

**GLOW Workforce Development Board (WDB) Policy**  
Under the Workforce Innovation and Opportunity Act (WIOA)

**Name of Policy:** **GLOW Individual Training Account (ITA) Policy**

**Approval Date:** ~~6/20/17, 6/19/18, 9/18/2018, 1/15/2019, 9/15, 2020, 1/16/24, 9/17/2024, 3/17/26~~

**Effective Date:** ~~11/14/23~~ **9/4/2024, 3/18/26**

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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 Career 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 Career 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;
- Needs 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;
  - Is unable to obtain grant assistance from other sources to pay the costs of such training, including such sources as State-funded training funds, Trade Adjustment Assistance (TAA), Federal PELL grants, etc.; and
  - If training services are provided through the Adult funding stream, is determined eligible based on 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.
- 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;
- 3) Third, to veterans and eligible spouses who are not included in any of the priority Adult groups; and
- 4) Additional priority populations established by NYSDOL and/or the LWDBs, including:
  - a. individuals with addiction disorders and mental health disorders (self attestation needed),
  - b. individuals with disabilities,
  - c. justice-involved individuals, and
  - d. single parents
- 5) Last, to non-covered persons outside the priority Adult groups.

**Eligibility for Self-Sufficiency**

An individual whose annual income falls below the GLOW WDB-established self-sufficiency wage of \$58,240, or an hourly rate of \$28.00, based on a 40-hour week would be considered below “self-sufficiency” levels for ITAs. No employed worker who is earning more than the GLOW self-sufficiency wage will be eligible for a WIOA Adult-funded ITA.

### **GLOW In-Demand Occupations**

For GLOW ITA trainings, occupations/skills need to be in occupations that are on the Finger Lakes Region In-Demand Occupations List for the GLOW Local Workforce Development Area, which may be found at: <https://dol.ny.gov/lmi-workforce-planning>. Any other occupation that is not on this list 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.

### **Clinical Component of Occupational Skills Training**

When a clinical portion of occupational skills training is required, staff may not pay participants for hours worked during the activity.

**Note:** Guidance from an April 2017 Youth Issues Webinar provided information that staff could pay for this portion of the training using Work Experience funds, ; however, this **is not** the case.

Training and Employment Guidance Letter (TEGL) [21-16](#) does not clearly prohibit staff from using the work experience component of an occupational skills training

### **New York State (NYS) Eligibility Training Provider List (ETPL)**

The ITA must also be with a training provider listed on the NYS ETPL. Training services are auto loaded into the One-Stop Operating System (OSOS) to count positively. If a training provider is not on the ETPL, please see the GLOW WDB ETPL POLICY or contact the WDB team by email at: [Michelle.Williams@geneseeny.gov](mailto:Michelle.Williams@geneseeny.gov) or [Tracy.Vanvleck@geneseeny.gov](mailto:Tracy.Vanvleck@geneseeny.gov) for more information on the process.

### **Amount of Funding**

For an eligible Adult, Dislocated Worker, or Youth customer, the ITA cap is \$3,000 for tuition **per enrollment in the final year of training** and can be increased up to and not to exceed \$5,000 at the discretion of the GLOW WDB Executive Director. When extra funds are available, the WDB Executive Director will email providers to advise them that customers may apply for ITAs up to \$5,000. ITA requests that exceed \$5,000 will require an exception. ITAs are to be used for tuition, which may include books, supplies, and fees required by the course (e.g., lab fees), which are considered part of the cost of the training. Please note that testing, licensing, certification, and fingerprinting fees are eligible for reimbursement through supportive services. See the GLOW Supportive Services policy for additional details. Youth enrolled in a customized training must be co-enrolled as an Adult to receive funds. See GLOW WDB Customized training policy.

### **Process to Apply for ITA Adult and Dislocated Worker Funds**

The GLOW WDB’s process for contractors requires documentation of customer application for financial aid, including federal Pell Grants and the Tuition Assistance Program (TAP), for training programs of one (1) year in duration or longer. Allowable verification includes a Free Application for Federal Student Aid (FAFSA) screenshot, a letter from the training provider, award notification sent to the student, or copy of a tuition bill that shows how much financial aid was provided.

All training requests must follow the GLOW ITA Policy. Prior to approval of any Adult, Dislocated Worker, or Youth Training, staff will have completed the following activities:

- An eligibility intake (Data Element Validation,DEV) including all the necessary documents in the customer file, and enrollment in OSOS with case notes documenting eligibility;
- An Objective Assessment;
- A completed Individual Service Strategy (ISS) signed by the participant;

- An assessment for supportive services for the participant; and
- A developed training outline.

Once the service provider has completed the required activities listed above, they will complete the GLOW WDB Training for Adult and Dislocated Worker WIOA Funds Approval Form or GLOW WDB Training for WIOA Youth Training Approval Form and submit it to the GLOW WDB Executive Director for final approval before the training starts. Once the service provider receives the bill it will be sent to the Principal Account Clerk for the GLOW WDB grant recipient in Livingston County. The Principal Account Clerk will pay the vendor directly. The amount of training costs paid for on behalf of each service provider will be tracked and reported to the Board and the service providers monthly.

#### **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 two (2) weeks prior to the start of training for review and approval – LAST LATE SUBMISSIONS can be approved at the discretion of the Executive Director.**

The following are included in an ITA Exception:

- An in-demand occupation exception (an occupation not listed on the GLOW In-Demand Occupations List);
- Exceptions for additional funding, exceeding the \$5,000 limit, if funds are available; and
- The FastTrack Entrepreneurial Training at Wyoming County Business Center Program is approved at \$400 CAP per individual (the participant will pay the balance).

*Participation in programs and activities receiving funds under Title I of WIOA must be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, 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 two (2) weeks prior to training to GLOW WDB  
([michelle.williams@geneseeny.gov](mailto:michelle.williams@geneseeny.gov) or [tracy.vanvleck@geneseeny.gov](mailto:tracy.vanvleck@geneseeny.gov))**

Customer's Last Name, First Initial: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ County: \_\_\_\_\_

Director's Name: \_\_\_\_\_ OSOS ID: \_\_\_\_\_

Type of Training: \_\_\_\_\_ Training Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Is the provider listed on the New York State (NYS) Eligible Training Provider List (ETPL)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the course listed on the NYS ETPL? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Exception Issue:**

1) Is this an in-demand occupation exception (not listed as a GLOW in-demand 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 occupation in a location you are willing to travel for (can be provided via job openings on job websites, i.e., NYSDOL Job Bank, Indeed.com).

2) Is this request for additional funding? \_\_\_\_\_ Yes \_\_\_\_\_ No How much above \$5,000 requesting: \$ \_\_\_\_\_  
What is the total cost 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 [michelle.williams@geneseeny.gov](mailto:michelle.williams@geneseeny.gov) or [tracy.vanvleck@geneseeny.gov](mailto:tracy.vanvleck@geneseeny.gov) or you may fax to (585) 344-4495)*

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**Requested by Program Operator**

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

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

**Approval by WDB Executive Director**

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

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

Must be submitted prior to training to GLOW WDB Director ([tracy.vanvleck@geneseeny.gov](mailto:tracy.vanvleck@geneseeny.gov))

**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: \_\_\_\_\_  
Is the provider listed on the New York State (NYS) Eligible Training Provider List (ETPL)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is the course listed on the NYS ETPL? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Amount and type of funding: \_\_\_\_\_ Subsequent years? \_\_\_\_\_  
Summary of situation: \_\_\_\_\_

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**ON-THE-JOB TRAINING/CUSTOMIZED TRAINING/TRANSITIONAL JOBS WE**

Service provider name: \_\_\_\_\_ Date: \_\_\_\_\_  
Customer's last name, first initial: \_\_\_\_\_, \_\_\_\_\_ OSOS ID#: \_\_\_\_\_  
OJT/CT/Transitional Jobs employer worksite: \_\_\_\_\_ Training start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Estimated amount and type of funding for OJT/CT/Transitional Jobs: \_\_\_\_\_  
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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Service provider signature \_\_\_\_\_ Date: \_\_\_\_\_

**Approval by WDB Executive Director**

Name: Tracy VanVleck \_\_\_\_\_ Date: \_\_\_\_\_

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

C: Kristine Langless, GR

**GLOW TRAINING FOR YOUTH FUNDS APPROVAL FORM**

Must be submitted prior to Training to GLOW WDB Director ([tracy.vanvleck@geneseeny.gov](mailto:tracy.vanvleck@geneseeny.gov))

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

Is the provider listed on the New York State (NYS) Eligible Training Provider List (ETPL)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the course 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 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: Tracy VanVleck \_\_\_\_\_

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

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

C: Kristine Langless, GR