitor outcomes in accordance with the provisions of the Contract.
- The employer submits financial and reporting forms (as established by the One Stop Center) to the designated staff.
- One Stop Center staff will coordinate with Partners, training providers or others supporting or involved in the customized training effort.

Documentation for Reimbursement

Reimbursement of WIOA-eligible training expenses will be made in full upon completion and verification of training, which includes submission of documentation as noted below to be provided along with the request/invoice for reimbursement/payment.

- Daily attendance/sign-in sheets signed by each trainee for each training course/session attended and certified by the instructor. (This attendance/sign-in sheet should include all attendees (WIOA and non-WIOA) and note the number of hours in training per session).
- Copy of training provider/vendor's original invoice
- Copy of detailed accounting of training provider's expenses if reimbursement will cover materials, supplies, travel, and curriculum development.
- Copy of course curriculum/outline
- Copy of any credential or certification achieved by the training participant

- Copy of payroll register or other company documentation verifying trainee's hourly wage and fringe at time of training
- Copy of check(s) or other documentation issuing payment(s) to the provider
- Other documentation as requested.

Payment

Payment will be remitted directly to employer upon receipt and verification of above documentation. Once payment is made, no additional expenses can be included.

REQUEST FOR CUSTOMIZED TRAINING ASSISTANCE

**CATTARAUGUS ONE STOP
CAREER CENTER**
175 N. Union St., Lower Level
Olean, NY 14760
Bret Marvin, Manager
Phone: 716-373-1880
E-mail: blmarvin@cattco.org

**WORKFORCE DEVELOPMENT
BOARD**
One Blue Bird Square - Lower
Olean, NY 14760
Michele L. Lichy
Executive Director
Phone: 716-806-0060
E-mail: mlichy@cawfny.com

**ALLEGANY COUNTY
EMPLOYMENT & TRAINING ONE
STOP CENTER**
7 Wells Lane, Belmont, NY 14813
Reita Lynch, Director
Phone: 585-268-9240
E-mail: lynchr@alleganyco.com

**Please use a separate form for each training course. Submit completed request to the WDB via fax (716) 806-0062 or e-mail to mlichy@cawfny.com. Attach additional information as necessary to adequately provide all relevant details of the request such as an outline/brochure/description of the training course, etc. If you need assistance with this form, please contact the WDB office.*

1. **COMPANY NAME¹:** _____

2. **PURPOSE OF TRAINING (check all that apply):**

- Train new employees
- Upgrade skills to improve productivity/competitive edge
- Business expansion (Training is designed to create _____ [insert number] of jobs.)
- Prepare employee(s) for advancement
- Retain employee(s) who would otherwise not meet minimum job standards
- Other (describe) _____

3. **DESCRIPTION OF TRAINING:**

- Customized: In-House
- Customized: Off-Site
- External Training: Not Company Specific

4. **TRAINING PROVIDER:**

- In-house trainer(s)
- Vendor/contractor, please list: _____
- Need assistance to locate a qualified training provider

5. **LIST THE SKILLS EMPLOYEES WILL BE TRAINED IN:** _____

¹ If you are not a business registered with the Workforce Investment Board, please submit a Business Registration Form.
Note: Submission of this request does not obligate the Workforce Development Board to provide funds.

6. TOTAL NUMBER TO BE TRAINED: _____ (Of these trainees, number of new hires _____)

7. JOB TITLES OF TRAINEES: _____

8. NUMBER OF TRAINEES EARNING \$8/HOUR TO \$14.99/HOUR: _____

9. NUMBER OF TRAINEES EARNING \$15/HOUR TO \$20/HOUR: _____

10. NUMBER OF TRAINEES EARNING MORE THAN \$20/HOUR: _____

11. NUMBER OF TRAINEES THAT WILL RECEIVE A WAGE INCREASE AS A RESULT: _____

HOURLY WAGE INCREASE: _____

SALARIED WAGE INCREASE: _____/MONTH/YEAR (circle one)

12. TOTAL COST OF TRAINING: \$ _____ (may be approximate)

13. PROPOSED TRAINING DATES: Start _____ and End _____ (may be approximate)

14. PLEASE PROVIDE ANY ADDITIONAL RELEVANT INFORMATION BELOW.

TO: _____
(Company Representative)

DATE: _____

COMPANY: _____

Your Request for Customized Training Assistance has been approved in full part as described below.

Your Request for Customized Training Assistance has not been approved for the following reasons.

DESCRIPTION OF TRAINING APPROVAL

A. TOTAL # OF TRAINEES _____ B. # OF WIOA-ELIGIBLE TRAINEES¹ _____

DETAIL OF TRAINING EXPENSES

TRAINING RELATED EXPENSES

C. Training Provider/Vendor Fee:	\$ _____
D. Materials/Supplies:	\$ <u>0</u>
E. Training Facility:	\$ <u>0</u>
F. Curriculum Development:	\$ <u>0</u>
G. Travel:	\$ <u>0</u>
H. Total Expenses	\$ _____

EMPLOYER-MATCH EXPENSES

K. WIOA-Eligible Trainees (B) Wages:	\$ _____
L. Other: _____	\$ _____
M. Other: _____	\$ _____
N. Total Employer-Match Expenses	\$ <u> </u>

¹ Based on employee hourly wage at time of training.

- O. Cost Per Trainee (H ÷ A) \$ _
- P. Training Expenses for WIOA-Eligible Trainees (B x O) \$
- Q. TOTAL COST OF WIOA-ELIGIBLE TRAINING (N + P) \$

WIOA FUNDS TO BE AUTHORIZED

- A. 50% of Total Cost of Training for WIOA-Eligible Trainees (Q): \$
- B. Other as follows: _____

RETURNS ON INVESTMENT
All Returns on Investment must pertain to WIOA-eligible trainees only.

- Credential/certification based upon training provided for ____ successful trainees.
- 6-month retention of ____ successful trainees.
- 6-month retention of ____ successful trainees who otherwise were at risk of job loss.
- Wage gains of ____% from current wages for ____ trainees within ____ months.
- Promotions/advancements for ____ trainees.

PAYMENT
Reimbursement of WIOA-eligible training expenses will be made in full upon completion and verification of training, which includes submission of documentation as noted below to be provided along with the request/invoice for reimbursement/payment.

- Attendance/sign-in sheet verified by instructor indicating hours of per training per day
- Copy of training provider/vendor's original invoice
- Copy of detailed accounting of training provider's expenses if reimbursement will cover materials, supplies, travel, fees for training facility, and curriculum development.
- Copy of course curriculum/outline
- Copy of payroll register or other company documentation verifying trainee's hourly wage at time of training
- Copy of check(s) issuing payment(s) to the provider
- Other: _____

NOTE: These terms are not binding until execution of a Contract that sets forth the specific obligations of the parties including agreed upon Returns on Investment.

Authorized By: _____
Michele L. Lichy, Executive Director

Date: _____

Instructions for Customized Training Costs Worksheet

Part A. Training Provider Expense

May include only the cost of classroom instruction (i.e., tuition or course fees), customized consultant training and in-house staff trainer costs. The wages of employees participating in training, training materials and travel expenses are not reimbursable expenses. Requests for funding cannot exceed \$2,500.

Part B. Employer Match

Applicants must pay at least 50% of the total cost of training. Matching funds can include one or portions of the following: cost of instruction, wages of employees being trained while in training, training materials, and expenses associated with out-of-town training.

Trainees must earn between \$8.00 and \$20.00 an hour to qualify for training with these funds. Trainees must be employees of the applicant business, not independent contractors or contract employees. Employees identified for training should be permanent, full-time employees. Part-time employees may be trained if training will result in their becoming full-time employees immediately following training.

Example: You wish to implement lean training to 10 employees. The training consultant you have chosen based on reasonableness of cost and ability to best address your unique business needs has quoted a training cost of \$5,000 for 30 hours of training or approximately \$500 per trainee. Eight employees are income eligible while two earn more than \$20 per hour. The wages of the eight individuals being trained earning at or less than \$20.00 while in training total \$2,400 (hourly wage rate x number of trainees x total hours of training). Wages plus instructional costs total \$6,400. Fifty percent of these costs are fundable. We could fund \$3,200 or part of the instructional costs for the eight income eligible trainees. You would pay all wages (\$2,400) and \$800 of instructional costs.

Restrictions

Funds may not be used for administrative costs, construction/renovation of buildings, purchase of equipment, software, government mandated training (e.g., OSHA training), or payment of employee wages or wage subsidies.

Applications will not be entertained for training that has already started or been completed. This includes tuition for courses taken towards a degree program that has started previous to the application.

Expected Outcomes

The Workforce Development Board is committed to providing training funds that will help businesses maintain their competitive edge and grow through improving the skills of the workforce. As a result of funding, businesses are expected to provide training to employees, which will result in the acquisition of transferable skills or an industry-recognized certification or credential, thereby enhancing their long-term employability, career growth and earnings potential. It is expected that as a result of skills upgrading, the wages of the participants will increase and employee retention will be improved.

Since the retention of employees is an important goal, the Company is expected to retain the employees who successfully complete the prescribed training for a period of no less than 6 consecutive months after the training. The Company understands that unjustified failures to retain employees trained using WIA funds may jeopardize future WIA funding.

Instructions for Customized Training Costs Worksheet

Part A. Training Expense Requested					
Training Activity/Course	Start and End Dates	Instruction Fee	*Supplies/ Materials	*Other (Specify)	Total Cost
		0.00	0.00	0.00	0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

***Please list and itemize supplies/materials & other expenses:**

1. Total Training Provider Expense	0.00
2. Total # of Employees to be Trained	0
3. Cost Per Employee	#DIV/0!

Part B. Employer Match - Trainees Wages					
Employee Name	Employee Title	(A) Hourly Wage Rate Excl. Fringe	(B) Total Hours of Training	(A X B) Total Trainee Wages	WIA-Eligible Trainee Expenses
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00
				0.00	0.00

4. Total WIOA-Eligible Trainee Wages	0.00
5. Total # of WIOA-Eligible Employees	0

Part C. Training Expense Summary

A.	Training Cost Per Employee (#3 above)	#DIV/0!
B.	# of WIOA-Eligible Employees (#5 above) X	0.00
C.	Total WIOA-Eligible Training Provider Costs	#DIV/0!
D.	WIOA-Eligible Trainee Wages (#4 above)	0.00
E.	Total WIOA-Eligible Training Provider Costs +	#DIV/0!
F.	Total WIOA-Eligible Training Costs	#DIV/0!
G.	Employer Match - Must Be 50% of Line (F.)	#DIV/0!
H.	Less Trainee Wages During Training (#4 above)	0.00
I.	Employer Portion of Training Provider Costs	#DIV/0!
J.	Total Employer Paid Portion (H + I)	#DIV/0!
K.	Total WIOA-Reimbursable	#DIV/0!