

**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:** **June 20, 2017**

**EFFECTIVE DATE:** **June 20, 2017**

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**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 \$41,600 or an hourly rate of \$20.00 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 \$20 per hour, \$41,600 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.

## **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: [Michele.nichols@co.genesee.ny.us](mailto:Michele.nichols@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 **\$3,000**. This includes Books, Supplies, and Fees required by the course, which are considered part of the cost of the training. Please see separate policy for Supportive Services.

Policy for Adults: \$3,000 limit used in the final year of training.

Policy for Dislocated Workers: \$3,000 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 if ITAs are included in the Youth Contract Budget approved by the GLOW WDB.

## **Process to Apply for ITA**

The GLOW WDB will establish one process for the One Stop Operators/Contractors, which will require verification of customer application for Financial Aid including PELL and TAP.

## **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
  - LPN training is an approved exception for GLOW Counties to fund the LPN Program up to a total of \$3000 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).
  - All Non-credential based ITA's will follow the ITA Exception process.

*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](mailto: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: \_\_\_\_\_

**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](mailto:mnichols@co.genesee.ny.us) or you may fax to 344-4495)*

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**Requested by Program Operator**

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

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

**Approval by WDB Manager**

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

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