

GLOW Workforce Development Board (WDB) POLICY

Under the Workforce Innovation and Opportunity Act (WIOA)

Name of Policy: Rescind GLOW Special Individual Training Account (ITA)
& Work Experience (WEX) for Youth

Approval Date: ~~6/19/18, 1/15/2019, 4/8/20, 5/18/20219/21/21, 3/17/26~~

Effective Date: ~~1/15/19-6/30/21, 4/8/20-6/30/21 5/18/21-6/30/22, 3/18/26-~~

Purpose:

In past program years, GLOW WDB had an excess of WIOA Youth funds that could be subject to recapture if not spent in a suitable and appropriate time frame. This policy had been established in an effort to ensure these funds go to youth in need of WE or Occupational Skills Training (OST).

When this occurs, service providers will be able to access funding held at the GLOW WDB level to provide WE, OST, ~~employer-based training~~ on-the-job training (OJT), supportive services, or incentive payments to eligible youth. These activities will not be subject to the established restrictions of \$5,000 for tuition in GLOW's ITA Policy. Service providers will be allowed to provide trainings that include the completion of a two-year degree program or a four-year degree program provided that the participant has already completed two years of this process and funding is available. **Please refer to the following policies for further guidance: GLOW ITA Policy, GLOW OJT Policy, GLOW Customized Training Policy, GLOW Youth Supportive Services Policy, GLOW Youth Work Experience Policy, and GLOW Youth Incentive Policy.**

WE activities provide the opportunity for youth with little to no work experience to participate and gain experience and knowledge. Under this policy, work experience can take place in the private for-profit sector, the non-profit sector, or the public sector. Although the GLOW WDB will fund the WE, the service providers will be required to follow the established GLOW Youth Work Experience Program Policy.

Priority of Service for Youth Funded ITAs and Work Experiences

First, to veterans who meet the eligibility requirements of WIOA O/S Youth.

GLOW Priority 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.

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 the One-Stop Operating System (OSOS) in order for a training service to count positively. If a training provider is not on the ETPL, please contact GLOW WDB Staff (tracy.vanvleck@geneseeny.gov or michelle.williams@geneseeny.gov) for more information on the process.

Process to Apply for ITA

The GLOW WDB process for the contractors requires documentation of customer application for financial aid, including Pell and Tuition Assistance Program (TAP) grants, for training programs of a 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 a copy of a tuition bill that shows how much financial aid was provided.

Procedure:

Prior to approval of any ITA or WE, staff will have completed the following activities.

- An eligibility intake (including all the necessary documents in the customer file, and enrollment in OSOS with case notes documenting the enrolling barrier;
- An Objective Assessment (including the portions of Career Zone required by GLOW, math and reading testing if required, and other pertinent testing);
- A completed Individual Service Strategy (ISS) signed by the participant;
- An assessment for supportive services for the participant; and
- A developed training outline (WE only).

Once the service provider has completed the required activities listed above, they will complete the attached form and submit it to the Executive Director of the GLOW WDB for final approval and payment. In the event of an ITA, the GLOW WDB grant recipient will pay the vendor directly. If a WE is put in place, the service provider will be reimbursed for the amount. All timecards verifying hours worked will be submitted.

Youth in an ITA of multiple years will only be funded for subsequent semesters if they maintain passing grades in all courses. GLOW WDB will not pay additional costs for students to retake a course that they received a failing grade in.

If Youth participants who do not need assistance with tuition or WE wages are assessed for and would benefit from Supportive Services, the service providers will be required to follow the established GLOW Supportive Services Policy.

The spending cap for the Special Policy is \$12,000 per customer per enrollment. Exceptions on a case-by-case basis can be made to exceed the spending cap of \$12,000 per customer per enrollment. Customer approval forms that exceed the \$12,000 amount must be presented to the finance committee for a recommendation and approval by the GLOW WDB.

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 start of training for review for approval.**
 - The following are included in an ITA Exception:
 - An in-demand occupation exception (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).

**GLOW WORKFORCE DEVELOPMENT BOARD POLICY
UNDER THE WORKFORCE INNOVATION OPPORTUNITY ACT (WIOA)
INDIVIDUAL TRAINING ACCOUNT SPECIAL YOUTH (ITA) EXCEPTION FORM
(For use by service providers)**

**Must be submitted at least 2 weeks prior to training to GLOW WDB
(tracy.vanvleck@geneseeny.gov and michelle.williams@geneseeny.gov)**

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: _____

Are they listed on the NYS Eligibility Training Provider List? _____ 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 location you are willing to travel for (can be provided via job openings on job openings website, i.e., NYSDOL Job Bank, Indeed.com).*

Requested by Program Operator

Name: _____

Date: _____

Signature: _____

Approval by WDB Executive Director

Name: Tracy VanVleck

Date: _____

Signature: _____

GLOW TRAINING FOR YOUTH FUNDS APPROVAL FORM

Must be submitted prior to training to GLOW [WDB Director](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: _____
Are they listed on the NYS Eligibility Training Provider List? _____ Yes _____ No
Amount of funding: _____ Subsequent years? _____
Summary of situation: _____

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: _____

WORK EXPERIENCE

Service provider name: _____ Date: _____
Customer's last name, first initial: _____, _____ OSOS ID#: _____
WE site/location: _____ WE start date: _____ WE end date: _____
Estimated # of hours: _____ Estimated amount of funding: _____
Summary of situation: _____

SUPPORTIVE SERVICES

Service provider name: _____ Date: _____
Customer's last name, first initial: _____, _____ OSOS ID#: _____

Type of Supportive Services: _____
services: _____

Estimated amount and type of funding for supportive

Is staff aware of any other free resources available to help the customer with these needs? _____ Yes or
_____ No

Summary of situation: _____

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: _____

SIGNATURE

Service provider signature _____

Date: _____

Approval by WDB Executive Director

Name: Tracy VanVleck _____

Date: _____

Signature: _____

C: Kristine Langless, GR