CHICAGO COOK
WORKFORCE PARTNERSHIP

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March 16, 2021

Customized Training Overview

Presenter

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CT Overview

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- What is Customized Training?
- General Requirements
- CT for Employed WIOA participants
- Ineligible Employers
- Required Documents
- CT Pre-Award Checklist
- CT Agreement
- Budget Template and Budget Narrative
- CT Documents Location
- Support documentation
- Tips for Successful CT
- Gleaned Experiences
- Next steps
- Reporting
- Questions

What is Customized Training?

A business services for employers, a training provided through an employer to a WIOA customer that:

1. It is designed to meet a special requirements of an employer (include a group of employers)
2. That is conducted with a commitment to hire the WIOA customer upon completion
3. Employer pays for a significant amount of the training.

Poll question 1

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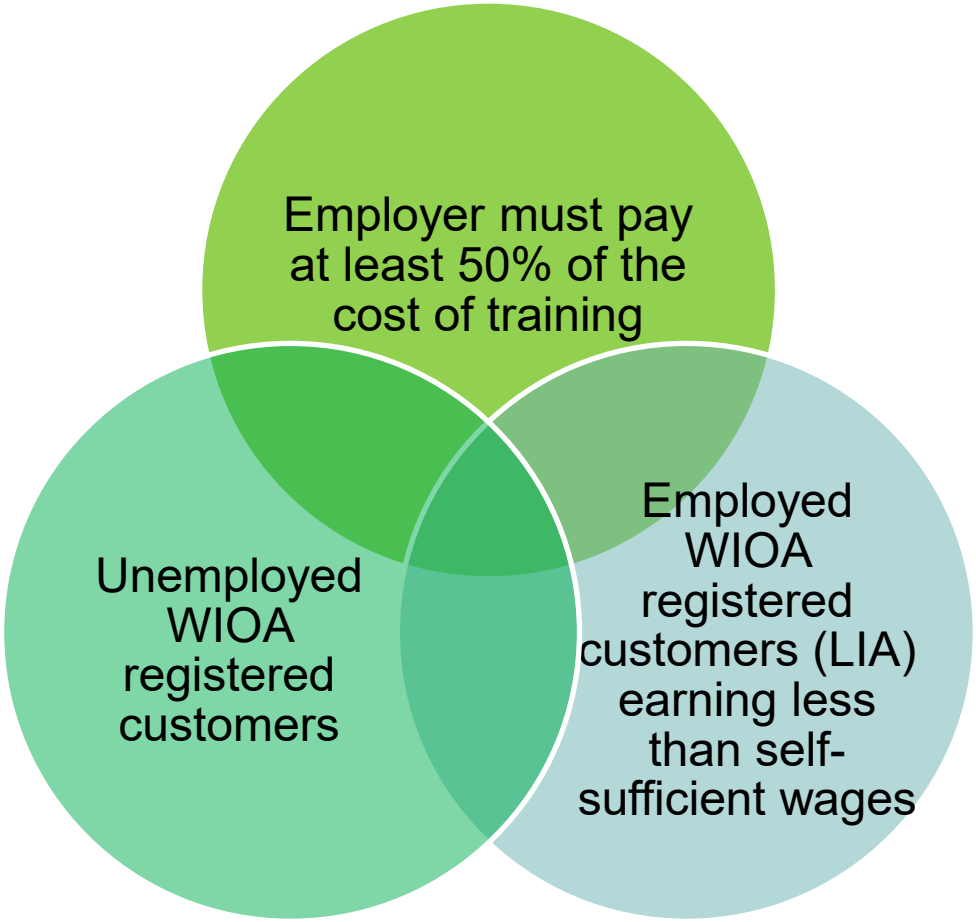
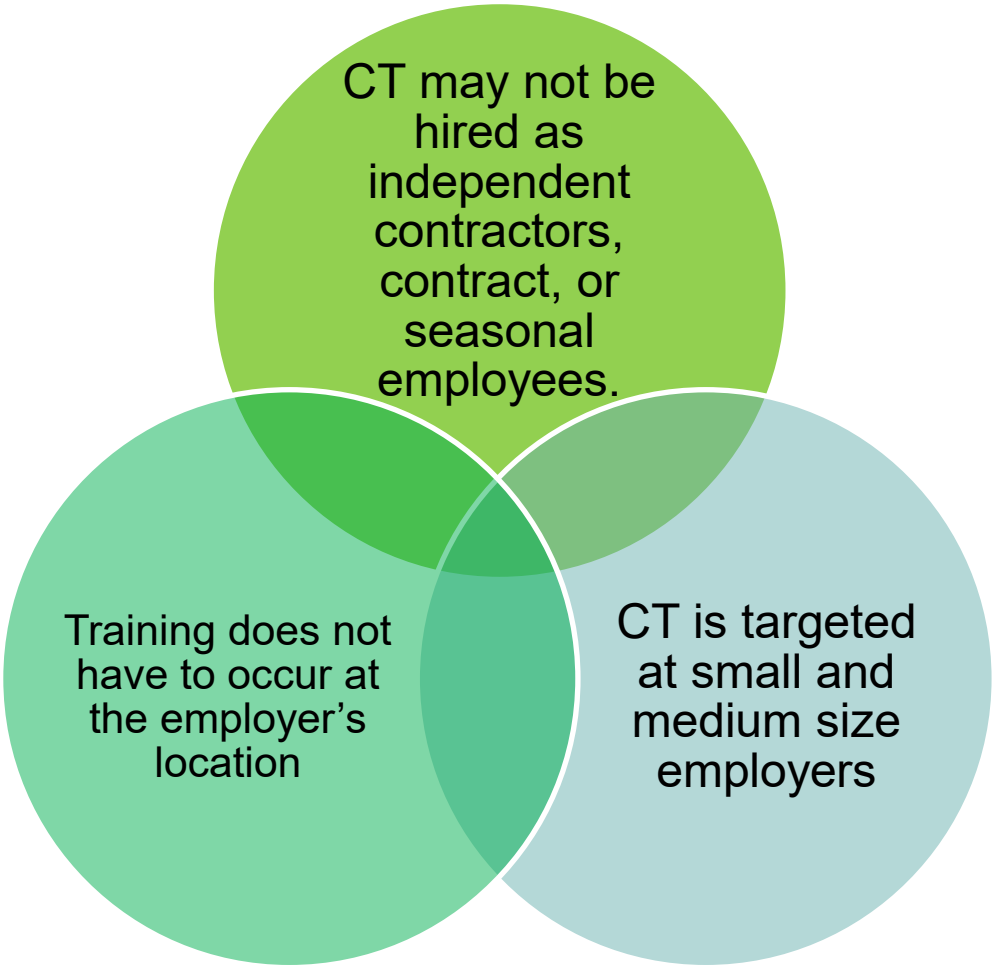
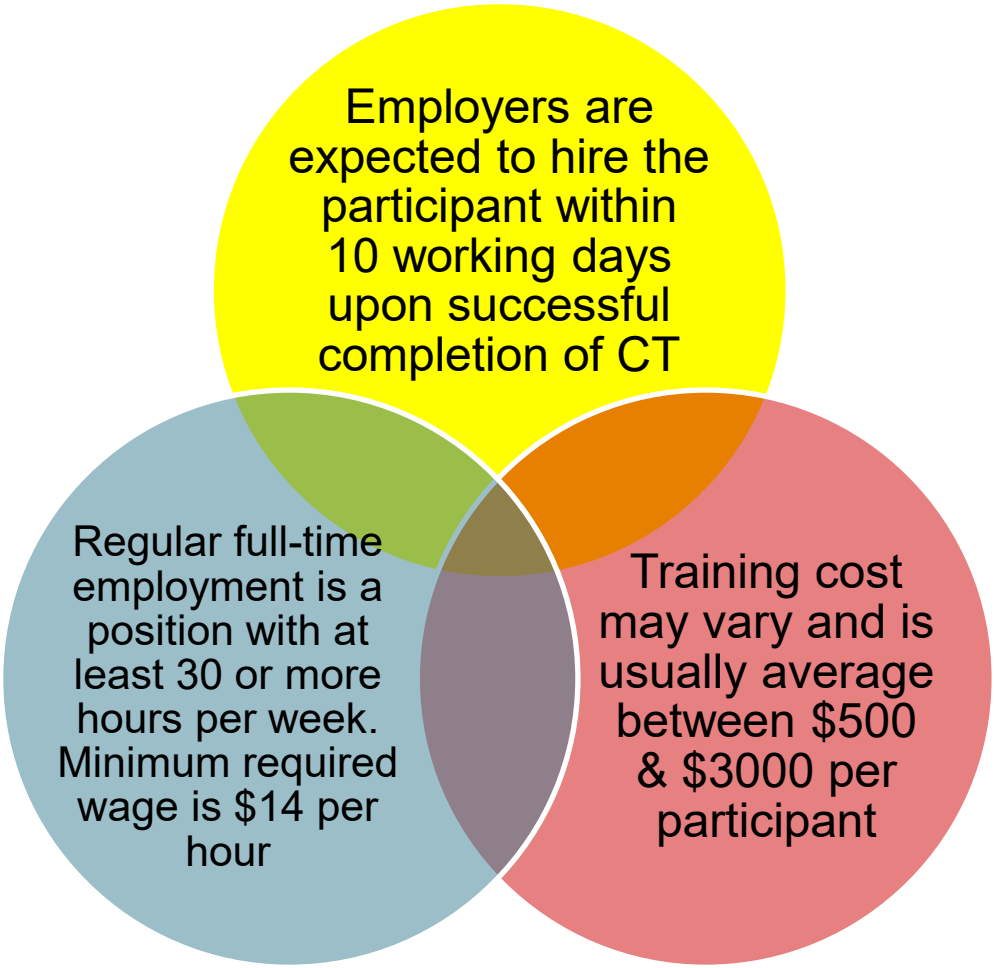
General Requirements



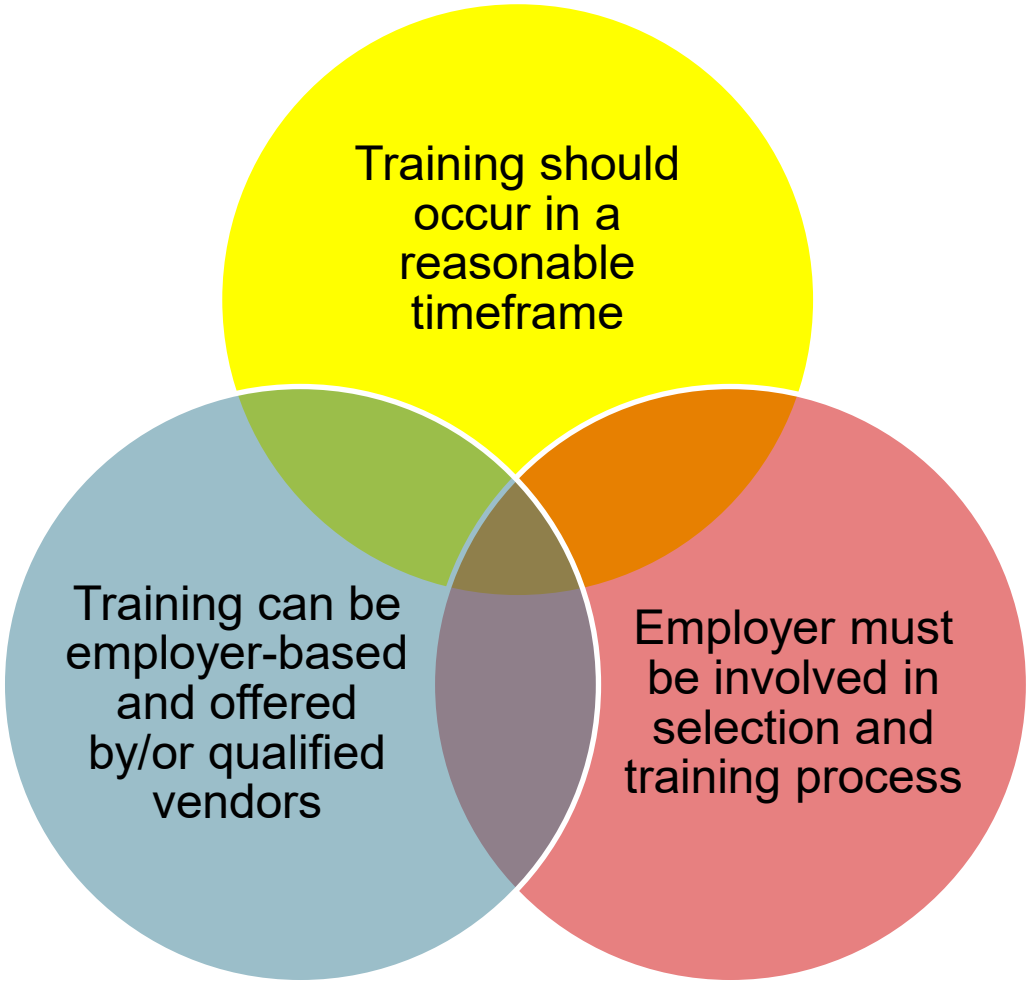
General Requirements (cont.)



Employer Expectations



Employer Expectations (cont.)



Targeted Industries

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- Business and Professional Services
- Healthcare
- Hospitality
- Information Technology
- Manufacturing
- Retail
- Transportation, Distribution, and Logistics
- Construction

CT for employed WIOA participant

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CT can also be for a WIOA participant that is already working for the employer

- CT must elevate the employee wages.
- Skills upgrade training must be related to:
  - The introduction of new technologies.
  - The introduction of to new production or new services.
  - Upgrading to new jobs that require additional skills/workplace literacy or,
  - Other appropriate purposed identified by the local Workforce development board.

Poll question 2

Ineligible Employers

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- Pattern of not retaining candidates
- Violated or in violation of labor, discrimination, environmental or health and safety laws
- Failed meeting previous Agreements
- Public sector employers

- The CT Agreement is made to replace laid off employees
- Relocation to region within 120 days and the relocation resulted in jobs lost by employees
- The CT Agreement can not assist, promote or deter unions

Poll question 3

Required Documents

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Refer to your handouts

- CT Pre-Award Checklist Form
- CT Agreement
- Budget
- Budget Narrative
- Support Documentation

CT Pre-Award Checklist Form

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Customized Training Pre-Award Checklist
For Employer Eligibility

To be completed by the Employer
Section 1: Employer Information

Employer's legal business name:		
Former business name(s)		
Number of Years in Business		
Years at Current Location		
Federal Employer ID Number (FEIN)		
NACIS Code		
Type of Organization	Choose an item.	
Is the business being sold or merging with another company?	Choose an item.	
Ethnicity of Company Ownership	Choose an item.	
Total Number of Full-Time Employees		
Unemployment Insurance Account Number		
Address – Administrative Office	Address	
	City, State, Zip Code	
	Web site URL	
Address – Training Location This is the location where the training described in the application will be provided.	Address	
	City, State, Zip Code	
	County	
Principal of Agency: CEO/Executive Director/President	Name	
	Title	
	Email address	
	Phone	
Administrative Contact Person	Name	
	Title	
	Email address	
	Phone	
	Fax	
Target Industry/Sectors	☐ Transportation, Distribution, and Logistics ☐ Manufacturing ☐ Information Technology ☐ Other:	
Contractor's workers compensation insurance carrier	Policy Name	
	Policy Number	
	Policy Period	

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Section 2: Meeting Federal /Local Criteria
Check N/A if this question does not apply or check off the box to indicate you agree to the statement below:

If less than 120 days and the business relocated from another area in the U.S and individual(s), were employees laid off at the previous location as a result of the relocation?	☐ Yes ☐ No ☐ N/A

Section 2 A: Meeting Federal /Local Criteria – Part 2
Checking off the box indicates you agree to the statement.

1. Company has operated at current location for at least 120 days.	☐
2. Employer verifies WIOA will not be used to relocate operation in whole or in part.	☐
3. Employer verifies that the establishment, if new or expanding, has not displaced employees from Illinois.	☐
4. The customized training does not infringe upon the promotion of or displacement of currently employed workers or a reduction in their hours.	☐
5. Employer ensures that no individual is on a layoff from the same or any substantially equivalent job in IL.	☐
6. The employer ensures they have not terminated the employment of any regular employee or caused an involuntary reduction in its workforce with the intention of filling the vacancy with customized training new hires.	☐
7. The employer ensures the same or equivalent position is not open due to a hiring freeze	☐
8. Upon successful completion of the customized training, the new hire is classified as a full-time worker and is not hired for seasonal or temporary employment.	☐
9. The employer agrees to cooperate with monitoring and reporting efforts as required by WIOA legislation and adhere to all other applicable local, state, and federal rules and regulations.	☐
10. Conditions of employment and training will be in full accordance with all applicable federal, state and local laws and ordinances (including but not limited to anti-discrimination, labor, and employment laws, environmental laws or health and safety laws). 29 CFR 37.38(b)	☐
11. Customized training funds will not be used to directly or indirectly assist, promote or deter union organizing	☐
12. Employer certifies that the customized training will not impair existing agreements for services or collective bargaining agreements and that either it has the concurrence of the appropriate labor organization as to the design and conduct of an customized training, or it has no collective bargaining agreement with a labor organization the covers the position being filled by the customized training new hire.	☐
Is the occupation in which the customized training is being offered subject to a collective bargaining agreement? If yes, please indicate the name, title and union affiliation of the appropriate bargaining representative.	
Bargaining Representative's Name:	
Bargaining Representative's Title:	
Union Affiliation:	

CT Pre-Award Checklist Form (cont.)

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Section 3: Signatures

I hereby certify that the above information is, to the best of my knowledge, true and correct.

Employer Certifying Official - Contact Name _____ Signature _____ Date

Print Title

****

To be completed by Agency Only

Check the appropriate answer - Yes, No and N/A

Have WARN notices relating to the employer been filed in the last year?	Choose an item.
Has the employer exhibited a pattern of failing to provide trainees with full-time employment upon successfully completing training in the last 2 years?	Choose an item.
In Section 2 is the box to that question checked off?	Choose an item.
In Section 2A are any boxes NOT checked off?	Choose an item.
Employer meets all requirements of the CT pre-award	Choose an item.

Click or tap here to enter text.

American Job Center, Sector Center, Delegate Agency Rep. - Printed Name and Title

Signature and Date

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Once a Customized Training Pre-Award Checklist is signed by the Employer and signed/approved by the CT Broker, the Employer is to submit to the CT Broker three items:

1. **Written proposal**
2. **Budget or cost breakdown** and
3. Signed **Customized Training Agreement**

Written Proposal:

When evaluating proposals, the following criteria will be considered:

- ☐ Quality of the Training: The training proposal must be detailed and tailored to a specific job. The curriculum must be well written, and the instructor must be deemed qualified to conduct the training. The training must be clearly linked to anticipated increases in productivity.
- ☐ Benefits to Workers: The training must result in benefits to the workers such as: placement into employment, enhanced employability, job upgrades, increased wages and/or job security. Workers completing training should receive written certification or acknowledgment of their successful completion. The issuance of industry-recognized credentials or certifications is highly preferred and should be clearly outlined.
- ☐ Appropriateness of Cost: The proposed costs must be reasonable in relation to the type of training, the number of workers to be trained and the cost per participant. All proposed costs must meet local, State, and Federal cost related requirements and limitations.
- ☐ Matching Costs: The minimum employer cost participation requirement of 50% percent must be met. Proposals reflecting higher levels of employer costs participation will be given a more favorable review on this criterion.
- ☐ Secondary Benefits: Projects that result in "secondary benefits" will be given added consideration. Secondary benefits may include: commitments by participating employers to list future job opportunities with The Partnership or otherwise commit to participate in other employment programs or events.

Costs:

Subject to approval, all reasonable and necessary costs related to conducting the training are allowable. Following are typical costs eligible for reimbursement from the Customized training agreement:

- ✓ Tuition and school fees
- ✓ Books
- ✓ Training materials and supplies
- ✓ Pre- and post-testing
- ✓ Vocational counseling
- ✓ Vendor/Contractor trainer costs
- ✓ Travel expenses of trainers
- ✓ Travel expenses of trainees
- ✓ Training facility costs (training off-site)
- ✓ Fees for technical or professional certifications
- ✓ Refresher courses for occupational certifications
- ✓ Support service costs
- ✓ Other costs with approval

Agreement

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Chicago Cook Workforce Partnership
Employer Agreement for Customized Training Grant

Employer Agreement #CT _____ for Customized Training

This Customized Training Agreement is between the (Agency Name), hereinafter called the "CT Broker" and (Name of Employer), hereinafter called the "Employer". Both parties agree to the terms and conditions set forth within this Agreement. The Agreement is in effect in the Program Year XX/XX/XXXX through XX/XX/XXXX.

Whereas, The Partnership serves as the designated administrator of the Workforce Innovation and Opportunity Act **(WIOA)** of 2014 on behalf of the City of Chicago and Cook County; and whereas, in this capacity, The Partnership oversees the utilization of "**customized training grants**" pursuant to 20 CFR Part 652 §§663.705 et. seq., in furtherance of its mission to **promote career pathways and encourage local business' use of the nation's public workforce system**, this Agreement will facilitate customized training as a tool used to both train program participants and encourage local business utilization of the public workforce system.

SECTION 1. CUSTOMIZED TRAINING BROKER INFORMATION

CT BROKER:	CONTACT PERSON:	TELEPHONE #:
BROKER ADDRESS:	EMAIL:	FAX #:

Customized Training Broker Certification

The CT Broker certifies that a legitimate need for training exists and expects continued employment for the person(s) completing training for the occupation listed in this Agreement as established by the Chicago Cook Workforce Partnership (THE PARTNERSHIP) and in the attached proposal.

CT Broker Representative Signature: _____ Date: _____
CT Broker Approval Signature: _____ Date: _____

SECTION 2. EMPLOYER INFORMATION

EMPLOYER'S LEGAL BUSINESS NAME:		FEIN #:
FORMER NAMES(S) UNDER WHICH THE EMPLOYER CONDUCTED BUSINESS:		
CONTACT PERSON:		TITLE:
EMPLOYER'S ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	FAX:
PAYROLL SYSTEM:		LOCATION OF PAYROLL RECORDS:
COMPANY INDUSTRY: NAICS CODE: PROPOSED OCCUPATION FOR TRAINING:	# OF UNSUBSIDIZED EMPLOYEES:	YEARS IN EXISTENCE:

Chicago Cook Workforce Partnership
Employer Agreement for Customized Training Grant

WORKMANS COMPENSATION INSURANCE CARRIER:		
WORKMANS COMPENSATION INSURANCE POLICY NUMBER:		
EFFECTIVE DATES : (MM/DD/YY)		TO

EMPLOYER #2 INFORMATION (N/A, if only one Employer)

EMPLOYER'S LEGAL BUSINESS NAME:		FEIN #:
FORMER NAMES(S) UNDER WHICH THE EMPLOYER CONDUCTED BUSINESS:		
CONTACT PERSON:		TITLE:
EMPLOYER'S ADDRESS:		
CITY:	STATE:	ZIP:
TELEPHONE:	EMAIL:	FAX:
PAYROLL SYSTEM:		LOCATION OF PAYROLL RECORDS:
COMPANY INDUSTRY: NAICS CODE: PROPOSED OCCUPATION FOR TRAINING:	# OF UNSUBSIDIZED EMPLOYEES:	YEARS IN EXISTENCE:
WORKMANS COMPENSATION INSURANCE CARRIER:		
WORKMANS COMPENSATION INSURANCE POLICY NUMBER:		
EFFECTIVE DATES : (MM/DD/YY)		TO

SECTION 3. CUSTOMIZED TRAINING PROPOSAL SUMMARY

Before participant recruitment and training can begin, a Customized Training Pre-Award Checklist must be signed and approved. Upon approval, the Employer can submit the following to the CT Broker for review:

1) Written Proposal
   a). The criteria that should be covered in the written proposal are included in the copy of the Employer's signed Pre-Award Check-off List.
2) Projected Costs or Budget
   a). A breakdown of reasonable and necessary costs is included in the copy of the Employer's signed Pre-Award Check-off List. The Employer understands that changes to the project, including schedule and enrollment changes, must be submitted in writing and are subject to review and further approval by the CT Broker and/or The Partnership. The awarded project amount may be impacted by said changes.
3) A signed Customized Training Agreement

SECTION 4. PROGRAM GUIDELINES

A. PURPOSE

The following describes the intent and purpose of the Customized Training business service:

1. **CUSTOMIZED TRAINING DEFINITION**

Agreement (cont.)

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Chicago Cook Workforce Partnership

Employer Agreement for Customized Training Grant

SECTION 5. TERM

This Customized Training Agreement is in effect in the Program Year XX/XX/XXXX through XX/XX/XXXX and may be amended by the mutual written Agreement of the parties. All amendments shall be signed by both parties prior to the start date of the amendment and must be attached to the Agreement.

SECTION 6. TERMINATION

If the Employer or the Training Broker fails to perform under the terms of the Agreement, or if it is in the best interest of either party, THE PARTNERSHIP or the CT Broker or the Employer may cancel or modify this Agreement in whole or in part by providing three (3) business days' notice to the other party. Any dispute arising from this Agreement that cannot be settled by mutual consent will be decided by The Partnership's General Counsel. A copy of the General Counsel's decision will be provided to all parties.

SECTION 7. SIGNATURES

(Employer's signor must be executive level and/or its assigned signor and duly authorized agent of the Employer.)

I hereby agree to all the terms and conditions in this Customized Training Employer Agreement.

Authorized Signatures

DATE: _____
EMPLOYER #1 SIGNATURE:
_____
TYPE/PRINT NAME: _____
TITLE: _____

DATE: _____
CT BROKER SIGNATURE:
_____
TYPE/PRINT NAME: _____
TITLE: _____

DATE: _____
EMPLOYER #2 SIGNATURE:
_____
TYPE/PRINT NAME: _____
TITLE: _____

Budget Template

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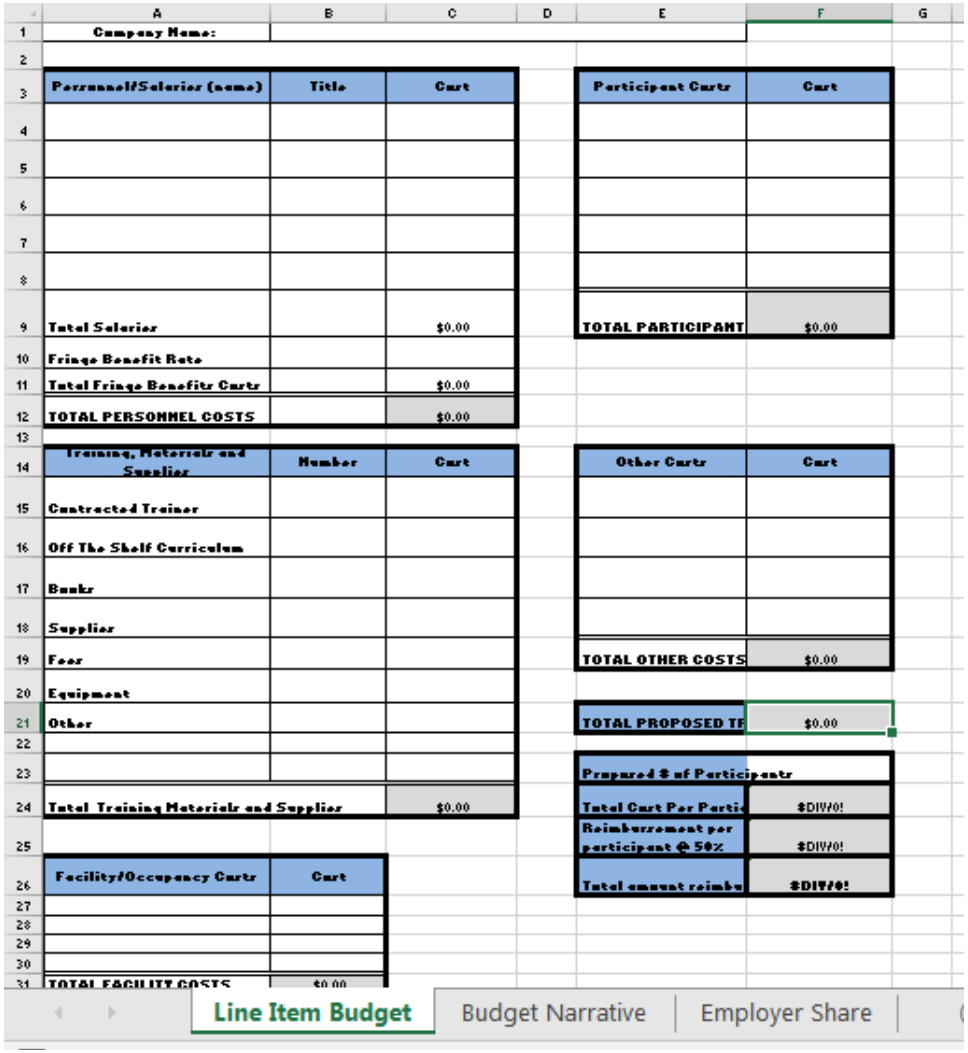

	A	B	C	D	E	F	G
1	Company Name:						
2							
3	Personnel/Salaries (name)	Title	Cost		Participant Costs	Cost	
4							
5							
6							
7							
8							
9	Total Salaries		$0.00		TOTAL PARTICIPANT	$0.00	
10	Fringe Benefit Rate						
11	Total Fringe Benefits Costs		$0.00				
12	TOTAL PERSONNEL COSTS		$0.00				
13							
14	Training, Materials and Supplies	Number	Cost		Other Costs	Cost	
15	Contracted Trainer						
16	Off The Shelf Curriculum						
17	Books						
18	Supplies						
19	Fees				TOTAL OTHER COSTS	$0.00	
20	Equipment						
21	Other				TOTAL PROPOSED TF	$0.00	
22							
23					Prepared $ of Participants		
24	Total Training Materials and Supplies		$0.00		Total Cost Per Partic	#DIV/0!	
25					Reimbursement per participant @ 50%	#DIV/0!	
26	Facility/Occupancy Costs	Cost			Total amount reimbu	#DIV/0!	
27							
28							
29							
30							
31	TOTAL FACILITY COSTS	$0.00					

Line Item Budget | Budget Narrative | Employer Share

Budget Template (cont.)

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	A	B	C
1	*Please explain how the costs were calculated and how each cost contributes to the training*		
2	**Line Item**	**Narrative**	
3	Personnel Costs		
4	Training Materials and Supplies		
5	Participant costs		
6	Other Costs		
7	Other Costs		
8			

Line Item Budget | **Budget Narrative** | Employer Share

Budget Template (cont.)

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	A	B	C	D
1	*Please identify the amount of the employer contribution and source documentation*			
2	**Employer Contribution @ 50% (may include in kind)**			
3	**Line Item**	**Amount**	**Description and source**	
4	**Personnel**			
5	**Materials and Supplies**			
6	**Facility /Occupancy**			
7	**Equipment**			
8	**Participant Costs**			
9	**Other**			
10	**Other**			
11	**Other**			
12	**Total Amount Employer Share**	$0.00		
13	**Percent of Total Costs**	#DIV/0!		

Line Item Budget | Budget Narrative | **Employer Share**

Poll question 4

CT Documents Location

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chicookworks.org

- CT Policy Letter

workforce.zendesk.com

- CT Pre-Award
- CT Agreement
- CT Budget Template
- CT Flyers

Support Documentation

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- Training objectives (narrative)
- Trainer(s) resume
- Tentative Training Calendar/Schedule
- Curriculum outline
- Documentation gathered during training
  - Attendance
- Documentation gathered after training
  - Certificate of Completion or Stackable Credential

Tips for Successful CT

- Complete Pre-Award Checklist Form FIRST
- Tour facility
- Secure Job Description
- NO Entry level, Seasonal or Commission only jobs
- Appropriate budget
- Employer must provide equal status
- Adequate training? Review training plan

Poll question 5

Gleaned Experiences

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- Review OJTs and IWT as options
- The participant is not a WIOA registered customer by or before the training start date
- The full-time employment of the CT completer(s) must be within 10 business days
- CT is not a recurring program for employers
- Poor documentation of skills gap resulting in ineffective training plans
- All information must be documented in Career Connect
- ITAs are easier

Documentation and Reporting

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Documents required for a CT

- Initial Site Visit
- Pre-Award Checklist Form
- Agreement
- Budget
- Budget Narrative
- Support documentation

Reporting

- CT Monthly Report (if applicable) *
- Pre-Award (signed)
- Agreement (signed)

Email: vvizueta@chicookworks.org

Poll question 6

Reimbursement Process

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Documents required for reimbursement

- Customized Reimbursement Checklist
- Customized Reimbursement Form

Customized Reimbursement Checklist

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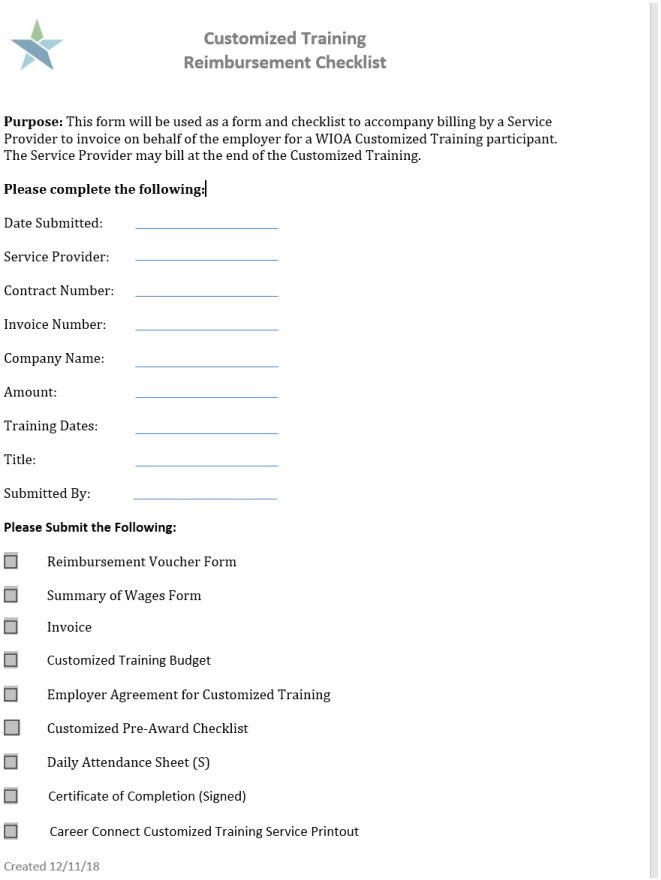

Customized Training Reimbursement Checklist

Purpose: This form will be used as a form and checklist to accompany billing by a Service Provider to invoice on behalf of the employer for a WIOA Customized Training participant. The Service Provider may bill at the end of the Customized Training.

Please complete the following:

Date Submitted: _____

Service Provider: _____

Contract Number: _____

Invoice Number: _____

Company Name: _____

Amount: _____

Training Dates: _____

Title: _____

Submitted By: _____

Please Submit the Following:

- ☐ Reimbursement Voucher Form
- ☐ Summary of Wages Form
- ☐ Invoice
- ☐ Customized Training Budget
- ☐ Employer Agreement for Customized Training
- ☐ Customized Pre-Award Checklist
- ☐ Daily Attendance Sheet (S)
- ☐ Certificate of Completion (Signed)
- ☐ Career Connect Customized Training Service Printout

Created 12/11/18

Customized Reimbursement Form

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CHICAGO COOK WORKFORCE PARTNERSHIP
CUSTOMIZED TRAINING PROJECT
VOUCHER FORM

Customized Training Project Name:				CT#:
Voucher Number:				
Invoice Period Covered:				
Contractor Name:			Training Vendor Name:	
Contact Person:			Contact Person:	
Address:			Address:	
City / State / Zip Code:			City / State / Zip Code:	
Phone #:			Phone #:	
Federal Employer I.D. #:			Federal Employer I.D.#:	

CUSTOMIZE TRAINING PROJECT TOTALS

Cost by Title:	WIOA Adult	WIOA Dislocated	Other Funding	Total Amount
Participant Training Cost:				
Number of Customized Training Participants:				
Total Training Cost:				

Agency Certification

Preparer: Date:

I certify, as an officer of the agency, that this cost disbursement claim represents expenditures incurred during the reported training period, that said expenditures are part of an approved Customize Training Agreement / Scope and that payment has not previously been requested or received. I further certify that the original documents are on file and available for audit or review upon request.

WIOA Voucher Summary Form | Summary of Costs per Title

Customized Reimbursement Form

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The Partnership
Workforce Innovation and Opportunity Act (WIOA)
Customized Training Project
Provider's Summary Of Costs and
Training Participant List

Customize Training Project Name: | **CT Number:**

Provider		Customized Training Vendor Name:	
Agency Name:		Training Vendor Name:	
Agency Contact:		Vendor Contact:	
Date Submitted:		Vendor Address:	
Participants' Attendance sheets Received, :		City, Sate, Zip:	
		Training Address: (if different than Vendor)	

No.	WIOA Title	Participant Name	Career Connect State ID	Training / Job Title	Training Start Date	Training End Date	Entered into IEP	CC Case Notes Entered	Service Record Entered	
1										
2										
3										
4										
5										
9										
10										
Totals										$0.00

Each participant enrolled in a Customize Training Project is required to have appropriate and relative data as requires in CC, i.e. case note. IEP, service records, attendance sheets and employer information.

Agency Authorized Signature: **Date:**

Title:

WIOA Voucher Summary Form | Summary of Costs per Title

Questions

Thank you