

Approved by Broome-Tioga WDB: 1/27/23

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Broome-Tioga Workforce NY Customized Training Policy

PURPOSE:

To assist local business with increasing competitiveness by upgrading work skills of employees, and improving retention of workers by advancing skills and earning potential, using locally controlled Workforce Innovation and Opportunity Act (WIOA) funds.

Customized training generally is for hiring new or recent employees (hired within last 12 months) and not for retraining existing employees. Training for existing employees can be considered with approval by Workforce Administration, but existing employees must be the minority number in the training program

Customized training is designed to meet the specific needs of an employer or group of employers with the commitment that the employer(s) hire or retain the individual upon successful completion of the program

Customized training relates to the introduction of new technologies, introduction to new production or service procedures, upgrading to new jobs that require additional skills, workplace literacy, or other appropriate purposes identified by the Local WDB

BUSINESS BASED CUSTOMIZED TRAINING PROGRAM PARAMETERS:

Reimbursement of costs of training may include cost of that instruction, cost of the instructor, cost of curriculum development associated with the training course, training materials and books as needed for the course, and other expenses critical to the training program.

- The purchase of equipment, administration and the renovation of facilities are not allowable costs
- Employee wages can only be used as the employer match, they can't be reimbursed
- Maximum of allowed costs is \$2,000 per trainee
- Maximum of \$50,000 per company, per calendar year.
 - NOTE: The Broome Tioga Workforce Development Board upon review of previous training program performance may fund additional requests.
- Training must be completed within 12 months of start.
- Per the current Broome-Tioga Self-Sufficiency policy - To be eligible for training funding assistance the employee must be earning less than the current self-sufficiency rate for CT training.
- May be combined with OJT, but wages for OJT reimbursement cannot be reimbursed under Business Based Customized Training Program.
- Cannot be used to duplicate training funds from other sources (ADVANCE NY, etc)
- WIOA reimbursement will be done on a share cost plan:
 - a. Employers with 1-50 employees will be reimbursed 90% of costs
 - b. Employers with 51-100 employees will be reimbursed 75% of costs
 - c. Employers with over 100 employees will be reimbursed 50% of costs

NOTE: in the event that other funding such as private or public funding from other sources, or separate competitive grant awards from WIOA funds is secured to provide customized training, the reimbursement plan will be utilized as outlined that individual grant/funding source.

Funding from the Program will be distributed as follows:

- Training Expense Reimbursement allowable training costs to the company on submission of all required documentation at completion of training.

BUSINESSES AWARDED FUNDING MUST:

- Agree to allow program staff to interview trainees to confirm program eligibility
- Maintain all appropriate documentation regarding trainees, project and outcomes.
- Provide an end of project report and billing statements.
- Document all costs associated with training, including both funded and non-funded expenditures.
- Make records available for audit/monitoring

APPLICATION AND REVIEW PROCESS

Step 1: Business Based Customized Training Program Application Form

Companies interested in securing customized training funds must complete a **Business Based Customized Training Program Application Form- ATTACHMENT A**. Completion of all information is required as part of the initial application process.

Application must be submitted to Robert Murphy, Executive Director, of the Broome Tioga Workforce Development Board.

Step 2: Review Process

- a. Applications are immediately reviewed by the Executive Director on behalf of the WIB, according to the following criteria:
 - 1) Will training give employed workers the skills they need to retain their jobs and/or move up the ladder?
 - 2) As a result of training, will the employees acquire new skills that are industry recognized, marketable and/or transferable? Will trainees be issued certificates or be certified in anyway in recognition of these newly acquired skills?
 - 3) Will training result in wage increases and lead to greater self-sufficiency on the part of the trainees?
 - 4) Does the cost of training make sense and follow the guidelines of the program:
 - a. A maximum company allocation of \$50,000 per year on a matching fund basis
 - b. A maximum allocation of \$2,000 per trainee.
 - c. Are all proposed trainees eligible for training funds (i.e., earning less than the current self-sufficiency wage)
 - d. Are the training costs allowable?

Step 3: Contracting

Funding is allocated immediately and a contract is written for the reimbursement of training costs. At least 2 copies of the contract are signed by a company official and the funding agency. One copy is returned to the employer after all signatures are secured. The second copy is retained by the funding agency.

Step 4: Establishment of eligibility for WIOA services

Upon execution of the contract the Company will coordinate, with the funding agency, the interviewing of trainees by program staff for local and State system data capture. Interviewing may occur at the company site or other location convenient to trainees.

- Eligibility will follow the current Broome-Tioga Priority of Service policy guidelines
- Eligibility will follow the current Broome-Tioga Self-Sufficiency policy as related to Customized Training

- Eligibility will follow qualifications for receiving training as found in WIOA 20 CFR 680.210(a)
 - (1) 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;
 - (2) In need of training services to obtain or retain employment leading to economic self-sufficiency or wages comparable to or higher than wages from previous employment; and
 - (3) Have the skills and qualifications to participate successfully in training services;

Step 5: Reimbursement of Approved Training Costs

After training is completed, companies or training providers will be reimbursed for previously approved costs within thirty (30) days of submission of the following documentation to the funding agency

- a. Documentation of the cost of training including copies of invoices billed to the employer/funding agency if the services of an external training provider is used. Likewise, if internal training staff is utilized, documentation of the cost of training activities needs to be provided, for example, amount of time spent on training activities, payroll/benefit expense of trainers, training materials, etc.
- b. List of employees completing training and certifications/licenses received as a result of training. Documentation of these certifications/licenses needs to be provided. Documentation may include a letter from the training provider or copies of certificates/licenses.
- c. Pay increases received by employees upon completion of training or within 90 days of training completion.
- d. A funding agency voucher completed and signed after the training project outlined in contract has ended.

Step 6: Employer Follow-up Survey

90 days after completion of training the Board will distribute a Follow-up survey to employees who participated in the training. The results of this survey will be shared with the Board and used to track retention for future training requests

BROOME TIOGA WORKFORCE DEVELOPMENT BOARD

BUSINESS – BASED CUSTOMIZED TRAINING PROGRAM

Business Application

I. COMPANY INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Contact Person _____ Title: _____

E-Mail Address: _____

Telephone #: _____ Fax #: _____

Number of Employees: _____ Active: _____ On Layoff: _____

Federal ID# _____

SIC Code: _____

Does the Company have a labor union? Yes _____ No _____

Are you located in a NYS Empire Zone? Yes _____ No _____

II. PURPOSE OF TRAINING REQUEST:

New Location in New York _____

Startup _____

Expansion _____

Retention of Jobs _____

Skills Upgrading _____

III. **NATURE OF BUSINESS:** Describe functions/products/services of the business and provide other relevant information about the company.

IV. **STATEMENT OF NEEDS:** Discuss the business-related reasons for which this training request is being made.

V. **TRAINING TO BE PROVIDED:** Describe the training plan, including, purpose of training, type of training, training method, training provider, specific training courses and associated hours required.

VI. **TRAINING SUB-CONTRACTORS:** List all training providers with which the employer will subcontract for the delivery of training (if applicable).

VII. EMPLOYEES TO BE TRAINED

Job Title	<u>New Hires</u>	<u>Current Employees</u>	<u>Total</u>

VIII. ANTICIPATED OUTCOMES:

Total number of individuals to be trained _____

New hires _____

Current employees _____

New employees to be hired as a result of employed
worker training/upgrading _____

New jobs created due to business startup,
expansion, or relocation _____

Total number of employees to receive wage increases
as a result of training _____

Total number of jobs retained _____

Will successful completers of training attain skills certified by the industry?

Yes _____ No _____

IX. **ECONOMIC DEVELOPMENT:** Describe the economic impact the company expects to achieve through this project.

Have you received any financial assistance for economic or workforce development in the past 12 months? If so, please specify source and purpose of funding.

Yes _____ No _____

X. **BUDGET SUMMARY:**

Total Project Cost	\$	_____
Total Project Request	\$	_____
Total Employer Match	\$	_____

Attachment A to this application includes all requested budget information

XI. **APPLICATION SUBMISSION:**

Please submit application to:

Robert Murphy
Executive Director
Workforce Development Board
501 Reynolds Rd
Johnson City, NY 13790

CUSTOMIZED TRAINING FOLLOW-UP

Employer: _____ **Date:** _____

Please assist us in providing the following information:

	Yes	No	Comments
Was the Customized Training program procedure easy to navigate?			
Did the CT meet your expectations?			
Would you use the CT program again?			

Dates of your Customized Training Program:

Start: _____ End: _____

How many employees went through the program? _____

Trainee information:

Name	Still employed?	If no, Last date worked	Reason for leaving

Employer signature

Title