

Maryland Highway or Capital Transit Construction Skills Training Program | 2/2/2015

TO:	Local Workforce Investment Area (LWIA) dir Division of Workforce Development and Adul	
FROM:	Division of Workforce Development and Adu Maryland Department of Labor, Licensing and	
SUBJECT:	Maryland Highway or Capital Transit Construc	ction Skills Training (HCCT) Program
PURPOSE:	To provide policy guidance on Maryland's HC	CT Program
ACTION:	LWIA directors, American Job Center (A central office managers will ensure all er copies of this policy. DWDAL policies are a	nployees are aware of and receive
EXPIRATION:	Until cancelled or replaced.	
QUESTIONS:	Sheila Bouloubassis Project Manager, DWDAL 410.767.2388 sheila.bouloubassis@maryland.gov	Erin Roth Director of Policy, DWDAL 410.767.5870 <u>erin.roth@maryland.gov</u>

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CANCELLATION

The following are hereby cancelled, replaced, and archived by this policy issuance:

• Workforce Investment Field Instructions (WIFI), "Highway or Capital Transit Construction Skills Training Project," dated November 6, 2013.

Archived policies are available at: http://www.dllr.state.md.us/employment/.

GENERAL INFORMATION

MARYLAND HIGHWAY OR CAPITAL TRANSIT CONSTRUCTION (HCCT) SKILLS PROGRAM

The Maryland Highway or Capital Transit Construction (HCCT) Skills Program is a training program that seeks to address Maryland's workforce needs in highway and capital transit construction. Through the HCCT Program, Maryland's Local Workforce Investment Areas (LWIAs) provide local jobseekers with contextualized learning opportunities, training, and supportive services in highway and capital transit construction industries. The goal of the training program is two-fold: to increase access in construction and transportation related careers for Maryland's socially and economically disadvantaged jobseekers, and to meet employer needs by creating a more skilled workforce for the industry. LWIAs receive funding to participate in the HCCT Skills Program through a competitive process.

PROGRAM HISTORY

In 2012, the Maryland Legislature approved House Bill 457, which added Section 8-508 to the Transportation Article, Annotated Code of Maryland. This Section provides for the Maryland Department of Labor, Licensing and Regulation (DLLR), in collaboration with the Maryland Department of Transportation (MDOT) and the Governor's Workforce Investment Board (GWIB), to administer highway or capital transit construction and supportive service projects.

JOB SEEKERS: PROGRAM PARTICIPANTS & OUTREACH

TARGET PARTICIPANTS

The State's HCCT Skills Program is focused on serving Maryland jobseekers that face multiple barriers to employment. HCCT program participants may, for example, face barriers such as: criminal backgrounds, disabilities, lack of high school completion, homelessness, Limited English Proficiency, low literacy, or low income and thereby relying on public assistance. Thirty percent of a LWIA's jobseeker population may be incumbent workers so long as the worker is also a jobseeker who faces multiple barriers to employment.

Target participants for the HCCT Program may vary by LWIA. LWIAs are chosen for participation through a competitive process. Participating LWIAs must comply with the terms of the original Competitive Grant Proposal and their accepted Proposal submission to DLLR. Each participating LWIA must define its target participants and DLLR must approve.

PARTICIPANT OUTREACH METHODS

DLLR and LWIA staff should identify potential participants by building upon existing customer relationships, organization partnerships, and other resources. Examples of resources that could help to identify participants include, but are not limited to: the Maryland Department of Human Resources (DHR), DLLR's Office of Adult Education and Literacy Services (AELS), the Jobs for Veterans State Grant Program (JVSG)'s Disabled Veterans Outreach Program (DVOP) staff, and dislocated worker programs including Reemployment and Eligibility Assessment (REA) and Early Intervention (EI) programs.

American Job Center staff should also help to identify participants and refer them to the appropriate LWIA contact to determine program eligibility. Veterans should receive priority of service.

LWIA STAFF ROLES

Directors of participating LWIAs must ensure that staff roles in the HCCT Program are clearly understood. LWIA directors must designate a LWIA Project Manager to work with appropriate staff on:

- Identifying program candidates;
- Assessing candidates' eligibility for the HCCT Program;
- Facilitating communication on the HCCT Program, to ensure all LWIA and AJC staff know of the program as a potential resource;
- Assisting eligible program participants with obtaining suitable supportive services and training; and,
- Ensuring that all fiscal and administrative reporting is timely and complete.

PARTICIPANT APPROVAL

To approve a candidate for participation in the HCCT Program, a designated LWIA staff person must:

- 1. Conduct an individual needs assessment OR review an existing employment plan;
- 2. Determine that the jobseeker meets the LWIA's criteria for an individual with significant barriers to employment.
- 3. Ensure that the program requirements identified by the LWIA in its DLLR-approved proposal are met.

PARTICIPATING BUSINESSES & OUTREACH

TARGET EMPLOYERS

Each LWIA participating in the Highway or Capital Transit Construction (HCCT) Skills Program must provide comprehensive training in highway or capital transit construction trades that have a high potential for employment and job retention of program participants for a minimum of six months.

EMPLOYER OUTREACH METHODS

Business Services staff from participating LWIAs should refer interested, qualifying businesses to the appropriate LWIA staff person for further direction.

TRAINING

Based on a participating LWIA's approved grant proposal and an assessment of a participant's need, the HCCT Program provides meaningful, quality training opportunities, which could include: pre-apprenticeship opportunities, on-the-job training (OJT), occupational skills training, customized training, career pathways, paid internships, or apprenticeship opportunities.

PRE-APPRENTICESHIPS

Pre-apprenticeship programs are designed to prepare individuals to enter and succeed in a Registered Apprenticeship program. Pre-Apprenticeship programs should have a documented partnership with at least one, if not more, Registered Apprenticeship program(s). A quality pre-apprenticeship program is one that incorporates training and curriculum based on industry standards, as approved by the documented Registered Apprenticeship partner(s) that will prepare individuals with the skills and competencies needed to enter a Registered Apprenticeship program. Pre-apprenticeship program participants should, upon completion, meet entry requirements, gain consideration, and be prepared for success in a Registered Apprenticeship program.

ON-THE-JOB TRAINING (OJT)

On-the-job training (OJT) is training conducted by an employer that occurs while a participant is engaged in productive work. OJT optimizes the resources available under workforce development initiatives to meet the needs of employers and job seekers.

REGISTERED APPRENTICESHIPS

Registered apprenticeship programs combine work-based learning and classroom training to help successful program completers obtain secure, full-time journeyman positions. DLLR's Apprenticeship and Training Program, housed within DLLR's Division of Labor and Industry, offers over 100 active apprenticeship programs.

OCCUPATIONAL SKILLS TRAINING

Occupational skills training is delivered to participants through community colleges and/or industry partners to provide them with employer-driven, specific vocational skills at entry, intermediate or advanced levels. Occupational skills training leads participants to proficiency in performing actual tasks and technical functions that are required by certain industries. After completing this training, jobseekers receive industry recognized certificates.

PAID INTERNSHIPS

A paid internship is a method of paid OJT for professional careers that, in some ways, is similar to apprenticeships, but is different in that it lacks much of the Registered Apprenticeship standardization and oversight. Generally, an internship consists of an exchange of services for experience between an intern and an organization. Many interns find permanent employment with the organization upon successful completion. Unlike many training programs, employment at the completion of an internship is not guaranteed.

CUSTOMIZED TRAINING

Customized training is designed to meet employers' specific requirements. The training is provided by an employer (or by a training or educational institution on behalf of an employer) and is conducted with a commitment by the employer to employ an individual upon successful training completion. The skills learned are intended to be transferable across the industry. The employer pays a significant portion of the training cost.

CAREER PATHWAYS

Career Pathways provide a combination of rigorous and high-quality education, training and other services that align with the skill needs of industries in the economy of the State or regional economy. Career Pathways are designed to prepare individuals to be successful in any of a full range of secondary or postsecondary education options, including Registered Apprenticeships.

SUPPORTIVE SERVICES

Supportive services provide financial assistance to participants who would not be able to participate otherwise. Participating LWIAs may offer supportive services to eligible HCCT Program participants with transportation, uniforms, tools, work or training equipment, child or dependent care, stipends, graduation fees, union fees, and clothing for interviews or job fairs. Other supportive services may be allowable with DLLR approval.

Before a program participant is approved for supportive services, LWIA staff should ensure that other resources have been explored and no other resource is available to pay for the necessary service. Participating LWIAs should ensure that all LWIA supportive service policies on submission procedures and payment issuance are followed. Participating LWIAs should also ensure that approval forms, receipts and supporting documentation are available for review. LWIA supervisors must approve supportive services for program participants.

Supportive service payment checks are available to the customer, as long as he or she remains in good standing with the training vendor. OJT participants are only eligible to receive supportive services during the first two weeks of the employment.

The following sections detail the available supportive services for HCCT Program participants.

TRANSPORTATION ALLOWANCE

Transportation allowances are available to participants who are in approved training programs. The transportation allowance must cover the cost of traveling to and from job interviews or job fairs, or as support during the first two weeks of starting a new, full-time job.

Payment Guidelines: Transportation allowance can be used for public transit users or for drivers.

For public transit users, participating LWIAs may cover the expenses for bus, light rail, metro subway, MARC train, Washington Transit, or Commuter Choice Maryland.

For drivers, participating LWIAs must base travel allowance on the following rate:

Per Day: \$0.56 per mile X the round trip miles

The maximum allowable payment is \$20 per day, with a maximum of \$100 per week. Google Maps or MapQuest must be used to determine daily mileage. Mileage is calculated from the participant's home address to the training, interview or job fair, or job site.

UNIFORMS, TOOLS, AND RELATED EQUIPMENT

The HCCT Program may assist eligible participants with the costs of uniforms, tools and/or equipment that are required for participation in approved training programs or new, full-time jobs. Examples of covered items include steel toe boots and worker tools of the trade.

Payment Guidelines: Participating LWIAs must base payments on the curriculum requirements of the training program, or for requirements of the participant's new, full-time job. Payments must be made based on the market value for uniforms, tools and/or related equipment.

CHILD OR DEPENDENT CARE

When daycare costs for a child or dependent exceed the amount subsidized by the Department of Social Services, the HCCT Program assists participants with the additional costs.

To receive this payment, the dependent needing daycare must be:

- 1. Under the age of 13;
- 2. Under the age of 18 and physically or mentally incapable of self-care;
- 3. A spouse who is physically or mentally incapable of self-care and has the same principal address of the program participant; or,
- 4. A parent who is physically or mentally incapable of self-care.

Payment Guidelines: Participating LWIAs may provide this supportive service payment to actively engaged program participants or to those who are in the first two weeks of new, full-time employment. The maximum allowable payment is \$20 per day, with a maximum of \$100 per week. Participating LWIAs must only approve daycare costs for days that the participant is in training or at work. Before submitting a payment request, participating LWIAs must determine that all of the following conditions are met.

To receive child care payments, the participant must complete ALL of the following steps:

- 1. Apply for purchase of care subsidy through the department of social services;
- 2. Provide application results to Career Consultant or Career Navigator;
- 3. Provide proof that participant has contracted with a State-approved child care provider;
- 4. Demonstrate evidence of need; AND,
- 5. Document relationship to person in care.

To receive dependent care payments, the participant must complete ALL of the following steps:

- 1. Provide legal proof of adult dependent's condition that causes the need for care;
- 2. Provide proof that participant has contracted with a State-approved daycare provider;
- 3. Demonstrate evidence of need; AND,
- 4. Document relationship to person in care.

STIPENDS

Stipends, which offer program participants a fixed cash payment, are an allowable supportive service when the LWIA has a substantiated reason to believe that the payment is necessary to the program participant's successful completion.

Payment Guidelines: Participating LWIAs ensure that the payment guidelines identified by the LWIA in its DLLR-approved proposal are followed.

UNION FEES

The HCCT Program assists participants with union fees, which are the costs associated with joining a union, to obtain employment.

Payment Guidelines: Participating LWIAs must make payments based on the costs of union fees. The maximum allowable payment is \$100.

CLOTHING FOR INTERVIEWS AND JOB FAIRS

The HCCT Program assists participants with the costs associated with clothing for job interviews and/or job fairs. Examples of the items that this supportive service covers include: dress shirts, ties, business suits or suit coats, dresses, khaki pants, or dress shoes.

Payment Guidelines: Participating LWIAs should base the supportive service payment on documentation of an upcoming interview or job fair. The payment must be made on the market value of the item. The maximum allowable payment is \$100 per participant.

PERFORMANCE & THE MARYLAND WORKFORCE EXCHANGE (MWE)

The Maryland DLLR-DWDAL requires participating LWIAs to enter program participants' information into the Maryland Workforce Exchange (MWE) in a timely manner. Participating LWIAs that do not meet DWDAL's expectations may face consequences and may impact future considerations on competitive funds.

To comply with the State's reporting requirements and to determine the success of the HCCT Program's investments, participating LWIAs **MUST** report the following data into the MWE System:

- Participant characteristics;
- Participant services received;
- Participant outcomes.

Staff from the participating LWIAS must ensure that all reporting data is entered into the MWE within 14 days of activity.

Participating LWIAs must also ensure that all HCCT Program participants are fully enrolled in the MWE System, and are co-enrolled, as WIA eligible and HCCT participants, when applicable. As part of the enrollment process, it is mandatory to enter information using the HCCT program code.

Attachment A- MWE Instructions for the HCCT Program provides detailed instructions on entering non-WIA special grant information, specific to the HCCT Program, into the MWE System. Directors from participating LWIAs are responsible for ensuring that the instructions detailed in this attachment are disseminated to staff, reviewed with staff, and followed by the LWIA.

Participating LWIAs ensure that all HCCT Program activities end by the date identified by the LWIA in its DLLR-approved proposal, as given in the award letter. Participants may continue to receive services after the HCCT Program end date under another funding source, such as local Dislocated Worker funding or another source for which the participant qualifies.

Performance Outcome Expectations

The State will assess performance based on the following outcome measures.

HCCT Program -	· Performance	Outcome Ex	<u>xpectations</u>

	Outcome	Minimum Performance Expectation (%)
		1 ()
1.	How many participants completed HCCT training?	At least 75%
2.	Of those who completed the training, how many obtained an industry-recognized credential or certificate of completion?	100%
3.	Of those who completed the training, how many participants have documentation of the removal of at least three significant barriers?	100%
4.	Of those who completed the training, how many were placed in unsubsidized jobs at or above the minimum hourly living wage rate set by law for your applicable Tier area?	At least 80%
5.	Of those placed in unsubsidized employment, how many participants retained that job for at least six consecutive calendar months?	At least 85%
6.	Of those placed in unsubsidized employment, how many participants became eligible for benefits (e.g. medical) within one year of the date of employment?	At least 90%

REPORTING & MONITORING

Participating LWIAs must submit timely fiscal and administrative reports to the appropriate DLLR-DWDAL central office staff person, as prescribed below. The chief executive officer of the service provider(s) organization(s) or a senior level designee must sign off on these reports. There are consequences for noncompliance as detailed in a following section.

LWIA MONTHLY FISCAL REPORTING

Each participating LWIA must submit a monthly financial report on administrative and program costs to the DLLR-DWDAL central office no later than the 10th of the month following the month of reported activity.

If there is a significant change in fiscal information between the 10th and the 30th of the month, then the LWIA must submit a revised monthly report.

Participating LWIAs must provide all signed fiscal reports by mail to the following:

Doreen Shahan Fiscal Administrator 1100 North Eutaw Street Room 209 Baltimore, MD 21201 doreen.shahan@maryland.gov

Attachment B – Sample of Monthly Fiscal Reporting Template for Participating LWIAs provides the reporting template for the Fiscal Monthly Status Report.

LWIA MONTHLY ADMINISTRATIVE REPORTING

Participating LWIAs must submit monthly administrative narrative reports by email to the DLLR-DWDAL Project Manager for the HCCT Program. The Director of Discretionary Grants should be cc'ed on all administrative reports.

Sheila Bouloubassis	Grace Fendlay
Project Manager, DWDAL	Director of Discretionary Grants, DWDAL
410.767.2388	410.767.0044
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LWIA monthly reports are due no later than the 10th of the month following the month of reported activity. These reports are important, for they capture information on the HCCT Program's participating jobseekers, best practices, and challenges within the program.

Attachment C – Sample of Monthly Administrative Reporting Template for Participating LWIAs provides the reporting template for the monthly LWIA administrative report.

DWDAL MONTHLY REPORTING TO THE MD DEPARTMENT OF TRANSPORTATION

As a Maryland Department of Transportation (MDOT) funded program, DLLR-DWDAL is required to submit monthly fiscal and administrative reporting on the HCCT Program. This reporting is submitted by the DWDAL Project Manager and is due to MDOT on the 15th of each month.

MDOT ANNUAL REPORTING TO THE MARYLAND GENERAL ASSEMBLY

By February 1 of each year, MDOT must submit a report on the HCCT Program's compliance to the Senate Budget and Taxation Committee, Senate Finance Committee, House Appropriations Committee, and House Committee on Ways and Means. The report shall describe the highway or capital transit construction training, supportive services and skill improvement programs that DLLR and MDOT have conducted in each LWIA. The report must:

- Describe any entities, institutions, or organizations used to provide the training and services;
- Describe the individuals and organizations that have received training and services;
- Analyze the results of the training programs in each LWIA;
- State the amount of federal funds available to the HCCT Program; and,
- Identify the amount spent in each LWIA to conduct and administer the programs.

CONSEQUENCES OF NON-REPORTING

MDOT has expectations that DLLR will allocate the HCCT Program funding responsibly to provide the quality service that has been outlined in this policy. DLLR therefore has expectations that the participating LWIAs will have performance results that demonstrate the program goals are being met, as outlined below.

The State will take corrective action with any LWIA that is not meeting the State's expectations in terms of performance, tracking data in the MWE, and/or in the monthly fiscal and administrative reports. Initially, DLLR-DWDAL will provide increased support and monitoring with the performance area of concern. After receiving increased assistance, if the LWIA is unable to show improvement, the LWIA will be removed from the HCCT and the area will be required to close-out early.

MONITORING

Participating LWIAs should expect DLLR-DWDAL to conduct monitoring of the HCCT Program to ensure that policies are being followed and expectations are being met.

REFERENCES

LAW

- Workforce Investment Act of 1998 (WIA) (Pub. L. 105-220);
- Section 8-508 of the Transportation Article, Annotated Code of Maryland.

REGULATION

• Section 663.810 of Title 20 of the Code of Federal Regulations (supportive services payment limitations)

U.S. DEPARTMENT OF LABOR GUIDANCE

- Training and Employment Notice (TEN) 12-13, *Defining a Quality Pre-Apprenticeship Program and Related Tools and Resources* (http://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=5842), dated November 30, 2012;
- Training and Employment Guidance Letter (TEGL) 3-14, *Implementing a Job-Drive Workforce System* (http://wdr.doleta.gov/directives/corr_doc.cfm?docn=5483), dated July 30, 2014;
- TEGL 15-10, *Increasing Credential, Degree, and Certificate Attainment by Participants of the Public Workforce System* (http://wdr.doleta.gov/directives/attach/TEGL15-10.pdf), dated December 15, 2010;
- TEGL 2-07, <u>Leveraging Registered Apprenticeship as a Workforce Development Strategy for the</u> <u>Workforce Investment System</u> (http://wdr.doleta.gov/directives/attach/TEGL/tegl2007/TEGL2-07acc.pdf), dated July 12, 2007;

ATTACHMENTS

- Attachment A MWE Instructions for the HCCT Program
 Attachment B Sample of Monthly Fiscal Reporting Template for Participating LWIAs
 Attachment C Sample of Monthly Administrative Reporting Template for Participating LWIAs

Attachment A



DEPARTMENT OF LABOR, LICENSING AND REGULATION

Department of Labor, Licensing and Regulation

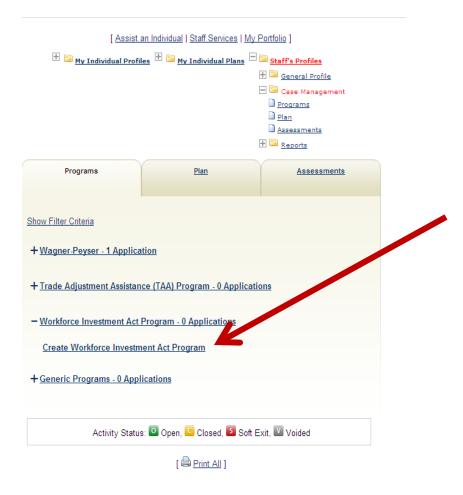
Division of Workforce Development and Adult Learning





Maryland Workforce Exchange HCCT

Creating a WEA Application



 Click on the + to expand the <u>Workforce</u> <u>Investment Act Program</u>

 Click <u>Create Workforce</u> <u>Investment Act Program</u> to open a new WIA application

WIA Application

Identifying Information	
User Id:	0
User la:	
State Id:	
Staff Created ID:	
Date Wia App Created:	
Staff Last Edited:	
Date Last Edited:	
User Account Created Date:	
Currently Participating:	
	0
Currently participating in the following programs:	
Wagner Peyser: Application Date: 08/15/2011	
Participation Date: 08/15/2011	
Application Information	
	0
	•
Application Date: (mm/dd/yyyy) I Today	
Date of Eligibility for (mm/dd/yyyy) Today	
Core/Dislocated Worker/Youth:	
Intensive Eligibility Applying for Intensive Eligibility	
Location	
	_
	0
Local Workforce Anne Arundel	
Office Location of	
Responsibility:	
Anne Arundel County One Stop Center (Glen Burnie)	
One Stop Location:	
Anne Arundel County One Stop Center (Glen Burnie)	
Exit Wizard Next >>	

- The wizard will take you through the application
- indicates mandatory fields
- When "Next" is selected the system saves and applies the programmatic rules
- The WIA Application is cumbersome and requires verification for many data elements in order to proceed

WIA Application

	Currently Managing	* indicates required fields. For help click the question mar	k next to each section.
	BRADY, MARSHA	Identifying Information	
	Release Individual Assist a new Individual	lacing in on all of	0
		User Id:	
	My Workspace	State Id:	
	My Staff Resources	State Io:	
		Staff Created ID:	
	Blervices for Workforce Staff	Date Wia App Created:	
	Manage Individuals >		
	Manage Employers +	Staff Last Edited:	
	Managa Resumés >	Date Last Edited:	
	Manage Job Orders +	User Account Created Date:	
	Manage Labor Exchange		
	Manage Activities		
	Manage Providers	Currently Participating:	
	Nanage Profiling	Currently participating in the following programs:	0
	Manage Follow-Up and	Wagner Peyser: Application Date: 06/15/2011	
	Surveys	Participation Date: 06/15/2011	
	Manage Funds >	Application Information	
	🕳 Manago Reports		0
	My Reports	a destination Parts	
	Summary Reports	Application Date: (mm/dd/yyyy)	
	Detail Reports	Date of Eligibility for Core/Dislocated Worker/Youth: (mm/dd/yyyy)	1 <u>Today</u>
	Custom Reports	Intensive Eligibility Applying for Intensive Eligibi	ity
	Ad-Hoc Query Wizard		
	Federal Reports		
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Аррис	ation Information	on	
			(2)
* Appli	cation Date:	(mm/dd/yyy	ry) 🚾 <u>Today</u>
		(1111) da yy	<i>,,,</i>
*Date	of Eligibility for C	ore/Dislocated (mm/dd/ywy	ry) 甅 <u>Today</u>
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	er/ Intensive App	lication:	y) 📖 <u>Today</u>
VVOIK	en intensive App	ication.	

- When completing the General Information section, list an Application Date and a Date of Eligibility
- When Appling for Intensive Eligibility is checked, "Date of Eligibility for Adult/Dislocated Worker/ Intensive Application" is displayed
- Select the LWIA/Region, Office Location and Office Location of Responsibility from drop-down
- When completed, click on
 Next >>
- To quit the application, click on <u>Exit</u> <u>Wizard</u>

WIA Application [Contact Information]

* indicates required fields.	For help click the question mark next to each section.
Contact Information	
	0
* First Name:	
Middle Initial:	
*Last Name (including Suffix e.g. Jr., Sr, Ph.D. etc.)	
*SSN: (do not enter dashes. eg: 999999999)	<u>lit SSN]</u>
* Verify SSN: [Verify]	
[<u>veniy</u>]	
Social Security Number Verif	ication
O Database Assigned Number ((pseudo SSN - staff assigned)
ODD-214 Report of Transfer of	discharge
O Driver's License (if SSN is she	own)
C Employment Records	
OIRS Form Letter 1722	
O Letter from Social Service Ag	ency
O Pay Stub with full SSN	
O Social Security Administratio	n NUMI Printout
O Social Security Benefits	
O Social Security Card	
OW-2 Form	
Reset	
*Address 1:	111 College Pwky
Address 2:	
* City:	ARNOLD

- Complete mandatory fields
- Select [Verify] to record the data verification document
- The screen expands to display the selections
- display beneath [Verify] with the name of the field to its right

WIA Application [Contact Information]

This page will help you gather WIA information on the selected Individual. Please fill in the required fields and then click the Next button to proceed through each step. Red text will prompt you if you · Verify Date Of Birth: is a required field. · Verify Citizenship: is a required field. have overlooked a mandatory For help click the question mark * indicates required fields. field or Verify Demographic Information *Date of Birth: o 01/01/1971 * Verify Date Of Birth: [Verify] 40 (Today's Age: 40) * Age: * Gender: O Male
 Eemale Have you registered for the Not applicable ¥ Selective Service? [Selective Services Web Site] Verify Selective Service [Verify] Registration: Not Applicable *Re-Verify Selective Service: [Re-Verify Selective Service] Selective Service Registration Number: Selective Service Registration Date: * Citizenship: Citizen of U.S. or U.S. Territory ¥ *Verify Citizenship: [Verify] School/State or Federal ID Card

WIA Application [Application Eligibility]

Other Non-WIA Special Grants		
Non-WIA Special Grant(s)?		 Yes ○ No Inactive
Application Eligibility		
*Applicant meets the LWIA Adult priority for Services definition?	◯ Yes ⊙ No	
Younger Youth (ages 14-18) - meets Youth Program eligibility? Inactive	No	
meets Older Youth program eligibility?	No	
Inactive		
*Is not considered Self Sufficient based on LWIA definition?	Not Applicable	
Adult meets Adult program eligibility.	Yes	
Override		
□ Inactive		
Dislocated Worker - meets Dislocated Worker program eligibility?	Yes	
Override		
Inactive		

- Select Non-WIA
 Special Grant is
 Yes
- The application eligibility page will indicate the Eligible WIA funding streams

WIA Application [Application Eligibility]

Staff Eligibility Information	
Current Case Manager:	Case currently Not Assigned to a Case Manager <u>Assign Case Manager</u> <u>Assign Me</u> <u>Remove Case Manager Assignment</u>
Previous Case Manager:	
Comments:	
	[Spell Check]
Add a case note:	[Click Here]
Eligibility Contractor Name:	None Selected
Eligibility Contract #:	
Check here to allow saving o	f a partial application
TO PROCEED DIRECTLY TO EN	ROLLMENT CLICK THE NEXT BUTTON
O NOT ENROLL AT THIS TIME O	CLICK THE FINISH BUTTON
Exit Wizard	<< Back Finish Grants Next >>
	1

- Assign Case Manager, and enter a Case Note, if desired
- Select the "Grants" button to record the HCCT Grant

WIA Application [Grants]

	None Selected
Number:	
Second National Emergency Grant Number:	None Selected
Third National Emergency Grant Number:	None Selected
Received Disaster Relief Assistance:	
First Statewide Assistance Grant Number:	None Selected
Second Statewide Assistance Srant Number:	None Selected
Third Statewide Assistance Grant Number:	None Selected
First Statewide Grant Number:	None Selected
Second Statewide Grant Number:	None Selected
Third Statewide Grant Number:	None Selected
Fourth Statewide Grant Number:	None Selected
Fifth Statewide Grant Number:	None Selected
Sixth Statewide Grant Number:	None Selected
Other Non-WIA Special Grants	
	K
First Non-WIA Special Grant Nun	
Second Non-WIA Special Grant N	
Third Non-WIA Special Grant Nur	
Fourth Non-WIA Special Grant No	
Fifth Non-WIA Special Grant Nun	nber: None Selected
Sixth Non-WIA Special Grant Nur	mber None Selected

Manage Alerts	TO PROCEED DIRECT	LY TO ENROLLMENT	CLICK THE	NEXT BUTTON
Manage Schedules	TO NOT ENROLL AT T	HIS TIME CLICK THE F	INISH BUT	TON
Appointment Calendar	Exit Wizard	<< Back	Finish	Next>>
Evente Calendar				Contraction of the local division of the loc

 Select HCCT from the Non WIA Special Grants section

- Click on <u>Next</u> to proceed to the enrollment
- Click on screen
 Click on screen
- If you do not wish to enroll the individual in the WIA program at this time, click on Finish

Participation [General Information]

General Information		(?
Staff Username:		
Staff Full Name:		
Staff ID:		
State ID:		
SSN:		
Name:		
Application Date:		
Eligibility Date:		
Participation Information	08/26/2014	0
Participation Date:	08/26/2014 ISB <u>Today</u> MM/DD/YYYY Format	0
Participation Date: Date of Birth:	11/16/1972	¢
Participation Date: Date of Birth: Participation Age:	11/16/1972 41	
Participation Date: Date of Birth: Participation Age:	11/16/1972	
Participation Date: Date of Birth: Participation Age: Employment Status at Time of	11/16/1972 41	
Participation Date: Date of Birth: Participation Age: Employment Status at Time of Participation: Verify Employment Status	11/16/1972 41 2 - Not Employed	•
Participation Date: Date of Birth: Participation Age: Employment Status at Time of Participation: Verify Employment Status UC/UI Eligibility status at	11/16/t1972 41 2 - Not Employed *{ <u>Verify: Scan: Upload: Link: Yiew:</u> }	
Participation Date: Date of Birth: Participation Age: Employment Status at Time of Participation: Verify Employment Status UC/UI Eligibility status at Participation:	11/16/t1972 41 2 - Not Employed ✓ *[Verify: Scan: Upload: Link: View;] 1 - Eligible claimant referred by WPRS	
Participation Date: Date of Birth: Participation Age: Employment Status at Time of Participation: Verify Employment Status UC/UI Eligibility status at Participation: Verify Unemployment Status: Highest Grade Completed at	11/16/t1972 41 2 - Not Employed * *[Verify: Scan: Upload; Link: View;] 1 - Eligible claimant referred by WPRS * *[Verify: Scan: Upload; Link: View;]	

- General Information is the first section and should be prefilled
- Enter Participation
 Information, be sure to enter data in all required fields and also verify an entry if needed
- Click "Next" when you are done to go to the Activity Enrollment

Activity Enrollment [General Information]

SMITH, DAN		General Information		
Service Tracking: (N			0
Release Individual		Participant User Name:	dan313	
Assist a new Individu	ıal	Participant State ID:	208761	
My Staff Workspace	,	Last Name, First Name MI:	Smith, Dan J	
My Staff Dashboard		Social Security Number:	9257	
My Staff Resources	+	Address:	222 Main Street	
My Staff Account			Van Nuys, CA 91409	
Directory of Services	5	Application Summary:	Program:WIA	
Services for			Application Date:12/11/2014 Eligibility Date:12/11/2014	
Workforce Staff	•	Participation Date:	01/16/2015	
Manage Individuals	•	* Customer Program Group:	97 - Non-WIA Special Grant	4
Manage Resumés	-			
Manage Job Orders	-	* LWIA Region:	Susquehanna Region	~
Manage Labor	_	* Office Location:	None Selected	~
Exchange	•			
Manage Activities	-			
Manage Providers	+	Enrollment Information		
Manage Scan Card	+			0
Manage Case Assignment	-	Grant:	HCCT PY14 💌	
Manage Profiling				
Manage Follow-Up	_	WIA Title II Partner Program:	Yes, service is a WIA Title II Partner Program.	
Manage Funds		* Activity Code:		
Reports			[Select Activity Code]	
My Reports		Projected Begin Date:	Today	
Summary Reports		Actual Begin Date:	01/16/2015	
Detailed Reports			Actual begin date may not be modified on the first activity.	
Custom Reports		* Projected End Date:	Today	
Ad-Hoc Query Wizard	н			
	_			🔷 Inte

- Under General Information go to the Customer Group selection
- Using the pull down select Non
 WIA Special Grant
- Under the Enrollment Information go to the Grant selection
- In the pull down choose HCCT for the grant
- Select an Activity Code by clicking on the link

Activity Enrollment [Service Provider]

Inrollment S	ervice Provid	er Information				-7
				🔞 For	help click the q	uestion mark.
Enrollment	Summary:		Activity Code	TESTINDIVD ion ID: 828273	2/2011	
Provider:						
		L	Select Provide	<u>r]</u>		
Service, Col	urse or Contra	L				
		Ĺ	Select Service	, Course or Cont	ract]	
Provider Lo	cations:	-				
		L	Select Provide	r Locations 1		\sim
Provider Co	ntacts:	- [
		L	Select Provide	r Contacts]		
Occupation	al Training Co	de: N	lot Applicable			

- Next is the Service Provider screen
 - This tab is not required for HCCT. If you have this information you may fill it out by clicking on the links under each entry.
- To proceed to the next section hit "Next" Next
- To proceed straight to the "Closure" click on the Closure Information tab

Activity Enrollment [Enrollment Cost]

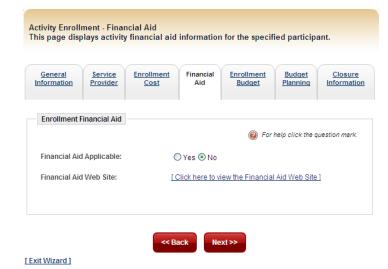
Activity Enrollment - Service Costs This page displays activity cost information for the specified participant.

Information Enrollment Cos 300 - Occupat	ional Ski		Aid	<u>Budget</u>	Planning	I Information		
300 - Occupat	ional Ski							
				(?)	For help click th	he question mark.		
Community Colles	TWORK AS	nore County		Provider I	.ist (ITA)			
Enrollment Su	mmary:	Userna TAA Ap Activity	nent ID: 2989 ame: CHARLI plication ID: 1 Code: 300 Dates: 7/5/20	ESTAA	11			
\$ 4,55	50.00 _{Tot}	al costs are itemize	d below:					
Total Training	Costs	\$ 4,55	0.00					
		Tuition/	Fee	S	\$ 4,000.00			
		Books		S	\$ 0.00			
		Tools		S	0.00			
		Other 0	costs	S	550.00			
Additional C These optiona		sed to record addit	ional expenses	related to the	service.			
		This enrollme	ent currently	has no line it	tems.			
Sel	ect an item f	rom the list and the	en click on the	Add button to a	dd the selected	Line Item.		
Lin	e Items	Other/Misc P	rogram Cost	~	(Add		
Total E	inrollment C	sost \$ 4,550.0	0					

Next >>

- Next is the Enrollment Cost screen
- This tab is not required for HCCT. If you have this information you may fill out the fields. Otherwise Click "Next"
- The line items are prefilled
- If a cost has been modified, staff can correct it
- Click on and to enter a new line item and its associated cost
- Click on Next>>> to proceed to the next section
- Click on screen
 Click on screen

Activity Enrollment [Financial Aid]



- Next is the Financial Aid screen
- This tab is not required for HCCT. If you have this information you may fill out the fields. Otherwise Click "Next"
- Select "Yes" or "No" for Financial Aid Applicable
- If yes, [<u>Click here to view the</u> <u>Financial Aid Web Site</u>]
- When completed, click on to proceed to the next section
- Click on screen

Activity Enrollment [Enrollment Budget]

Activity Enrollı This page disp			i for the spe	cified particip	ant.							
<u>General</u> Information	<u>Service</u> Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information						
Budget Plan Information												
	For help click the question mark.											
Enrollment S	Summary:		Enrollment ID: 2989284 Username: CHARLESTAA TAA Application ID: 1235450 Activity Code: 300 Activity Dates: 7/5/2011 - 12/22/2011									
Total Funded	Costs:		\$4,550.00									
Total Obligat	ions:		\$0.00									
Total Paid Ob	oligations:		\$0.00									
Total Outstar	nding Obligati	ons:	\$0.00	\$0.00								
Total Funded	Costs to be C	Obligated:	\$4,550.00									



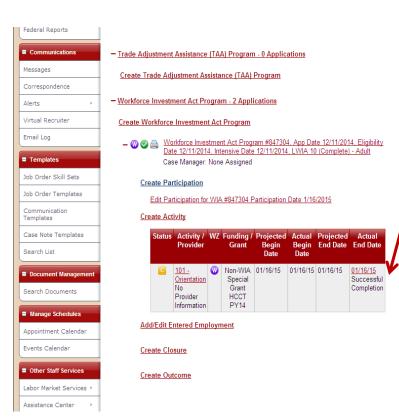
- Next is the Budget Planning screen, which is prefilled
- This tab is not required for HCCT. If you have this information you may fill out the fields. Otherwise Click "Next"
 - To create a voucher, click on [Add a Voucher] [not applicable without an Actual Begin Date]
- When completed, click on vertex to proceed to the next section
- Click on store to return to the previous screen

Activity Closure Information

General	Service	Enrollment	Financial	Enrollment	Budget	Closure					
Information	Provider	Cost	Aid	Budget	Planning	Information					
-											
Closure Infor	mation										
ciocare mon	induoni -										
For help click the question mark. Enrollment Summary: Enrollment ID: 2990632 Username: TESTINDIVD WIA Application ID: 828273 Activity Code: 102 Activity Dates: 7/22/2011 - 7/22/2011											
Last Activity	Date:			Today							
Completion	Code:	s	Successful Completion								
Received Cr	edential:	No	Not Applicable.								
Case Notes:		[Add a new C	ase Note <u>Sho</u>	w Filter Criter	<u>ia</u>]					
-			ID Create		ject Actio	n					
		1	No data foui	nd.							
Credential His	story										
Education/C	redential Hist	ory:									
		<< B	lack Fi	nish							
Exit Wizard				<u>Fini</u> :	sh and Start a	New Enrollment					

- Enter Completion code (if appropriate)
- Click Finish

Programs folder [updated]



The activity now displays in the activities list

Click "<u>Create Activity</u>" to add additional services

For the Future...

- Remember to list the Actual Start Date for your customer's activity(s) after you verify they have started
- The MWE allows staff to create a voucher for funded activities that have an Actual Start Date
- Remember to update and/or close your activity, as needed
- List any Credential received when you close the training activity

Tips:

- Remember that case notes can be added directly from the application and during service assignment
- Your area may wish to set up a Case Management Group for HCCT
- Reports: Enrolled Individual List

This spreadsheet is designed to assist you in developing your budget for the Highway or Capital Transit Construction (HCCT) Skills proposal. The spreadsheet helps breakdown the various line items costs and rolls them up into the format needed by DWDAL.

Attachment B

DWDAL Highway or Capital Tranist Contruction Skills (HCCT) Budget Detail - (Please Provide Beginning Date) through 6/30/15

			.8 0, 00, 20	-			
	Total Budget by Expenditue	re Category	Percent				
		Annual	Time				
		Salary	spent		Year One	Year Two	TOTAL
Α	Personnel: Position Title:					_	
	List all staff needed to		0%		\$0	\$0	\$0
	sucessfully complete this		0%		\$0	\$0	\$0
	project		0%		\$0	\$0	\$0
			0%		\$0	\$0	\$0
			0%		\$0	\$0 \$0	\$0
			0% 0%		\$0 \$0	\$0 \$0	\$0 \$0
	I Total	4	078		ېږ 0		
						Ŭ	Ū
	Fringe Benefits ENTER Fringe Benefits						
3	% in Cell C18				0	0	0
2	Travel - conference/out-of-town				0	0	0
	Total				0	0	0
					v	Ŭ	v
)	Supplies						
	Item						
	ltem						0
	ltem Item						0 0
	ltem						0
	ltem						0
	Item						0
							0
	Total				0	0	0
	Equipment						
-	Item						
	Item						0
	Item						0
	Item						0
	Item						0
	Item						0
	Item						0
	Total				0	0	0
	Contractual						

	Item Item Item Item Item Item Item Item	0	0	0 0 0 0 0 0 0
G	Training Item Item Item Item Item Item Item Item			0 0 0 0 0 0 0
	Total	0	0	0
H.	Other Item Item Item Item Item Item Item Item			0 0 0 0 0 0 0
	Total	0	0	0
	Subtotal	0	0	0
I	Admin Cost ENTER Admin. Cost % in Cell C82	0	0	0

Attachment C

HCCT TRAINING - REPORT TEMPLATE (ATTACHMENT C)														
LIST PARTICIPANTS ENROLLED IN HCCT TRAINING	RECEIVING HCCT SUPPORTED SERVICES	LIST HCCT SERVICES BEING RECEIVED	LIST 1ST BARRIER REMOVED & DATE	LIST 2ND BARRIER REMOVED & DATE	LIST 3RD BARRIER REMOVED & DATE	OTHER BARRIERS REMOVED	OBTAINED CREDENTIALS OR CERTIFICATIONS (List type and date earned)	DATE COMPLETED HCCT TRAINING	DATE PLACED IN UNSUBSIDIZED JOBS AT OR ABOVE LIVING WAGE	RETAINED EMPLOYMENT FOR OVER 6 MONTHS	IN UNSUBSIDIZED EMPLOYMENT ELIGIBLE FOR BENEFITS WITHIN 1 YEAR OF DATE OF EMPLOYMENT	ADDITIONAL COMMENTS	PROJECT OPERATOR FILE AUDIT (To be Completed by DLLR Project	
1														
2														
4														
5														
6														
7														
8														
10	1													
11														
12														
13														
14 15 16														
15														
18														
19														
20														
21	-													
22	1													
24	1										-			
25														
17 18 19 20 20 21 22 23 23 24 25 Narrative: (Summary of "Best Pra	ctices" or "What	's Working")									-			
Narrative: (Issues, Challenges & Concerns)														
Summary of Grant Activities: (Ex. Performed outreach, testing, interviews, etc.)														