

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

**NAME OF POLICY:**                    **GLOW Youth Incentive Payments Policy**

**APPROVAL DATE:**                **5/21/19**                **1/16/24**

**EFFECTIVE DATE:**               **7/01/2019**            **1/16/24**

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**Incentives**

20 CFR § 681.640 states that “incentive payments to youth participants are permitted for recognition and achievement directly tied to training activities and work experiences. The local program must have written policies and procedures in place governing the award of incentives and must ensure that such incentive payments are tied to the goals of the specific program; outlined in writing before the commencement of the program that may provide incentive payments; align with the local program’s organizational policies; and are in accordance with the requirements contained in 2 CFR part 200.”

While incentive payments are allowable under WIOA, the incentive must be in compliance with the Cost Principals in 2 CFR part 200. Federal funds must not be spent on entertainment cost. Using incentives such as movie tickets or sporting events or gift cards to entertainment locations are not allowed. Incentives paid with WIOA funds must be connected to recognition of achieving of milestones in the program tied to work experience, education, or training. Such incentives for achievement could include improvements marked by acquisition of a credential or other successful outcomes. Local areas may leverage private funds for incentives that WIOA cannot fund. Incentives may be provided to both ISY and OSY as long as they comply with the requirements of 20 CFR § 681.640.

**GLOW WIOA Youth Incentive Policy**

To increase the completion of service activities and communication with youth in WIOA youth programs with the overall objective to achieve outcomes/goals. Incentive payments are provided if funds are available and connected to recognition of achievement of milestones in the program tied to work experience, education, or training.

Overall total for In School Youth (ISY) will not exceed \$500 per enrollment  
Overall total for Out of School Youth (OSY) will not exceed \$500 per enrollment

**Procedure**

The Incentive(s) should be documented in the youth’s ISS, with a detailed comment in OSOS stating the parameters for the incentive. Staff will retain a copy of the incentive (credential, diploma) in the participant file. Staff will also have the participant sign that they have received the incentive payment. (Attachment A)

When an incentive has been earned staff will then submit a WIOA funds approval form to the GLOW WDB Executive Director, once approved the GLOW Grant Recipient will process and send a check back to the service provider responsible for that customer. The service provider will then contact the customer to come in a pick up the incentive check. It is at this time that the staff person will have the customer sign off that they have received the incentive payment. Staff will retain attachment A in the participant file.

## **In-School Incentive Payments**

### Incentives for In School Youth Active:

- All individual grades at or above 80% and school attendance at least 90% per marking period. For report cards that have alpha grades all must be a B or above. If the report card does not record the attendance for the marking period, the participant must provide the attendance information report from the school. -\$25
- Workshop Attendance for attending a workshop facilitated by GLOW WIOA service provider or the NYS DOL workshop must be tied to academic or employment goals. Maximum of 3 per WIOA enrollment for Total of \$75.
- Earned High School Diploma or its Equivalent - \$25
- Earned Occupational Certificate - \$25
- Entered Unsubsidized Employment, Post-Secondary Education, or Military - \$25 can only be earned once per WIOA enrollment.
- Northstar Digital Literacy Badges Workshop

### Incentives for In School Follow-up

- Providing paystubs in follow up 1<sup>st</sup> quarter 2nd quarter, 3<sup>rd</sup> quarter, and 4<sup>th</sup> quarter. Incentive of \$25 can be earned each quarter for a maximum of \$100
- Entered Unsubsidized Employment, Post-Secondary Education, or Military - \$25 can only be earned once per WIOA enrollment.
- Workshop Attendance for attending a workshop facilitated by GLOW WIOA service provider or the NYS DOL workshop must be tied to academic or employment goals. Maximum of 3 per WIOA enrollment for Total of \$75.
- Northstar Digital Literacy Badges Workshop

## **Out-of-School Incentive Payment**

### Incentives for Out of School Youth Active

- Workshop Attendance for attending a workshop facilitated by GLOW WIOA service provider or the NYS DOL workshop must be tied to academic or employment goals. Maximum of 3 per WIOA enrollment for Total of \$75.
- Earned High School Equivalency Diploma or its Equivalent - \$25
- Earned Occupational Certificate - \$25
- Entered Unsubsidized Employment, Post-Secondary Education, or Military - \$25 can only be earned once per WIOA enrollment.
- Northstar Digital Literacy Badges Workshop

### Incentives for Out of School Youth Follow- up

- Earned Occupational Certificate - \$25
- Providing paystubs in follow up 1<sup>st</sup> quarter 2nd quarter, 3<sup>rd</sup> quarter, and 4<sup>th</sup> quarter. Incentive of \$25 can be earned each quarter for a maximum of \$100
- Entering Post Secondary or Military Service - \$25 can only be earned once per WIOA enrollment.
- Workshop Attendance for attending a workshop facilitated by GLOW WIOA service provider or the NYS DOL workshop must be tied to academic or employment goals. Maximum of 3 per WIOA enrollment for Total of \$75.
- Northstar Digital Literacy Badges Workshop

# Attachment A

## GLOW WDB Youth Incentive Policy

I \_\_\_\_\_, acknowledge

*(Participant Name)*

that I have received an incentive payment in the amount of

\_\_\_\_\_ for \_\_\_\_\_

*(amount)*

*(Type of incentive earned)*

on \_\_\_\_\_.

*(date)*

\_\_\_\_\_

*Participant Signature*

\_\_\_\_\_

*Staff Signature*

\_\_\_\_\_

*Date*

***To be retained in participant file***

# GLOW TRAINING FOR **YOUTH FUNDS** APPROVAL FORM

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

Are they listed on the NYS ETPL?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Amount of Funding: \_\_\_\_\_

Subsequent Years? \_\_\_\_\_

Summary of Situation: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**SIGNATURE**

Service Provider Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Approval by WDB Executive Director**

Name: Jay Lazarony \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

C: Kristine Langless, GR