



# IMPERIAL COUNTY WORKFORCE DEVELOPMENT BOARD

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POLICY	ORIGINAL DATE	LAST REVISION
Customized Training Policy	FISCAL YEAR 2017	MAY 24, 2017

## **POLICY OVERVIEW:**

The purpose of this policy is to provide guidance regarding Customized Training (CT) for eligible Adult and Dislocated Workers under Title I of the Workforce Innovation and Opportunity Act (WIOA). CT can also be used for Incumbent Worker Training (IWT), which is training for prospective, new, or upgrading existing workers' skills. Upon entering in a CT agreement, a business commits to hire, or in the case of incumbent workers, retain individuals who successfully complete the training.

## **REFERENCES:**

- WIOA Section 3(14) and (23) Definitions
- WIOA Section 134(c)(3) Training Services
- 20 CFR 680.210 Who may receive training services?
- 20 CFR 680.760 What is customized training?
- 20 CFR 680.770 What are the requirements for customized training for employed workers?

## **ELIGIBILITY REQUIREMENTS**

CT for *prospective new workers* is available to WIOA eligible Adult and Dislocated Worker clients. With respect to adult training services funded by WIOA, priority of service must be provided to clients receiving public assistance, other low-income individuals or individuals who are basic skills deficient. Other individuals not included in WIOA's priority groups, are identified in Imperial County Workforce and Development Board (ICWDB) Adult Priority of Services Policy, dated June 16, 2016. Priority of service status is established at the time of eligibility determination and does not change during the period of participation. Priority does not apply to the dislocated worker population. Clients must meet the financial need requirement of being unable to obtain grant assistance from other sources to pay partial or full costs of such training.

IWT is available to *existing workers* if an employer's employees or positions are at risk of being laid off if they do not receive training or skill upgrading. An incumbent worker does not have to meet the eligibility requirements for career and training services for Adult and Dislocated Worker clients. To qualify as an incumbent worker, a worker needs to be at-risk of being laid off, meet the Fair Labor Standards Act requirements of an employer-employee relationship, and have an established employment history with the employer for 6 months or more. The employer must provide written documentation or statement of need in the CT Application stating that the positions to be trained for are at risk of being laid off if additional training is not received. The training must increase the competitiveness of the employee and/or employer.

Imperial County Workforce and Economic Development Office (ICWED) shall only contract with employers that plan to enroll and hire at least three clients into CT.

## **PROCEDURES**

ICWED's Business Services Supervisor shall provide the America's Job Center of California (AJCC)

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network's business services team with technical assistance in the CT process. The following guidelines outline how CT will be implemented:

1. Business Services Outreach

ICWED's Business Services Team is responsible for identifying CT opportunities and marketing CT to the business community. The ICWED Business Services team shall use current business contacts and outreach to new businesses in support of this effort. CT training should be considered when available training programs and/or curricula do not meet the specific training requirements of employer(s). An employed individual being considered for CT must receive training that incorporates new technologies, processes, or procedures; offers skills upgrades; provides workplace literacy; or serves other appropriate purposes.

2. Request for CT (or Incumbent Worker Training) Application

The CT Application describes priorities and goals for training. ICWED shall enter into a CT agreement with businesses that propose to upgrade employee skills, increase employee wages, provide training in portable skills, and/or increase retention efforts. Preference shall be given to employers who request training that offers potential upward career mobility, career stability, increased wages and other value-added benefits. Training must be provided for in-demand occupations. An in-demand occupation is defined as an occupation that is projected to grow at a greater rate than other occupations in Imperial County. The ICWED Business Services Team, along with the AJCC, shall assist businesses in their regions that are interested in CT or IWT with completing and submitting the CT Application, and determining the WIOA eligibility of the CT participants.

3. Training Approval and Contract Development

Upon receipt of the CT Application, the ICWED Business Services Supervisor shall review the submitted CT Application to ensure that it is complete and complies with the terms and conditions of the CT Application and all applicable legal and regulatory requirements. The approval process is outlined below.

- a. ICWED's Business Services Supervisor shall review and evaluate the CT Application to ensure that the CT Application's criteria are met.
- b. ICWED's Business Services Supervisor shall notify the employer if the CT Application shall be recommended for approval or if the employer needs to revise the CT Application no later than ten business days from receipt of the CT Application.
- c. If recommended, ICWED's Business Services Team shall present the CT Application to the ICWED Director for the final approval.
- d. Upon approval, the CT Application shall become part of a CT agreement.
- e. ICWED's Business Services Team shall request an agreement number from the ICWED's Fiscal Unit to include on the CT agreement.
- f. ICWED's Business Services Team shall route and track the CT agreement through the signature process and execution. All CT agreements shall be monitored by ICWED's Program and Compliance Unit with Imperial County Workforce Development Board (ICWDB) staff oversight.

4. ICWED Recruitment and Eligibility Responsibilities

The Business Services Team shall assist employers that are interested in CT by coordinating client recruitments and eligibility determination. All clients identified for CT must meet WIOA eligibility requirements.

- a. As necessary, to meet the needs of the employer, the ICWED Business Services Team shall conduct recruitments for the CT opportunity. If the ICWED business services team cannot find an adequate pool of clients, the ICWED Business Services Team shall notify the

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ICWED business network of the CT opportunity. The outreach shall include qualifications, job description, training information, deadlines for the CT recruitment, and a summary of the recruitment procedure.

- b. The ICWED Business Services Team shall screen prospective CT candidates or clients to ensure referral for WIOA eligibility and enrollment in AJCC services.
- c. The employer shall make the final selection of CT candidates and confirm the list of candidates with the ICWDO business services team.

5. Case Management for CT/IWT Clients

Case management activities for clients in CT/IWT shall not differ from the duties that ICWED Client Service Specialists (CSS) currently perform for WIOA clients in vocational training. ICWED CSS shall use the statewide CalJOBS system. The following duties shall apply:

- a. ICWED CSS shall ensure completion of required WIOA activities for enrollment into training including Individual Employment Plan (IEP) development.
- b. ICWED CSS shall confirm that the customer started training and document confirmation with the appropriate activity codes.
- c. ICWED CSS shall enter CT/IWT enrollment code 304 under the appropriate customer group (Adult or Dislocated Worker).
- d. After CT/IWT code 304 has been saved, AJCC CSS shall enter a case note including the training provider, employer, occupational title and length of training.
- e. ICWED CSS shall monitor the client's training activities.
- f. After the training ends, clients who successfully complete the CT/IWT and get a job offer from an employer, ICWED CSS shall complete employment verification paperwork and enter the placement information into the CalJOBS system. For those clients who successfully complete the CT/IWT and do not get a job offer from the employer or group of employers, ICWED reserves the right to not enter into a CT/IWT agreement with the employer in the future.
- g. AJCC CSS shall continue to provide required job search assistance as needed and complete WIOA Exit and Follow-Up activities/services

**INVOICING**

ICWED Fiscal Unit shall reimburse the business for training costs for clients who successfully complete the CT or IWT program. Businesses must provide a "significant cost" match for the expenses of the training based on an established sliding scale. Businesses must keep accurate records of the training implementation process, trainees' attendance, and trainees' performance in the training program. To issue payment, the business must submit an invoice to ICWED's Business Services Team. The final invoice must have the following attachments: 1) a roster listing the trainees who successfully completed training that is signed by the training provider; and 2) a list of trainees who have been hired or retained by the business to include start date, wage and title of trainee, signed by the business's designated representative. ICWED reserves the right to modify the CT agreement and not pay the final invoice if the CT completers are not employed by the end of the CT agreement date, unless an unexpected circumstance arises. The ICWED Director will review such circumstance on an individual basis and make the final decision.

**DEFINITIONS**

CT is defined as training:

- Designed to meet the special requirements of an employer (including a group of employers) for new hires or in the case of incumbent workers to retain a skilled workforce or avert the need to lay off employees by assisting the workers in obtaining the skills necessary to retain employment;
- Conducted with a commitment by the employer to employ, or in the case of incumbent workers, to retain or avert the layoffs of the individuals that successfully complete the CT;

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- For which the employer pays a significant cost of the training.

“Significant cost” is defined by the following sliding scale:

- For employers with 50 or fewer employees, a minimum of a 25% training cost match.
- For employers with 51 or more employees, a minimum of a 50% training cost match.

For incumbent workers, the cost provided by the employer may be the in-kind match for the cost of the training and/or the amount of wages paid by the employer to the worker while the worker is attending the IWT program.

The training may be conducted by the employer or the employer may select a third-party training provider. CT methods include, but are not limited to:

- Classroom training through a traditional classroom setting with a group of trainees and a qualified instructor;
- Laboratory training with hands-on instruction or skill acquisition under direct guidance of a qualified trainer;
- Electronic or computer-based training delivered through a computer program at a pace set by the trainee or through video conferences that are live, interactive instruction with a trainer;
- Simulated or actual jobsite instruction (e.g., job shadowing);
- Standard “off-the-shelf” training that meets the training needs of the employer; or
- Other training that is customized to the employers’ specific training needs.

### **ACTION**

Please bring this policy to the attention of ICWDB, AJCC system staff and appropriate WIOA funded service providers and sub-recipients. This policy is effective immediately. All submitted forms are live documents and subject to change according to local, State, and Federal needs. Once the forms and exhibits pertaining to this policy are approved by the ICWDB, they will not require board approval if other changes occur, unless the change affects protocols. Should you have any questions, please feel free to contact ICWDB staff at (442) 265-4974, (442) 265-4959, (442) 265- 4955 or the Program and Compliance Manager (442) 265-4963.

**IMPERIAL COUNTY WORKFORCE DEVELOPMENT OFFICE  
 CUSTOMIZED TRAINING (CT) AND INCUMBENT WORKER TRAINING (IWT) APPLICATION**

**I. EMPLOYER INFORMATION**

Legal Business/Company Name:		Federal Tax ID Number:
Address:	City, State, Zip	
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLP <input type="checkbox"/> Other: _____		
Workers' Compensation Carrier:		
Policy Number:	Effective Dates of Policy:	
Public Liability Insurance Carrier:		
Policy Number:	Effective Dates of Policy:	
Property Damage Insurance Carrier:		
Policy Number:	Effective Dates of Policy:	
Company Contact Name (First and Last):	Contact Job Title:	
Phone Number:                      Extension:	Email:	
<i>Alternate</i> Company Contact Name (First and Last)	<i>Alternate</i> Company contact Job Title:	
<i>Alternate</i> Contact Phone Number                      Extension:	<i>Alternate</i> Contact Email:	
Number of Years Business Has Been in Imperial County:		
Are you submitting this application on behalf of more than 1 employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, please attach a list of all participating employers to this application.</i>		
Customized Training (CT) Type <input type="checkbox"/> <b>New (Prospective) Workers</b> <input type="checkbox"/> <b>Incumbent (Existing) Workers</b>		
Total Number of New Workers to be Trained:	Total Number of Incumbent Workers to be Trained:	
<b>For Incumbent Worker Training Only</b>		
Have you had any layoff in the last 120 days? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, How many?</i>	
Number of Full-Time Employees (Current Year)	Number of Full-Time Employees 1 Year Ago	

Briefly describe your business



**III. RECRUITMENT (IF APPLICABLE)**

*For new worker training only. Leave this "Recruitment" section blank if this CT/IWT application is for incumbent workers. For Incumbent Worker Training, the incumbent worker or the position must be at risk of being laid off, meet the Fair Labor Standards Act requirements of an employer-employee relationship, and have an established employment history with the employer for 6 months or more. Please provide a list of existing worker for skills upgrading, and employee name with this CT application.*

How do you plan to recruit eligible participants to your CT program? Please check one:

- I want all \_\_\_\_ CT participants to be recruited by the America's Job Center of California (AJCC) network.
- I have all \_\_\_\_ prospective CT participants and want the AJCC network to determine their eligibility.
- I have a total of \_\_\_\_ prospective CT participants and want the AJCC network to recruit \_\_\_\_ additional participants and determine their eligibility

For new worker training, eligible participants are those who meet the Workforce Innovation and Opportunity Act (WIOA) eligibility requirements. The Imperial County Workforce Development Office will only reimburse training costs for WIOA eligible participants. The AJCC network staff can help you determine WIOA eligibility. There is no guarantee that the AJCC network can recruit all CT participants. Please provide a list of the prospective participants to be screened for WIOA eligibility with this application.

Please list the qualifications required for participants in your proposed CT program. Please include any required assessments, drug screenings, health screenings and background checks.


Please describe how you will recruit participants for your CT program and describe any coordination with the AJCC network to determine WIOA eligibility of prospective participants.


**IV. TRAINING PLAN**

Name of CT Program:	
Proposed CT Program Start Date:	Proposed CT Program End Date:
Are you---the employer---conducting the CT program or using a third-party training provider?	
<input type="checkbox"/> <b>Employer</b> <input type="checkbox"/> <b>Third-Party</b>	
<i>If third party, please also fill out "Training Provider Information" section below.</i>	

Please describe how the training will be delivered, including name, titles and qualifications of instructors as well as the curriculum, class titles, dates, times and skills taught. Please attach additional pages or copy of curriculum as necessary.


**TRAINING PROVIDER INFORMATION (IF APPLICABLE)**

*If you are planning to use a third-party training provider, please fill out the following information.*

*If you are providing training in-house at your facilities, please leave this section blank.*

Legal Name of Training Provider:		Federal Tax ID Number:
Address:	City, State, Zip	
Phone Number:	Extension:	Email:
Type of Organization: <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Public Education <input type="checkbox"/> Other: _____		
Public Liability Insurance Carrier		
Policy Number:	Effective Dates of Policy:	
Property Damage Insurance Carrier		
Policy Number:	Effective Dates of Policy:	

**V. PROGRAM OUTCOMES**

Starting Hourly Wages for Prospective New Hires::	Average Hourly Wages of Incumbent Workers to be Retained
Are there opportunities for career advancement once CT participants complete the training? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, what?</i>	
Will successful CT program completers attain industry certification(s) or certificate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, what?</i>	



VI. PROPOSED BUDGET AND NARRATIVE

Please complete the following budget, indicating each line item for the **total** cost of the CT program.

Personnel/Salaries	Cost
Total Salaries	
Fringe Benefit Rate	
Total Fringe Benefits Cost	
Total Personnel Costs	

Participant Costs	Cost
Total Personnel Costs	

Furniture and Equipment Purchase Costs	Cost
Total Furniture & Equipment Costs	

Supplies	Cost
Total Supplies Costs	

Facilities and Infrastructure Costs	Cost
Total Facilities and Infrastructure Costs	

Staff Training and Travel	Cost
Total Staff Training and Travel Costs	

Other Costs	Cost
Total Other Costs	

**Total Cost of Proposed CT Program** \_\_\_\_\_

Please complete the following budget narrative to explain how each cost will contribute to the CT program.

Line Item	Narrative
Personnel Costs	
Furniture and Equipment Purchas Costs	
Facilities and Infrastructure Costs	
Participant Costs	
Staff Training and Travel Costs	
Other Costs	

Total Cost of Proposed CT Program
How much of a reimbursement are you requesting from ICWDO?
Employer Match <b>OR</b> <i>For employers with 50 or fewer employees, employers are required to provide a minimum of a 25% match. For employers with 51 or more employees, employers are required to provide a minimum of a 50% match.</i>

VII. CUSTOMIZED TRAINING APPLICATION CHECKLIST

- List of participating employers (if applicable)
- Additional job descriptions of positions to be filled ore retained with CT (if applicable)
- List of prospective participants to be screened for WIOA eligibility, including name and contact info (if applicable)
- List of existing workers to be skills upgraded (for incumbent worker training only)

VIII. REQUIRED SIGNATURE

I understand that the Imperial County Workforce Development Office (ICWDO) has the right to approve or not approve employer(s) at its sole discretion, based on program needs, budget limitations and employer (contractor) suitability to participate in this CT program. Criteria to be used to evaluate employer may include:

- a. Past experience
- b. Completeness of application
- c. Employer having demonstrated fiscal capacity to wait for CT reimbursement
- d. Employer providing job opportunities consistent with the skills present in the participant pool

I certify that all information provided in this CT/IWT application is true and accurate. As required by the Workforce Innovation and Opportunity Act, I understand that I will match no less than \_\_\_ of the cost of training and intend to hire, help employ and/or retain those who successfully complete the training. I understand that ICWDO may require additional information or documentation to support this application. I understand that this CT/IWT application is pending final approval by ICWDO Director.

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Employer Representative Name (First and Last)	Employer Representative Signature	Date
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IX. ADDITIONAL SIGNATURES (IF APPLICABLE)

I certify that all information provided in this application related to training is true and accurate. Upon approval of this CT/IWT application, I commit to providing this training to the selected eligible participants.

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Training Provider Rep. Name (First and Last)	Training Provider Representative Signature	Date
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I have read and am in agreement with the information provided under "Recruitment Plan." Upon approval of this CT/IWT application, I commit to working with the employer or group of employers to successfully enroll and monitor participants in this CT program for prospective new workers.

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Business Service Supervisor Name (First and Last)	Business Service Supervisor Signature	Date
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<b>ICWDO USE ONLY</b>	
Business Services Supervisor Approval Signature	Date:
ICWDO Director Approval Signature	Date: