

**ACTION BULLETIN**

**TO:** All Adult and Dislocated Worker Workforce Innovation and Opportunity Act (WIOA) Funded Service Providers

**DATE:** 9/29/2020

**SUBJ: LOCAL BOARD DETERMINATION TRAINING;  
CALJOBS ACTIVITY CODE 330 – REVISION #3**

**PURPOSE OF BULLETIN:**

The purpose of this bulletin is to provide **updated** guidance and regarding the use of CalJOBS Enrollment Activity Code 330-Local Board Determination Training. This CalJOBS Enrollment Activity Code is allowable for WIOA-funded Adult and Dislocated Worker programs and in some instances for programs funded through discretionary or special project funds.

Modified language is displayed in **bold** font.

**CITATIONS:**

- Employment Development Department’s (EDD) Workforce Services Information Notice (WSIN) 17-09

**BACKGROUND:**

On September 29, 2017, The State of California, Employment Development Department (EDD) issued WSIN 17-09 regarding the use of CalJOBS Enrollment Activity Code 330-Local Board Determination Training which is defined as follows:

Activity Code	Code Title	Code Definition
330	Local Board Determination Training	A training program that can bypass the California ETPL <sup>1</sup> requirement based upon the determination of the Local Workforce Development Board (LWDB) for reasons such as higher education, lack of providers, barriers to employment, etc. This activity code requires staff to provide justification in CalJOBS under case notes.

<sup>1</sup>Eligible Training Provider List

Historically, the Workforce Investment Act (WIA) and WIOA-funded training opportunities have been restricted to training providers who have been vetted and included on the State of California’s ETPL listing.

The process to apply and be approved for inclusion on the ETPL has been cumbersome including maintenance of a 70% job placement rate. Generation of the placement rate would require local education agencies to track and report job placements for all individuals who attended any program they wished to include on the ETPL. This type of tracking and reporting is not standard for local education agencies and presents a general hardship for training providers - especially for adult education institutions whose primary focus is not necessarily workforce development programs.

As is evident in the definition, the Workforce Development Board must provide approval prior to allowing service providers to refer WIOA participants to training providers not listed on the ETPL.

**BOARD ACTION:**

At its May 10, 2018 meeting, the Alameda County Workforce Development Board (ACWDB) approved the use of CalJOBS Enrollment Activity Code 330-Local Board Determination Training in specific instances – which are outlined in the Policy and Procedure sections below.

The policy and procedure for use of CalJOBS Enrollment Activity Code 330-Local Board Determination Training will remain in effect unless or until:

- EDD inactivates the enrollment code or determines that it is no longer required; or
- The ACWDB determines the enrollment code is no longer appropriate or necessary.

In either event, official notification will be provided.

**POLICY:**

Use of CalJOBS Enrollment Activity Code 330-Local Board Determination Training will be allowed for WIOA-funded Adult and Dislocated Worker programs and in some instances for programs funded through discretionary or special project funds.

CalJOBS Enrollment Activity Code 330-Local Board Determination Training will be allowed when either of the following two conditions have been met:

**Condition #1:**

- A. When the training leads to the attainment of an industry-valued certificate, credential, or degree; and
- B. When the training is focused toward one of ACWDB's Industry Sector and Occupational Framework (ISOF) industries (or successor sector strategy); and
- C. When there is a general lack or limited number of training providers listed on the ETPL that are located in ACWDB's Local Area or within a reasonable travel distance for the participant or the cost of training listed on the ETPL exceeds the standard training cap applied to all WIOA-funded training opportunities within ACWDB's Local Area.

Condition #1 (continued):

- D. When the training provider is a local education agency (LEA) such as:
- i. A community college
  - ii. An adult school
  - iii. A Regional Occupation Center/Program (ROC/P)
  - iv. A school in the UC or CSU systems, including extension courses; and

Condition #2:

- A. When the training leads to the attainment of an industry-valued certificate, credential, or degree; and
- B. When the training is focused toward one of ACWDB's Industry Sector and Occupational Framework (ISOF) industries (or successor sector strategy); and
- C. When the individual participant has significant barriers to employment that can be more effectively addressed during training by an institution or training provider that possesses specialized knowledge or has built-in capacity to provide the assistance required in order for individuals with special needs to succeed.

Waivers:

**Waivers to this policy will be considered in the event that only one of the requirements under either condition has not been met.**

**Consideration for approval of requested waivers will take several factors into account which include, but are not limited to:**

- **Any barriers to employment being experienced by the participant(s);**
- **The availability of employment opportunities that pay a wage meeting or exceeding the wage reflected in ACWDB's ISOF policy upon successful completion of the proposed training program**
- **The availability (or lack) of training providers on the ETPL**
- **The training providers level of engagement within industry sector circles**
- **The location of the training program or provider and accessibility via transportation or through distance learning (virtually)**
- **Other benefits or wrap-around services offered through the training provider.**

**Career Coaches wishing to request a waiver of one of the requirements on behalf of their participants, should submit a detailed narrative that provides justification for consideration of the waiver request. The waiver request should include all relevant points (as referenced in the list above) as well as any additional points that are pertinent to the request.**

## **PROCEDURE:**

Upon determination by an Adult/Dislocated Worker Career Coach that the appropriate conditions exist to allow the use of CalJOBS Enrollment Activity Code 330-Local Board Determination Training, (including a determination that training funds are available to cover the cost of training); the following steps must be adhered to:

### **Step #1:**

#### **Career Coach:**

- A. Complete the CalJOBS Enrollment Activity Code 330-Local Board Determination Training Request Form (Attachment 1 to this Bulletin), making sure to complete ALL sections of the form; and
- B. Use the Grants Checkbook to determine the availability of training funds to support the training activity. If sufficient funds exist within the Grants Checkbook in the appropriate funding stream, the Career Coach may proceed to step #2.

### **Step #2:**

**Career Coach:** Obtain Site-Manager approval by securing the appropriate signature on the Request form.

### **Step #3:**

**Career Coach:** Submit the following items:

1. LBD Training Request Form
2. The LBD Training Worksheet
3. Any relevant ETPL printouts
4. Narrative – including the details about the training program and/or provider being requested
5. Any additional relevant forms/documents/information

to the attention of the following ACWDB staff:

- Your assigned Workforce Services Technician or MIS Administrator
- AND**
- Your assigned Program Financial Specialist (PFS or Program Liaison).

### **Step #4:**

**ACWDB staff:** Approval or denial of requests should be granted by ACWDB within 3 days from the date of submittal.

**Step #5:**

Denials will include rationalization behind the determination and allow for a response from the Site-Manager or Career Coach in the event some part or detail of the initial request was misrepresented or misunderstood.

<b><u>Approval:</u></b>	<b><u>Denial:</u></b>
ACWDB staff will return the request form with all required signatures indicating approval.	In the event the request is denied, the Career Coach and/or Site Manager will have an opportunity to respond with additional information and/or documentation.  If the request is ultimately denied, the participant may opt to consider a training provider listed on the ETPL.

**Step #6:**

**Career Coach:** Similar to the Individual Training Account (ITA) process, the Career Coach will submit the LBD Training Worksheet to their assigned Workforce Technician.

**Workforce Technician** will:

- Encumber the funds within the appropriate Grants Checkbook;
- Add the enrollment activity code into the CalJOBS system; and
- Submit all required forms and worksheets to OPIC

**Local Area Monitoring Responsibilities:**

Trainings provided to WIOA participants through the enrollment activity code 330-Local Board Determination Training will be subject to the same forms of monitoring as all other WIOA-funded trainings.

**For information and inquiries please contact:**

Michele G. Garcia  
Workforce Board Systems Administrator  
24100 Amador Street, 6th Floor  
Hayward, CA 94544-1203  
(510) 259-3802  
mggarcia@acgov.org

**ATTACHMENTS:**

- Attachment 1 – Local Board Determination Training Request Form
- Attachment 2 – Local Board Determination Worksheet
- Attachment 3 – LBD Modification
- Attachment 4 – LBD Cancellation/Refund

**CalJOBS Enrollment Activity Code 330 –  
Local Board Determination Training**

**Request Form:**

<b>Participant Name:</b>	<b>CalJOBS Application ID #:</b>

<b>CSP</b>	<b>Career Coach:</b>	<b>Adult or DW</b>	<b>Select One:</b>
			<input type="checkbox"/> Condition #1 <input type="checkbox"/> Condition #2

<b>A. Name Industry Recognized Credential:</b>	<b>B. Industry Sector:</b>

**Condition #1:**

<b>Condition/Question:</b>	<b>Response:</b>
Number of ETPL Training Providers within Local Area:	
Distance of ETPL Training Providers from participant:	
Cost of training as listed in the ETPL:	
Does the cost of training exceed established cap for Local Area?	

<b>Local Education Agency (LEA) Select One:</b>
<input type="checkbox"/> Adult School <input type="checkbox"/> Community College <input type="checkbox"/> Regional Occupation Program/Ctr <input type="checkbox"/> UC/CSU/Extension <input type="checkbox"/> Other

**Condition #2:**

<b>Condition:</b>
The individual participant has significant barriers to employment that can be more effectively addressed during training by an institution or training provider that possesses specialized knowledge or has built-in capacity to provide the assistance required for individuals with special needs to succeed. (Include narrative to explain).
<input type="checkbox"/> Condition Met and Documented <input type="checkbox"/> Condition NOT met/documentated

The Career Coach and the Site Manager have determined that the conditions as set forth in Action Bulletin (AB) 18-04 regarding use of WIOA Enrollment Activity 330 – Local Board Determination Training have been met.

Our signatures below reflect confirmation that we have been diligent in ensuring all required conditions have been met and documented. (Please submit any supportive documentation along with your request to ACWDB).

**Attachment (Please check here if there are additional documents or narratives attached to this request.**

<b>Career</b>	<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>

<b>Site Manager</b>	<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>

Approval                       Denial

<b>Technician</b>	<b>Approval/Denial Reason</b>	<b>Printed Name</b>	<b>Signature</b>	<b>Date:</b>

<b>Program Liaison</b>	<b>Approval/Denial Reason</b>	<b>Printed Name</b>	<b>Signature:</b>	<b>Date:</b>



**Local Board Determination Worksheet**

For use with WIOA Funded Training  
(excluding Participant Reimbursement)

<input type="checkbox"/>	Alameda County (ACWDB)
<input type="checkbox"/>	Adult - 201
<input type="checkbox"/>	Adult (Youth Provider) - 201
<input type="checkbox"/>	Dislocated Worker - 501
<input type="checkbox"/>	Other: _____

ESTABLISHED/DATE OF TRANSMITTAL: > --Select--		click on > to begin then tab to each box.	
TRAINING PROVIDER: > _____			
ADDRESS: _____		CITY/ST/ZIP: _____	
CONTACT: _____		TITLE: _____	
PHONE: _____		FAX: _____	
EMAIL: _____			
WIOA REGISTRANT: _____		APP # _____	
STATE ID: _____		ENROLL DATE: _____	
CASE MANAGER: _____		CENTER: _____	
EMAIL: _____			
TRAINING FROM: _____		To: _____	
PY: --Select--		CTR PHONE: _____	
FAX: _____			
GRANT CHECKBOOK TITLE: --Select--		INDUSTRY SECTOR: --Select--	
PROGRAM/COURSE NAME <b>AS IT APPEARS ON THE PROOF OF TRAINING DOCUMENTATION</b>		Course Hrs	Cost
_____		_____	\$ _____
NOTES: _____		1. TUITION SUBTOTAL: \$ _____	
_____		2. Other Program Costs: \$ _____	
_____		<b>TOTAL COST: \$ 0.00</b>	
Is grant assistance from other sources (such as Pell Grant) available to participant? YES: <input type="checkbox"/> NO: <input type="checkbox"/>			
Explain: > _____			
<b>1. ALLOCATION OF TOTAL TUITION &amp; FEES:</b>		\$	0.00
1A. AMOUNT OBLIGATED BY WDB: (up to allowable maximum of \$5,000 in total or attach approved waiver)		\$	_____
1B. Amount Paid by ●PARTICIPANT (for Tuition & Fees):		\$	_____
1C. Amount Paid by ●TRAINING PROVIDER DISCOUNT (for Tuition & Fees)		\$	_____
1D. Amount Paid by ●OTHER SOURCES-Name: > _____		\$	_____
<b>2. ALLOCATION OF OTHER PROGRAM COSTS: (Books, Tools, Other Costs)</b>		\$	0.00
LIST COSTS: > _____			
2A. AMOUNT OBLIGATED BY WDB: Payable to: > _____		\$	_____
2B. Amount Paid by ●PARTICIPANT Purpose: > _____		\$	_____
2C. Amount Paid by ●TRAINING PROVIDER DISCOUNT (for Provider Costs)		\$	_____
2D. Amount Paid by ●OTHER SOURCES-Name: > _____		\$	_____
3A. <b>TOTAL AMOUNT OBLIGATED BY WDB TO TRAINING PROVIDER:</b> (Add Lines 1A + 2A)		\$	0.00
3B. Amount Paid by ●PARTICIPANT: (Add Lines 1B + 2B)		To Financial Aid—Other/Participant Paid	\$ 0.00
3C. Amount Paid by ●TRAINING PROVIDER DISCOUNT (Add Lines 1C + 2C)		To Financial Aid—Other/School Discount	\$ 0.00
3D. Amount Paid by ●OTHER SOURCES: (Add Lines 1D + 2D)		To Financial Aid	\$ 0.00
<b>TOTAL PROGRAM COST: (Add Lines 3A + 3B + 3C + 3D)</b>		\$	<b>0.00</b>

By signing and transmitting this *Worksheet*, the undersigned intends that the Oakland Private Industry Council rely upon and act in accordance with all of the information contained herein. You must notify OPIC of any changes in customer activities, and/or any discrepancies in support documents affecting this *Worksheet*.

Case Manager: _____	Site Manager: _____
PRINT NAME: _____	PRINT NAME: _____
Date: _____	Date: _____
TITLE: _____	TITLE: _____



**Career Counselor Worksheet**  
**LBD MODIFICATION**  
 For use with WIOA Funded Local Board Determination

<input type="checkbox"/> Alameda County (ACWDB)
OPIC LBD/PO NUMBER: > _____
MODIFICATION NO. > _____

This is a fillable Word form. Click on > to begin then tab to each box

**AGREEMENT to modify the LBD referenced above made by and between:**

<b>OPIC:</b>	OAKLAND PRIVATE INDUSTRY COUNCIL (OPIC)		
<b>ADDRESS:</b>	268 Grand Ave., Oakland, CA 94610		
<b>CONTACT:</b>	Maria Andrade, ITA Technical Asst.		
<b>PHONE:</b>	(510) 675-7907	<b>FAX:</b>	(510) 858-6746
<b>EMAIL:</b>	mariaa@oaklandpic.org		
<b>PROVIDER: &gt;</b>	_____		
<b>ADDRESS:</b>	_____	<b>CITY/ST/ZIP:</b>	_____
<b>CONTACT:</b>	_____	<b>TITLE:</b>	_____
<b>CONTACT PHONE:</b>	_____	<b>FAX:</b>	_____
<b>EMAIL:</b>	_____		

PARTICIPANT INFORMATION			
<b>WIOA REGISTRANT:</b>	_____	<b>APP #</b>	_____
<b>STATE ID:</b>	_____	<b>CENTER:</b>	_____
<b>CASE MANAGER:</b>	_____	<b>EMAIL:</b>	_____
<b>PHONE:</b>	_____	<b>FAX:</b>	_____
<b>COURSE TO BE MODIFIED:</b>	_____		
<b>GRANT CHECKBOOK TITLE:</b>	_____		

**1. LBD TERM:**

a. Existing LBD Training Period:	_____	To:	_____
b. <b>New LBD Training Period</b> , if changed by this Modification:	_____	To:	_____
c. LBD Total Course Hours:	_____		
d. <b>New Course Hours</b> , if changed by this Modification:	_____		

**2. LBD OBLIGATION:**

a. Total amount obligated by WDB was changed from:	\$	_____	To:	\$	_____
b. Total amount paid by Participant was changed from:	\$	_____	To:	\$	_____
c. Total Training Provider Discount was changed from:	\$	_____	To:	\$	_____
d. Total Other Cost _____ was changed from:	\$	_____	To:	\$	_____

<b>MODIFICATION PURPOSE:</b>	(600 characters)
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	

By signing and transmitting this ITA Modification, the undersigned intends that the Oakland Private Industry Council rely upon and act in accordance with all of the information contained herein. You must notify OPIC of any changes in customer activities, and/or any discrepancies in support documents affecting this LBD Modification.

<b>Case Manager:</b>	_____	<b>Site Manager:</b>	_____
<b>PRINT NAME:</b>	_____	<b>PRINT NAME:</b>	_____
<b>Date</b>	_____	<b>Date</b>	_____
<b>TITLE:</b>	_____	<b>TITLE:</b>	_____





**Career Counselor Worksheet  
LBD CANCELLATION/REFUND**  
*For use with WIOA Funded Local Board Determination*

<input checked="" type="checkbox"/> Alameda County (ACWDB)
OPIC LBD/PO NUMBER: > <input type="text"/>

This is a fillable Word form.  
Click on >  to begin then tab to each box.

PROVIDER INFORMATION			
PROVIDER: > <input type="text"/>			
ADDRESS: <input type="text"/>	CITY/ST/ZIP: <input type="text"/>		
CONTACT: <input type="text"/>	TITLE: <input type="text"/>		
CONTACT PHONE: <input type="text"/>	FAX: <input type="text"/>	EMAIL: <input type="text"/>	

PARTICIPANT INFORMATION			
WIOA REGISTRANT: <input type="text"/>	APP #: <input type="text"/>	STATE ID: <input type="text"/>	
CASE MANAGER: <input type="text"/>	CENTER: <input type="text"/>		
PHONE: <input type="text"/>	FAX: <input type="text"/>	EMAIL: <input type="text"/>	
COURSE TO BE CANCELLED: <input type="text"/>			
GRANT CHECKBOOK TITLE: <input type="text"/>			

**1. LBD TERM:**

a. Existing LBD Training Period:	<input type="text"/>	To:	<input type="text"/>
b. <b>Date of PO Cancellation</b> , if changed by this Modification:	<input type="text"/>		
c. Total Course Hours scheduled:	<input type="text"/>		
d. <b>Number of Course Hours that elapsed before cancellation date:</b>	<input type="text"/>		

**2. AMOUNT DUE OR AMOUNT TO BE REFUNDED:**

a. Existing WDB LBD Obligation Amount:	\$	<input type="text"/>
b. <b>Estimated Total Amount due to Training Provider:</b>	\$	<input type="text"/>
c. <b>Estimated Total Amount of refund due to Oakland PIC:</b>	\$	<input type="text"/>

**CANCELLATION PURPOSE:** (600 characters)

By signing and transmitting this *LBD Cancellation/Refund*, the undersigned intends that the Oakland Private Industry Council rely upon and act in accordance with all of the information contained herein. You must notify OPIC of any changes in customer activities, and/or any discrepancies in support documents affecting this *LBD Cancellation/Refund*.

Case Manager:	<input type="text"/>	Date:	<input type="text"/>	Site Manager:	<input type="text"/>	Date:	<input type="text"/>
PRINT NAME:	<input type="text"/>			PRINT NAME:	<input type="text"/>		
TITLE:	<input type="text"/>			TITLE:	<input type="text"/>		