ACTION BULLETIN

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

DATE: 7/10/2023

SUBJ: **LOCAL BOARD DETERMINATION (LBD) TRAINING CALJOBS ACTIVITY CODE 330 – REVISION #5**

PURPOSE OF BULLETIN:

The purpose of this bulletin is to provide **updated forms for** use of CalJOBS Enrollment Activity Code 330-Local Board Determination (LBD) 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 grants.

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[1] 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.

[1]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.

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, local Workforce Development Boards 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.

Subsequently, at their March 9, 2023 meeting, the ACWDB approved an amendment to this policy – including an option for a training provider to receive a "blanket waiver" when specific training programs have already been approved through the LBD waiver process. The specifics of these new amendments will be included in this policy and go into effect April 1, 2023.

Through use of this policy and the attached forms, ACWDB has determined that an updated LBD Training Request form would prove useful and informative to the process outlined in this bulletin. Therefore in July, 2023 new forms were created and have been attached to this bulletin.

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 occupations (or a 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; **and**

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

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 occupations (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.

Cohorts:

This LBD Training policy applies to training cohort situations as well. A cohort may be established when the LBD Training is being requested on behalf of more than one participant. Instructions are included in the "Procedures" section below.

Waivers:

Waivers to this LBD Training policy will be considered in the event that only one of the requirements under either condition has not been met. The unmet criteria may NOT be:
   1. Inclusion in ACWDB's ISOF Policy
   2. Attainment of an industry recognized credential, certificate, or degree

Consideration for approval of requested waivers will take several factors into account which may 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 **or tables**
- 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. **The new LBD Training Request Form attached to this bulletin offers many new questions that may be relevant to consideration of an LBD Training Waiver.**

<u>Blanket Waivers</u>:

Once a waiver has been granted for a specific training program as offered by a specific training provider, and a second participant has been determined appropriate and qualified for a referral to that same program, then the ACWDB may issue a blanket waiver allowing any subsequent participants be allowed to attend that program without requiring the specific program to be subject to the entire LBD Training Waiver process.

A blanket waiver may be granted for a specified period of time as long as there are no substantive modifications to the training program content, duration, or cost. The timeframe during which the blanket waiver will be valid will be either: 1) six months from the date the blanket waiver was issued; or 2) the end of the program year – whichever comes first.

To ensure system awareness of training programs that have been approved through the LBD Training blanket waiver process, ACWDB staff will create a document on a shared drive where program staff may review blanket waivers that are currently active. The list will also be shared at the Bi-Monthly Meeting of all Adult and Dislocated Worker service providers.

Additionally, Career Coaches must offer verification through LBD Training Request Form that there have been no substantive modifications to the training program content, duration, or cost since it was last approved.

Blanket Waivers will be granted on a case-by-case basis and are not guaranteed. If the original waiver was granted based on unique and specific participant needs and/or situations, then a Blanket Waiver may not be appropriate or approved.

PROCEDURE:

At least three weeks prior to the planned begin date of the intended training program and upon determination by a 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 followed:

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. NOTE: For a cohort situation (where more than one participant will be attending the same program for the same dates and costs), instead of including the participant's name on the form, include "See Attached Roster" and attach a roster which includes the following:
      1. List of all participants planning to attend
      2. Each participant's CalJOBS-assigned State Identification Number
      3. Funding stream for each participant (Youth, Adult, or Dislocated Worker)
      4. The cost associated to each participant
      5. The training beginning and end dates for each participant
   B. View the appropriate tab of 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 (to support claims of: limited availability; high cost; access to physical locations; or distance learning opportunities; etc.)
   4. Narrative – including the details about the training program and/or provider being requested
   5. Any additional relevant forms/documents/information
Forward required items 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 one week 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.

Approval:	Denial:
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: In the event that the request is approved, the Career Coach will submit the LBD Training Worksheet to their assigned Workforce Technician.

Workforce Technician or WSST Account Clerk will:
- Encumber the funds within the appropriate Grants Checkbook**(s)**
- Add the enrollment activity code**(s)** into the CalJOBS system
- Submit all required forms and worksheets to ACWDB's fiscal agent

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.

Any discrepancies that arise between this policy/procedure and any updates to federal or state provisions will default to the current minimum federal and state regulations and guidance available. As policies or regulations are updated, the most current versions of bulletins will appear on our website at www.acwdb.org.

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 (2 pages)
Attachment 2 – Local Board Determination Worksheet
Attachment 3 – LBD Modification
Attachment 4 – LBD Cancellation/Refund
Attachment 5 – LBD Blanket Waiver Request Form
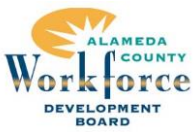
CalJOBS Training Activity Code 330 –
Local Board Determination Training Request Form:

Participant Name:			CalJOBS State ID #:		

Agency Code	Career Coach	Adult or DW	Select One:		
			Condition #1	Condition #2	Waiver

REQUIRED FOR ALL REQUESTS	
Name of Industry Recognized Credential	**Credential Industry Sector**

Please check one response for each bullet

- **Industry Recognized Credential**   Yes   No
- **ISOF Sector**
- **Refund Policy**   Yes   No
- **Accepts 3rd party vendor payments**   Yes   No
  (Up-front payments require pre-approval from ACWDB Financial Specialist)

Specific Reasons for Choosing this Program instead of those on ETPL:

Will successful completion of proposed training result in employment paying a wage equal to or exceeding the wage reflected in ACWDB's ISOF policy.

| Yes   No |

Is there a lack of training providers on the ETPL:

1.	Within commute distance from the participant	Yes	No
2.	Within ACWDB's training cost cap	Yes	No
3.	That offer access through public transportation.	Yes	No
4.	That offer distance learning	Yes	No
5.	That offer flexible scheduling	Yes	No

Required for All: Attachment Checklist (Please ensure documents are attached to this request)

- ☐ **Training Program Screenshot and/or ETPL Printout**
- ☐ **Training Providers Written Refund Policy**
- ☐ **Written Confirmation from Training Provider that they will accept 3rd Party Vendor Payment Process**
- ☐ **LBD Training Worksheet or Blanket Waiver Worksheet**

LBD CONDITION 1			
Local Education Agency (LEA) Select One:			
Adult School	**Community College**	**Regional Occupational Program/Ctr**	**UC/CSU/Extension**

LBD CONDITION 2
Does the participant have significant barriers to employment that can be more effectively addressed during training by an institution or training provider that possesses specialization or has built in capacity to provide the assistance or accommodations required for individuals with special needs to succeed?   Yes   No

LBD WAIVER		
Does the Training Provider have engagement within industry sector circles or tables?	Yes	No
Does the proposed Training Provider offer benefits or wrap-around services beneficial to the participant?	Yes	No
Have there been any substantive changes to the training program since it was approved for an LBD Training Waiver:		

- Content   Yes   No
- Duration   Yes   No
- Cost   Yes   No

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.

Career Coach	Printed Name	Signature	Date

Site Manager	Printed Name	Signature	Date

Approval   Denial

Explanation:

Technician	Printed Name	Signature	Date

Program Liaison	Printed Name	Signature	Date

Local Board Determination Worksheet
For use with WIOA Funded Training
(*excluding* Participant Reimbursement)

- ☐ Alameda County (ACWDB)

- ☐ Adult - 201
- ☐ Adult (Youth Provider) - 201
- ☐ Dislocated Worker - 501
- ☐ 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 AS IT APPEARS ON THE PROOF OF TRAINING DOCUMENTATION	Course Hrs	Cost
▨	▨	$ ▨
NOTES:	1. TUITION SUBTOTAL:	$ ▨
> ▨	2. Other Program Costs:	$ ▨
	TOTAL COST:	$ 0.00

Is grant assistance from other sources (such as Pell Grant) available to participant?   YES: ☐   NO: ☐
Explain: > ▨

1. ALLOCATION OF TOTAL TUITION & FEES:	$ 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: > ▨	$	▨

2. ALLOCATION OF OTHER PROGRAM COSTS: (Books, Tools, Other Costs)	$ 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. **TOTAL AMOUNT OBLIGATED BY WDB TO TRAINING PROVIDER:** (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
TOTAL PROGRAM COST: (Add Lines 3A + 3B + 3C + 3D)		$	0.00

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: ▨	Date	PRINT NAME: ▨	Date
TITLE: ▨		TITLE: ▨	

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

☐ 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:

OPIC:	OAKLAND PRIVATE INDUSTRY COUNCIL (OPIC)		
ADDRESS:			
CONTACT:			
PHONE:		FAX:	EMAIL:

PROVIDER: >			
ADDRESS:		CITY/ST/ZIP:	
CONTACT:		TITLE:	
CONTACT PHONE:		FAX:	EMAIL:

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

1. LBD TERM:

a.	Existing LBD Training Period:		To:	
b.	**New LBD Training Period**, if changed by this Modification:		To:	
c.	LBD Total Course Hours:			
d.	**New Course Hours**, 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:	$

MODIFICATION PURPOSE: (600 characters)

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*.

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

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

☐ **Alameda County (ACWDB)**

OPIC LBD/PO NUMBER:
> _____

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

PROVIDER INFORMATION			
PROVIDER: > ___			
ADDRESS: ___		**CITY/ST/ZIP:** ___	
CONTACT: ___		**TITLE:** ___	
CONTACT PHONE: ___	**FAX:** ___	**EMAIL:** ___	

PARTICIPANT INFORMATION			
WIOA REGISTRANT: ___		**APP #** ___	**STATE ID:** ___
CASE MANAGER: ___		**CENTER:** ___	
PHONE: ___	**FAX:** ___	**EMAIL:** ___	
COURSE TO BE CANCELLED: ___			
GRANT CHECKBOOK TITLE: ___			

1. LBD TERM:

a.	Existing LBD Training Period:	___	To: ___
b.	**Date of PO Cancellation**, if changed by this Modification:	___	
c.	Total Course Hours scheduled:	___	
d.	**Number of Course Hours that elapsed before cancellation date:**	___	

2. AMOUNT DUE OR AMOUNT TO BE REFUNDED:

a.	Existing WDB LBD Obligation Amount:	$ ___
b.	**Estimated Total Amount due to Training Provider:**	$ ___
c.	**Estimated Total Amount of refund due to Oakland PIC:**	$ ___

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:		Site Manager:	
PRINT NAME: ___	Date	PRINT NAME: ___	Date
TITLE: ___		TITLE: ___	

Local Board Determination Training
For use with WIOA-Funded Training

Blanket Waiver Request Form

DATE OF REQUEST: --Select--   <=Click on >   to begin then tab to each box.

CAREER COACH:	**CENTER:**		**EMAIL:**
PHONE:	**FAX:**		

TRAINING PROVIDER: >

PROGRAM/COURSE NAME AS IT APPEARS ON THE PROOF OF TRAINING DOCUMENTATION	Course Hrs	Cost
		$

NOTES:	1. TUITION SUBTOTAL:	$
>	2. Other Program Costs:	$
	TOTAL COST:	**$**

ADDRESS:	**CITY/ST/ZIP:**	
CONTACT:	**TITLE:**	
PHONE:	**FAX:**	**EMAIL:**

WIOA PARTICIPANT:	**APP #**	**STATE ID:**	
TRAINING FROM:	**To:** **PY:**	**DATE OF FIRST LBD APPROVAL:**	

Is this an LBD request for cohort training? YES: ☐   NO: ☐

→ *Please attach a list of participant names, state ID numbers, anticipated training dates, and costs for each member of the cohort.*

Please provide a detailed explanation for electing the above program over programs available on the ETPL.

[   ]

By signing below, the Career Coach and the Site Manager certify that no substantive modifications have been made to the cost, curriculum, duration, and/or other elements of the training program since the last LBD Approval was granted.

Case Manager: _____   Site Manager: _____

		Date				Date
PRINT NAME:			PRINT NAME:			
TITLE:			TITLE:			

→ *Please attach a copy of proof of training documentation.*