

## Customized Training Application

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### **WIA Guidelines**

The Workforce Investment Boards (WIBs) representing the Local Workforce Investment Areas in Region 1, comprised of the parishes of Jefferson, Orleans, Plaquemines, St. Bernard, and St. Tammany, are seeking applications to conduct customized training programs utilizing the funding of the Workforce investment Act (WIA).

WIA Section 101(8) and the Federal Register Section 663.715 defines “customized training” as training:

- A. that is designed to meet the special requirements of an employer (including a group of employers);
- B. that is conducted with a commitment by the employer to employ, or in the case of incumbent workers, continue to employ, individual on successful completion of the training; and
- C. for which the employer pays for not less than 50 percent of the cost of training.

Under WIA guidelines, participants must be employed:

- In the training occupation; and
- Permanent, full-time (32-40 hours per week or standard for the industry).

### **Eligible Training**

All training must be in a demand occupation (as provided in Exhibit A), be transferable across the industry, and have significant skill transferability. Training may be conducted by the employer or by a training or educational institution on behalf of the employer. However, all customized training programs must demonstrate the significant involvement of the employer either in curriculum and training development, training delivery, or performance monitoring.

Training may be requested by a single employer or group of employers, however, payments are disbursed to a single entity and there must be only 1 fiduciary party to the agreement.

All employers and training providers participating in customized training must be able to demonstrate appropriate insurance coverage including general liability and workers compensation as appropriate.

Additionally, if any owner or employee with ownership interest in any of the companies requesting customized training is a member of the local Workforce Investment Board, the company is not eligible to receive customized training funds according to the State of Louisiana Department of Labor Guidelines on Conflict of Interest.

### **Eligible Costs**

It is the policy of the Region 1 Workforce Partnership that the costs of a customized training program should be inclusive of all legitimate costs to the business that are necessary to allow for the provision of such customized training program services.

Under such policy, the 50% cost of training provided by WIA funds could include such elements as: cost of the instruction, cost of the instructor, wages of the employees being trained while they are in training, cost of curriculum development associated with the training course, training materials and books as needed for the course, etc... The purchase of equipment, administration and the renovation of facilities are not usually considered as allowable costs, but will be reviewed on a case by case basis. The above list

is not intended to be all-inclusive, as there may be other legitimate costs that can be substantiated by the business as necessary to allow for the conduct of the training program.

In developing this policy, it is the intent of the Region 1 Workforce Partnership to ensure that businesses engaging the services of the workforce development system are afforded consistent treatment under the various programs that are available to them. Common definitions and consistent treatment of costs are an important facet of such an approach.

**Return on Investment**

The Region 1 Workforce Partnership intends a measurable return on investment of WIA funds. The anticipated return on investment of WIA Customized Training funds is four times the WIA funds invested in the program. As such, for each WIA dollar invested in customized training, the combined annual earnings of all training participants must be at least four times the training investment. *For example, a WIA investment of \$25,000 in customized training must produce total annual wages of all training participants of at least \$100,000.*

**WIA Incumbent Worker Training**

Businesses interested in training the current employees must show a significant increase in the skill level and wages in order to be eligible for Customized Training funds. WIA Incumbent Worker training must demonstrate attainment of a portable skill and a wage increase consistent with the Louisiana Department of Labor’s performance requirement for wage progression. (For FY 2001 the wage increase must produce an annual salary increase of not less than the average required for the region.)

Additionally, in order to be eligible, an employed worker must not be earning more than 200 percent of the federal poverty guideline as provided in Exhibit B attached.

**Application**

The Region 1 Workforce Partnership Customized Training Application must be completed in its entirety including the commitment to hire and authorized signature of each employer participating in the training program.

The application may be submitted to any of the Workforce Investment Boards (WIBs) in Region 1 at the addresses listed below. You may choose to have the application reviewed by any or all of the local WIBs and acceptance or rejection of the application will be based on the local policy and procedure for each. Please check all Local Workforce Investment Areas you wish to submit the application to:

Jefferson Workforce Investment Board  
1221 Elmwood Pk. Blvd. Suite 304  
Jefferson, La. 70123

New Orleans Workforce Partnership  
1340 Poydras Street  
Floor 9  
New Orleans, Louisiana 70130  
Attention: Customized Training

First Planning District  
St. Bernard Plaquemines, &  
St. Tammany  
8201 W. Judge Perez Dr.  
Room 212  
Chalmette, La. 70043

**REGION 1 WORKFORCE PARTNERSHIP  
Customized Training Application**

**SECTION I: EMPLOYER INFORMATION**

Legal Name of Business \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(Name and Title)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_ No. of Employees \_\_\_\_\_

No. of available positions/jobs to be filled by the customized training: \_\_\_\_\_

Fringe Benefits Available to Employees (please check all applicable):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Paid Holidays    | <input type="checkbox"/> Paid Vacations               | <input type="checkbox"/> Paid Sick Leave  |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance             | <input type="checkbox"/> Vision Insurance |
| <input type="checkbox"/> Life Insurance   | <input type="checkbox"/> Continuing Education/Tuition | <input type="checkbox"/> Overtime Pay     |
| <input type="checkbox"/> Other _____      | <input type="checkbox"/> Other _____                  |   |

If more than 1 employer, please list all participating employers on Attachment A.

Are you proposing to train \_\_\_\_\_ New Employees \_\_\_\_\_ Current Employees \_\_\_\_\_ Both

**SECTION II: TRAINING PROVIDER INFORMATION (IF APPLICABLE)**

Legal Name of Training Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(Name and Title)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of Organization: Non-Profit \_\_\_\_\_ For Profit \_\_\_\_\_ Education \_\_\_\_\_

Registered on the LDOL Training Provider Scorecard System: \_\_\_\_\_ Yes \_\_\_\_\_ No

**SECTION III: CONTRACT INFORMATION**

Fiduciary Organization: \_\_\_\_\_

Person Authorized to Sign Contract: \_\_\_\_\_  
(Name & Title)

Contract Period From: \_\_\_\_\_ (Date) Through \_\_\_\_\_ (Date)

Proposed Contract Total \$ \_\_\_\_\_ Total Number of Jobs: \_\_\_\_\_

**SECTION IV: EMPLOYER DEMAND**

List the occupations for which training is to be provided, the minimum education, basic skills or work experience required for participants in the training program and the number of persons to be trained in each occupation. Specify the hourly wage after training and the expected hourly wage after 6 months and 12 months of employment.

Occupation	Minimum Education, Basic Skills or Experience Required	Number of Positions	Hourly Wage at Hiring	6 Month Wage	12 Month Wage	O-Net Code Official Use

**SECTION V: DESCRIPTION OF TRAINING**

Please provide an outline of the training curriculum including the list of specific skills to be taught in each curriculum component and the length of time for each skill component. (Attach additional pages as needed.)

<b>Curriculum Component</b>	<b>Skills Taught</b>	<b>Duration <sup>1</sup></b>

<sup>1</sup> Provide duration in days or weeks as applicable.

## **SECTION VI: DESCRIPTION OF TRAINING DELIVERY**

No. of participants: \_\_\_\_\_ No. of training cycles: \_\_\_\_\_ Participants per training cycle: \_\_\_\_\_

In the space below, describe how training is to be provided including training facilities, texts, manuals, materials and equipment to be utilized and any special capabilities or methodologies to be utilized in the training. (Attach additional pages if needed.) Also, please attach a detailed resume and job description for all persons involved in the training including certifications and qualifications of training personnel. An organizational chart must also be included that demonstrates the extent of employer involvement in the training process.

## **SECTION VII: SUCCESSFUL COMPLETION**

In the space below, please provide a detailed definition of enrollment and successful training completion. Also describe how successful training completion will be measured. Please include in your description of performance measurement any requirements for attendance, testing, certification, skill attainment and performance measurement to be utilized in determining successful completion.

**A. Enrollment**

**B. Successful Completion**

**C. Performance Measurement**

**D. SECTION VIII: CAREER PATHS**

The Workforce Investment Act is designed to ensure that unemployed and underemployed persons in the regional workforce have access to jobs with career paths. The act intends to close the gap between the labor market supply and the labor market demand through employer driven training that moves unemployed and underemployed persons to family-supporting wages and self-sufficiency.

For each occupation in which you are training, please define the potential career path for the participant. Please specify the next level of employment and the average salary for each potential career move.

Occupation	1 <sup>st</sup> Career Move		2 <sup>nd</sup> Career Move		3 <sup>rd</sup> Career Move	
	Job Title	Wage	Job Title	Wage	Job Title	Wage

It is the desire of the Region 1 Partnership to assist businesses in this region to become ongoing learning organizations. Our priority is to support training that leads to more transferable skills and/or to upgrading the skills of the regional workforce.

**Please describe here any plans to continue employer-based training after the conclusion of the WIA funded customized training program. (Attach additional sheets as necessary).**



**SECTION IX: PROPOSED COSTS OF TRAINING**

<b>Summary of Line Item Costs</b>			
	<b>WIA Funds</b>	<b>Employer Contribution <sup>2</sup></b>	<b>Total Training Cost</b>
<b>Personnel</b>			
a)			
b)			
c)			
d) Fringe			
<b>Subtotal</b>			
<b>Contractual</b>			
a) Tuition			
b) Registration			
c)			
d)			
<b>Subtotal</b>			
<b>Non Consumable Tangible Property</b>			
a) Equipment			
b) Furniture			
c)			
d)			
<b>Subtotal</b>			
<b>Materials</b>			
a) Texts/Manuals			
b) Raw Materials			
c) Student Supplies			
d)			
e) Other Consumables			
<b>Subtotal</b>			
<b>Other</b>			
a) Facility Rental			
b)			
c)			
d)			
<b>Subtotal</b>			
<b>TOTAL COSTS</b>			

**Cost Per Participant \_\_\_\_\_**

<sup>2</sup> Employer contribution not applicable for Welfare-to-Work Customized Training.

**SECTION X: EMPLOYER COMMITMENT**

**Is the employer currently providing the training that is requested in this application?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

Is the employer presently receiving any public subsidy (state/federal funding ) for conducting occupational training of the existing workforce? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is the employer presently pending any public subsidy (state/federal funding) for conducting occupational training of the existing workforce? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes to either of the above questions, attach an explanation including name of funding agency, total funds awarded, and beginning and end dates of contracts if applicable. Sufficient information should be provided to clearly indicate the specific training being subsidized. Funding for training provided by any of the LWIA's in Region 1 CANNOT duplicate services for training that are funded by another state or federal agency.

**Is the owner or any employee with ownership interest in any of the companies submitting this application a member of any local Workforce Investment Board in Region 1? \_\_\_\_\_ YES \_\_\_\_\_ NO** If YES, you are not eligible to receive WIA funds based on the Louisiana Conflict of Interest Code.

EMPLOYER PROVIDER AGREES TO THE FOLLOWING:

That the training curriculum and occupational skills as defined herein will adequately prepare job seekers for employment in the specified occupations.

To hire \_\_\_\_\_ participants successful completing training with successful completion as defined herein at the specified hourly wage of \_\_\_\_\_.

To assume responsibility for performance of training providers and/or sub-contractors, if utilized.

To adhere to the laws and regulations of the Louisiana Department of Labor concerning work site safety, workers compensation, discrimination in the workplace, and all other relevant requirements.

\_\_\_\_\_  
LEGAL NAME OF EMPLOYER

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE