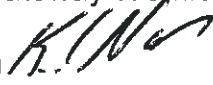


Date: December 30, 2013

To: Pacific Gateway Workforce Investment Network Staff

From: KC Nash 
WIB Interim Executive Director

Subject: **POLICY MEMORANDUM: WDB-28
CUSTOMIZED TRAINING**

EFFECTIVE DATE

This policy is effective upon date of issuance.

PURPOSE

The purpose of this policy is to provide direction regarding the administration of Customized Training agreements by the Pacific Gateway Workforce Investment Network (Pacific Gateway) for Adults and Dislocated Workers participating in Workforce Investment Act (WIA) programs and other funding sources as applicable.

POLICIES AND PROCEDURES

Customized Training (CT) is designed to meet the special requirements of an employer (including a group of employers); conducted with a commitment by the employer to employ, or in the case of incumbent workers (current employees), continue to employ, an individual(s) upon successful completion of worksite and/or classroom training.

Employer Contribution

The Department of Labor granted California an extension of the waiver of the required 50 percent employer contribution for customized training at WIA Section 101(8)(C). This waiver is **granted through June 30, 2013**. This waiver permits the use of a sliding scale for the employer contribution based on the size of the business.

Under this waiver, the following sliding scale is permitted:

- (1) no less than a 10 percent match for employers with 50 or fewer employees (90% reimbursement);
- (2) no less than a 25 percent match for employers with 51 – 250 employees (75% Reimbursement; and
- (3) no less than a 50 percent match for employers with more than 250 employees (50% reimbursement).

Reimbursement under any CT agreement is limited to training costs and supportive services directly related to the provision of training.



Participant Eligibility

All customers' identified, current employees (incumbent workers) and new referrals must be registered in VOS. If the customer is to be supported through WIA funds, each must meet the WIA enrollment criteria and be enrolled prior to the beginning of training. For customers supported by non-WIA funds, files must support the eligibility and enrollment requirements of that specific funding source.

Approval of Customized Training Employer

- The Executive Director, prior to execution of an agreement, must approve all Customized Training Providers and Programs. Future agreements will undergo an intensive review if the employer exhibits a pattern of not hiring 95% customers who successfully complete the training and do not retain customers in employment for nine (9) months. Pacific Gateway's agreement will indicate the funds awarded and identify the services to be provided.
- **Approved Employer Must:**
Provide a detailed line-item budget that identifies a minimum cash contribution consistent with the sliding scale above, unless State Waiver has been issued.
- **Employer Hiring Commitment**
The employer must sign a written commitment to hire and retain all participants who successfully complete training.
- **Training Components**
Training may include one or both worksite and classroom training components (classroom training is not restricted to the State Eligible Training Providers List (ETPL)).
 - **Worksite Training**
Training must enhance knowledge or skills essential to the full and adequate performance of the job.
 - **Classroom Training**
Classroom training may be provided by the employer directly or by a vendor of their choosing following procurement policies or procedures of the employer, as applicable. The training provider selected does not have to be listed on the State's Eligible Training Provider List (ETPL). Training may include Vocational English as a Second Language (VESL) as appropriate. Employer may pay subsidies for time spent in classroom training.
- **Earnings / Wages**
Each agreement must identify the anticipated hourly wage paid at time of employment. Unless waived by the WIB Executive Director, each agreement will identify earnings gains, replacement wages, wage at placement and retention rates, which meets or exceeds the goal of attaining self-sufficiency standards, per current published self-sufficiency standards.
- **Occupational Demand**
Training must be in a demand occupation within the targeted training sector defined and/or allowed by the Workforce Investment Board (WIB) unless a Waiver is granted by the WIB Executive Director.

Incumbent Worker Training

Up to 10 percent of WIA Adult and up to 10 percent of Dislocated Worker Formula funds may be used for incumbent worker training only as part of a layoff aversion strategy. In addition, use of Adult Formula funds for incumbent worker training is limited to serving low-income adults. Prior State approval is required in either instance. Therefore, no CT funds may be used to support training of incumbent workers without prior State approval.

- The WIA does not reimburse wages paid to incumbent workers while participating in customized training, therefore is not subject to reimbursement from WIA;
- Incumbent workers training must lead to self-sufficiency unless an exception is granted based on one of the following:
 - A new or changing regulations that require a change in technology, software, waste reduction, energy conservation, etc.
 - The changing skill requirements as a result of external economic or market forces, significant changes in operating processes, rapidly changing industry or occupational job requirements or emergence of new products.
 - Direct communication with employers or joint labor-management committees such as joint apprenticeship training committees.
 - Use of industry recognized skills standards and curriculum.
 - Use the EDD LMID or other credible data industry projections to identify industry trends.

Reporting Requirements

The Division's MIS Section will provide instructions for the reporting and tracking of customized training participant activity. Customized training may be assigned by the appropriate location and/or particular expertise.

Pacific Gateway Procedures

The Business Assistance Team (BAT) will take the lead in marketing customized training opportunities to businesses through existing outreach efforts. The BAT will also be responsible for conveying to the employer the required business license, insurance certification, and I-9 requirements of the City of Long Beach, details of which are available from the Operations Unit.

Businesses expressing interest in CT will be required to complete a "Request for Preparation of Customized Training Project Agreement" (Attachment A), which will be submitted to the BAT and Operations Unit for review.

Subject to successful negotiations with the business, fund availability and appropriateness, the BAT will make a recommendation to the WIB Executive Director, who must approve the recommendation prior to execution of a formal contract.

If authorized by the Executive Director, contract execution will follow the approval procedures established by the City of Long Beach (up to and including approval by Long Beach City Council) and include the CT Agreement, detailed budget, terms and conditions, and signatures of authorized representatives.

In addition, Pacific Gateway's CT agreements will specify the funds awarded and identify the services to be provided. The Division's MIS Section will provide instructions for the reporting and tracking of customized training participant activity.

Once the agreement is executed and the participant is participating in the CT program, the participation must be recorded in the participant's electronic file.

Monitoring Requirements

CT agreements are required to be monitored by Pacific Gateway staff on-site midway during the training period as stated in the training agreement. The BAT shall have primary responsibility for conducting monitoring unless another unit serves as the agency lead on a particular CT agreement. Monitoring will ensure that the training is being provided as specified in the on-site Agreement and ensures that any issues identified through an on-site visit may be resolved within a sufficient amount of time. A copy of the monitoring report and or corrective action must be provided to the Quality Assurance Unit. The monitoring results will be shared with the WIB Executive Director in the event a future agreement is in consideration.

REFERENCES

WIA Section 101(31), WIA 181(a)(1)(A), 663.700 (b)(c), 663.705, 663.720, 667.272
20 CFR Part 652 et al. Subpart G
WSD12-5 Temporary Extension of WIA State Waiver of 50% Match requirement

CONTACT

Should you have any questions regarding this Policy Memorandum, please contact Arleen Ward, Quality Assurance Coordinator at (562) 570-3680, TTY (562) 570-4629.

Thank you.

KCN:aw

**Request for Preparation of
 Customized Training Project Agreement**

Business Name	
Address	
Contact Person	Title
Email Address	
Phone	Fax

Total Number of Employees: _____

Have you had any recent lay-offs over the last 120 days?

YES___ NO___ How many? _____

Federal ID#: _____ Standard Industrial Classification Code: _____

Legal Status: () Private For-Profit Date Incorporated: _____ State: _____
 () Not-for-Profit Date Incorporated: _____ State: _____
 () Public Agency
 () Sole Proprietorship
 () Partnership
 () Other (Specify) _____

Does the business have a collective bargaining agreement? YES___ NO___

Does the business have General Liability & Workers' Compensation Insurance? YES___ NO___

SECTION 1 - BUSINESS INFORMATION

Describe your business:

Discuss reason(s) this training is requested:

SECTION 2 - JOB DESCRIPTION

List the qualifications and job description for the job(s) to be filled at the completion of training (please include any required drug screenings, health screenings, and background checks):

SECTION 3 - RECRUITMENT

Project Length (in months):

Proposed Start Date:

Completion Date:

Describe any coordination with the One-Stop Career Center that has already occurred and/or plan to work with the One-Stop Career Center upon contract award:

SECTION 4 - TRAINING

Describe the training plan including class titles, dates, times, and duration of program (hours/weeks/months):

Describe the training curriculum:

List all training providers including contact name, address, and phone number:

Does the training provider have public liability and property damage insurance coverage?

SECTION 5 - PROGRAM OUTCOMES

Total number of individuals to be trained/hired per cohort: _____

Total number of proposed cohorts: _____

Starting hourly wage for individuals to be trained: _____

What employee benefits (if any) are offered?

Will successful completers of training attain skills certified by the industry? YES NO

SECTION 6 - PROPOSED COST: Please provide an all-inclusive cost-per-class (e.g., minimum-maximum number of participants per cohort including cost of training, books, supplies, and other regulatory/mandated expense.) PLEASE ATTACH COST PROPOSAL.

**CUSTOMIZED TRAINING MONITORING REPORT
 SITE MONITORING REPORT**

BUSINESS NAME:

Date of Visit:	Training Period:
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Occupation:

TRAINING SUPERVISOR/TRAINING SITE:

Employer (Name & Address):	Occupation:	Training Dates:
	Supervisor Name & Number:	Total Training Hours:
		Start: Completion:
Hourly Wage:	Subsidized Hourly Wage:	

EMPLOYER INTERVIEW:

1. Please describe the training program being provided to Pacific Gateway Trainees. What is the current hourly salary for those in training?

2. What is the name/title of representative(s) providing the training, if other than yourself?



3. How many Pacific Gateway Trainees do you have employed at this time? How many regular employees do you have employed at this time? Ratio of Pacific Gateway CT employees to Non-Pacific Gateway CT employees is ____ to ____.

4. How do you verify that the Trainees have acquired planned skills?

5. What skills have the Trainees acquired to date?

6. What additional skills will be attained prior to completion of training program?

7. Comments and/or suggestions:

TRAINEE INTERVIEW (an appropriate sample of participants will be selected):

1. Please describe your current training activity. What is your current hourly salary?
2. In your opinion, are you receiving an adequate level of supervision and instruction? Yes___ No___ Explain.
3. Has your training, up to this point, met your expectations? Yes___ No___ Explain.
4. Do you feel that you will be able to learn the skills necessary to acquire and/or retain a job for which you are being trained? Yes___ No___ Explain.
5. Is training facility conducive to a good learning environment? Yes___ No___ If no, explain.
6. Are you experiencing any problems that are affecting your participation in this training program? Yes___ No___ If yes, describe.

7. Comments and/or suggestions:

PACIFIC GATEWAY STAFF COMMENTS:

1. Is training provided according to CT Agreement? Yes___ No___ If no, please explain

2. Is a corrective action(s) to be cited as a result of this site monitoring visit? Yes___ No___
If yes, specify.

3. What action will be taken to resolve this corrective action(s)? When is the corrective action(s) expected to be resolved?

4. Was a follow-up site monitoring visit scheduled? Yes___ No___ If yes, what is the date of the scheduled visit?

5. Comments and/or suggestions:

Note: Pacific Gateway Representative's review is required if either of the following apply: Employer or Trainee responded "No" to any questions, Discrepancy in Employer and Trainee responses, Non-compliance to CT agreement or other applicable documentation. Corrective action(s) are to be cited, or Network staff expresses additional concerns regarding training or site visit.

Corrective Action Required? :	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Site Monitoring Conducted By:

Employment Specialist

Date: _____

Site Monitoring Report Reviewed By:

Program Supervisor

Date: _____

c: Quality Assurance
Customer File
Employer

Rev. 12/30/13