

**GLOW WORKFORCE DEVELOPMENT BOARD POLICY
UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)**

NAME OF POLICY: GLOW Individual Training Account (ITA) Policy

GLOW WDB APPROVAL DATE: ~~6/20/17, 6/19/18, 9/18/2018, 1/15/2019, September 15, 2020,~~ January 16, 2024

GLOW EXECUTIVE COMMITTEE APPROVAL AND EFFECTIVE DATE: ~~September 18, 2018, January 15, 2019, September 15, 2020, March 15, 2022~~ 11/14/23

Individual Training Accounts (ITAs)

Training Services: Training services can be critical to the employment success of adults, dislocated workers and youth. There is no sequence of service requirement for ‘career services” and training. The One Stop Center Staff or Partner may determine training is appropriate regardless of whether the individual has received basic or individualized career services first. Training services may be provided if the One Stop Center Staff or Partner determine, after an interview, evaluation or assessment, and career planning, that the individual:

- Is unlikely or unable to obtain or retain employment, that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment through career services;
- Is in need of training services to obtain or retain employment that leads to economic self-sufficiency or wages comparable or higher than wages from previous employment; and
- Has the skills and qualifications to successfully participate in the selected program of training services.
 - Selects Training Services directly linked to employment opportunities in the Finger Lakes Regional Area or in another area in which the participant is willing to commute or relocate.
 - Are unable to obtain grant assistance from other sources to pay the costs of such training, including such sources as State-funded training funds, TAA, Federal PELL grants.
 - If training services are provided through the Adult funding stream, are determined eligible based on the priority of service.

The participant file must contain a determination of need for training services.

Priority of Service for Adult Funded ITAs

- 1) First, to veterans and eligible spouses who are also recipients of public assistance, other low –income individuals, and individuals that are basic skills deficient excluding amounts paid while on active duty, or paid by Veteran Affairs
- 2) Second, to non-covered persons (that is, individuals who are not veterans or eligible spouses) who are recipients of public assistance, other low –income individuals, and individuals that are basic skills deficient excluding amounts paid while on active duty, or paid by Veteran Affairs
- 3) Third, to veterans and eligible spouses who are not included in any of the other priority groups
- 4) Last, to non-covered persons outside the priority groups

Eligibility for Self Sufficiency - An individual whose annual income falls below \$58,240 or an hourly rate of \$28.00 based on a 40-hour week would be considered to be below “self-sufficiency” levels for Individual Training Accounts. No employed worker who is earning more than the GLOW Self Sufficiency Wage established by the GLOW WDB, (currently \$28 per hour, \$58,240 annually based on 40 hour/week), will be eligible for a WIOA Adult Funded ITA.

GLOW Priority Occupations

For GLOW Individual Training Account (ITA) Trainings, occupations/skills need to be in occupations that are on the Regional Priority Occupations List for the Finger Lakes Regional Area for GLOW LWDA listed as high, medium, or low priority, which may be found at: <http://labor.ny.gov/workforcenypartners/lwda/lwda-occs.shtm>. Any other occupation/skill that is not listed as a GLOW LWDA priority will need to follow the GLOW WDB ITA Exception process and will be at the discretion of the GLOW WDB Executive Director by completing the attached GLOW ITA Exception Form.

Clinical Component of Occupational Skills Training When a clinical portion of Occupational Skills training is required, staff may not pay participants for hours worked during the activity. Although guidance from an April 2017 Youth Issues Webinar provided information that staff could indeed pay for this portion of the training using Work experience funds, this is not the case. TEGl 21-16 does not clearly prohibit staff from using the work experience component of an occupational skills training, GLOW has put this note into the policy to avoid any confusion regarding the clinical portion of an occupational skills training.

NYS Eligibility Training Provider List (ETPL)

The ITA must also be with a Training Provider that is on the NYS Eligibility Training Provider List (ETPL). This is auto loaded into OSOS in order for a Training Service to count positively. If a Training Provider is not on the ETPL, please contact Michele Nichols, email: Mnichols@co.genesee.ny.us, for the process.

Amount of Funding

For an eligible Adult, Dislocated Worker, or Youth Customer the ITA amount authorized may not exceed \$5,000 in tuition, which may include books, supplies, and fees required by the course (e.g. lab fees), which are considered part of the cost of the training. Please note that testing, licensing, certification and fingerprinting fees are eligible for reimbursement through Supportive Services. See Supportive Services policy for additional details.

Policy for Adults: \$5,000 limit used in the final year of training.

Policy for Dislocated Workers: \$5,000 limit per program year. If a Dislocated Worker is eligible for TAA funds the participant will receive the maximum allowed TAA per the petition number and will not be eligible for regular Dislocated Worker ITA Funding until the TAA funds are exhausted.

Policy for Youth: \$3,000 limit per program year. **During the effective period of the Special Youth Policy 7/01/2018 to 6/30/2021 staff should refer to the Special Youth ITA policy.**

Process to Apply for ITA Adult and DLW Funds

The GLOW WDB’s process for the Contractors requires documentation, of customer application for Financial Aid including PELL and TAP, for training programs of a year in duration or longer. Allowable verification includes a FAFSA screenshot, a letter from the training provider, award notification sent to the student, or copy of a tuition bill that shows how much financial aid was provided

All training requests must follow the GLOW ITA Policy. Prior to approval of any Adult, DLW, or Youth Training, staff will have completed the following activities:

- An eligibility intake (DEV) - including all the necessary documents in the customer file, and enrollment in OSOS with case notes documenting eligibility.
- Objective Assessment
- A completed Individual Service Strategy signed by the participant
- The participant must be assessed for supportive services
- Training outline developed

Once the Service Provider has completed the required activities listed above, they will complete the GLOW WDB Training for Adult and DLW WIOA Funds Approval Form or GLOW WDB Training for WIOA Youth Training Approval Form submit it to the Executive Director of the GLOW WDB for final approval before the training starts. Once the Service Provider receives the bill it will be sent on to the Principle Account Clerk for the GLOW WDB Grant Recipient in Livingston County. The Principal Account Clerk will pay the vendor directly. The amount of training costs paid for on behalf of each service provider will be tracked and reported to the Board and the service providers periodically.

ITA Exception Process

- **All GLOW ITA Exceptions are to be completed on the GLOW WDB WIOA ITA Exception Form (attached) and submitted to the GLOW WDB Executive Director at least 2 weeks prior to start of training for review for approval.**
 - The following are included in an ITA Exception: A Demand Occupation Exception (not listed on the GLOW Occupational Demand List)
 - Exceptions for additional funding and length of training and funding for multiple years.
 - LPN training is an approved exception for GLOW Counties to fund the LPN Program up to a total of \$5000 for the entire program. Payments can occur either in the first year, the second year or both.
 - The FastTrac Entrepreneurial Training at Wyoming County Business Center Program is approved at \$400 CAP per individual (The Participant will pay the balance).

Participation in programs and activities or receiving funds under Title I WIOA must be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Secretary of Homeland Security or the Secretary's designee to work in the United States.

**GLOW WORKFORCE DEVELOPMENT BOARD POLICY
UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)
INDIVIDUAL TRAINING ACCOUNT (ITA) EXCEPTION FORM**

(For use by Program Operators)

Must be submitted at least 2 weeks prior to Training to GLOW WDB (mnichols@co.genesee.ny.us)

Customer's Last Name, First Initial: _____, _____ Date: _____

Counselor's Name: _____ County: _____

Director's Name: _____

Type of Training: _____ Training Start Date: _____ End Date: _____

Name of Training Provider: _____ Is the provider listed on the NYS ETPL? _____ Yes _____ No

Is the course listed on the NYS Eligibility Training Provider List? _____ Yes _____ No

Exception Issue:

1) Is this a Demand Occupation Exception (not listed as a GLOW priority occupation): _____ Yes _____ No
If Yes, is there potential for employment? _____ Yes _____ No Please attach 5 job openings (showing job title, employer's name, and location) for this this occupation in location you are willing to travel for (can be provided via job openings on job openings website, i.e., NYSDOL Job Bank, Indeed.com).

2) Is this request for Additional Funding? _____ Yes _____ No How Much Above \$3,000 requesting: \$ _____
What is the Total Cost of Training: \$ _____

3) Is this an Exception for the Length of Training? _____ Yes _____ No
If Yes, Please provide Explanation for Length of Training: _____

4) Please list Other Financial Assistance Applied (PELL/TAP): Source: _____ Amount: _____

Please list the Reason if not Eligible for Financial Assistance: _____

Summary of Situation: _____

(Please Email at mnichols@co.genesee.ny.us or you may fax to 344-4495)

Requested by Program Operator

Name: _____ Date: _____

Signature: _____

Approval by WDB Executive Director

Name: _____ Date: _____

Signature: _____

GLOW TRAINING FOR ADULT AND DLW FUNDS APPROVAL FORM

Must be submitted prior to Training to GLOW [WDB Director jlazarony@co.genesee.ny.us](mailto:jlazarony@co.genesee.ny.us)

INDIVIDUAL TRAINING ACCOUNT

Service Provider Name: _____

Date: _____

Customer's Last Name, First Initial: _____, _____

OSOS ID#: _____

Type of ITA: _____

Training Start Date: _____

End Date: _____

Name of Training Provider: _____

Is the provider listed on the NYS ETPL? _____ Yes _____ No

Is the course listed on the NYS Eligibility Training Provider List? _____ Yes _____ No

Amount and Type of Funding: _____

Subsequent Years? _____

Summary of Situation: _____

ON-THE-JOB TRAINING/CUSTOMIZED TRAINING/TRANSITIONAL JOBS WE

Service Provider Name: _____

Date: _____

Customer's(s) Last Name, First Initial: _____, _____

OSOS ID#: _____

OJT/CT/**Transitional Jobs Employer Worksite**: _____

Training Start Date: _____

End Date: _____

Estimated Amount and Type of Funding for OJT/CT/**Transitional Jobs**: _____

Summary of Situation: _____

SUPPORTIVE SERVICES

Service Provider Name: _____

Date: _____

Customer's Last Name, First Initial: _____, _____

OSOS ID#: _____

Type of Supportive Services: _____

Estimated Amount and Type of Funding for Supportive Services: _____

Is staff aware of any other free resources available to help the customer with these needs? _____ Yes or _____ No

Summary of Situation: _____

Service Provider Signature _____

Date: _____

Approval by WDB Executive Director

Name: Jay Lazarony _____

Date: _____

Signature: _____

C: Kristine Langless, GR

INDIVIDUAL TRAINING ACCOUNT

Service Provider Name: _____ Date: _____
Customer's Last Name, First Initial: _____, _____ OSOS ID#: _____
Type of ITA: _____ Training Start Date: _____ End Date: _____
Name of Training Provider: _____ Are they listed on the NYS ETPL? _____ Yes _____ No
Is the course listed on the NYS Eligibility Training Provider List? _____ Yes _____ No
Amount of Funding: _____ Subsequent Years? _____
Summary of Situation: _____

ON-THE-JOB TRAINING OR CUSTOMIZED TRAINING

Service Provider Name: _____ Date: _____
Customer's(s) Last Name, First Initial: _____, _____ OSOS ID#: _____
OJT/CT Employer Worksite: _____ Training Start Date: _____ End Date: _____
Estimated Amount of Funding for OJT/CT: _____
Summary of Situation: _____

WORK EXPERIENCE

Service Provider Name: _____ Date: _____
Customer's Last Name, First Initial: _____, _____ OSOS ID#: _____
WEX Site/Location: _____ WEX Start Date: _____ WEX End Date: _____
Estimated # of Hours: _____ Estimated Amount of Funding: _____
Summary of Situation: _____

SUPPORTIVE SERVICES

Service Provider Name: _____ Date: _____
Customer's Last Name, First Initial: _____, _____ OSOS ID#: _____
Type of Supportive Services: _____ Estimated Amount and Type of Funding for Supportive Services: _____
Is staff aware of any other free resources available to help the customer with these needs? _____ Yes or _____ No
Summary of Situation: _____

INCENTIVE PAYMENTS

Service Provider Name: _____

Date: _____

Customer's Last Name, First Initial: _____,

OSOS ID#: _____

Type of Incentive Earned: _____

Amount of Incentive Payment: _____

Summary of Situation: _____

SIGNATURE

Service Provider Signature _____

Date: _____

Approval by WDB Executive Director

Name: Jay Lazarony _____

Date: _____

Signature: _____

C: Kristine Langless, GR