Approved by LWDB: 9.25.26

OJET WRAPAROUND SERVICES POLICY

Purpose

Broome – Tioga Workforce NY wishes to participate in creating a diverse, equitable, and inclusive pipeline of skilled talent for the clean energy labor market. This entails providing wraparound services to certain populations who face barriers and need extra support to be successful in State-funded clean energy training and degree programs. This policy establishes the criteria for the awarding of wraparound services as outlined in Program Guidance Letter (PGL) #26-02, for participants enrolled in State – funded clean energy training programs or State University of New York (SUNY)/City University of New York (CUNY) degree programs that support the clean energy industry.

Policy

Wraparound services assist in removing barriers to participation and completion of training programs. Such services are monetary or non-monetary and include, but are not limited to:

- Assistance with educational testing;
- Childcare/dependent care;
- English as a Second Language (ESL);
- Food;
- Housing;
- Legal Aid;
- Life skills training;
- Mental health services;
- Substance use treatment services;
- Supplies including books, course materials, school supplies, electronic devices for participants (If such electronic devices are $999 or less per unit);
- Transportation; and
- Tutoring

To receive wraparound services, individuals in a Broome – Tioga Workforce program must:

- Demonstrate a documented need for the specific services requested, providing justification as to why personal resources, other available funding sources, or existing benefits cannot adequately cover the cost of the needed support; and
- Provide proof of enrollment, attendance, and program of course completion for each program cycle or academic semester to the Local Workforce Development Board. The required documentation will vary based on the program type as detailed in PGL #26-02.

Recipients of wrap around services will also confirm receipt of services by signing an attestation, accessible to authorized personnel only. The signed documents will be kept on file.

The total wraparound services received per participant cannot exceed $3,000 for each program year. (A program year will be identified per the appropriate grant).

If provided directly to the recipient, the organization has the following internal controls related to approving and issuing wraparound services. This should address the recovery of electronic devices issued as a wraparound service, should participants withdraw from training or degree programs before completion.

The organization will require the return of electronic devices or other services upon the day of withdrawal. All participants must attest to this stipulation.

501 Reynolds Road
Johnson City, NY 13790
(607) 778-2136
www.broometiogaworks.com
Creating pathways to better careers and economic growth.

○ Receipt of Supportive Services

I,_____, received the following supportive services from Broome Tioga Workforce described below. I understand that the agency resources are limited and that requests do not guarantee supportive services. Requests may result in granting of no services, or partial services requested, dependent on funding availability**. These funds are to be used only for their intended purpose and may not be used for any other purchases. These funds may not be sold, transferred, or exchanged for cash. All electronic devices must be returned if training program is not completed on the day of withdrawal.**

Support Services received: (Circle One)

- *7- Day Bus Pass or 31-Day Bus Pass*

Bus Pass Serial #: _____/_____/_____/_____

- Total Value of Gas Card(s):$_____

Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____

○ Receipt of Gift Card

I,_____, received the following gift card(s) from Broome Tioga Workforce described below.

Gift card(s) received:

- Total Value of Gift Card(s):$_____ Store Name:_____

Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____
Amount: _____Serial #: _____ Amount: _____Serial #:_____

Signature of customer: _____ Date: _____
Customer Printed Name: _____
Staff Signature:_____Date: _____

Please return form to:
Broome-Tioga Workforce
501 Reynolds Road
Johnson City, NY 13790