

EMPLOYER HANDBOOK

CUSTOMIZED TRAINING





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We appreciate your interest in joining our team of employers. The attached handbook provides all the information necessary to familiarize yourself with our program and its benefits to your business.

Career Center

Employer Consultant

Telephone Number

Customize Training Program 2007-08 Qualifications and Guidelines

CUSTOMIZED TRAINING STRUCTURE

Customized Training is one of several training designs offered through the South Florida Workforce system that is designed to meet the special requirements of an employer or a group of employers, that is conducted with the commitment by the employer to employ, or in the case of employed workers, to continue to employ the individual upon successfully completing the training, and for which the employer pays no less than fifty (50) percent of the cost of the training. The purpose of these funds is to provide activities that will increase the employment, retention, occupational skill attainment and earnings of participants to improve the quality of the workforce, and enhance skills, productivity and competitiveness of the State.

Program Guidelines

Applications for this Program are open to companies meeting the guidelines listed below.

BUSINESS APPLYING FOR FUNDING:

- Must be located in Miami-Dade and/or Monroe County, and has operated continuously for a minimum of one (1) year prior to the application date to be eligible.
- Must be fully licensed to conduct business in Miami-Dade or Monroe County.
- Must demonstrate financial viability by providing a copy of the following documentation: (1) most recent tax return (2) occupational license, and (3) the W-9.
- Must be current on all federal, state and local tax obligations.
- Must be a commercial or industrial enterprise that employs personnel and has capital.
- Must have at least one full-time employee
- Must maintain Workers' Compensation coverage for all trainees
- Businesses utilizing customized training will only be eligible for additional funding after one year from the date of their last employee completing customized training. **Exceptions may be approved by South Florida Workforce on a case by case basis.**

TRAINING SERVICES (NOTE: All training must be completed on or before June 30 of the approved funding year)

- Training Providers are selected by the business.
- Training can be provided through Miami-Dade and Monroe Counties public or private educational institutions, private training organizations, trainers employed by the business, or a combination of training providers. Private postsecondary institutions and private training providers may be utilized only upon a review that includes, but is not limited to, accreditation and licensure by South Florida Workforce.
- **Trainees listed on the Customized Training Agreement must be employed with the company at the time the application is submitted to SFW for review.**
- **If the “average cost per participant” is considered *not* cost effective the employer will be required to re-negotiate with the training provider. The purpose of re-negotiations is to obtain reasonable/just market value for the proposed training.**

- Can be conducted at the business’s facility, at the training provider’s facility or at a combination of sites.

REIMBURSABLE TRAINING EXPENSES:

- Instructors/trainers’ Wages/Tuition
- Curriculum Development
- Materials, Supplies, & Textbooks/Manuals
- Other Cost
- Indirect Cost (i.e., HR staff time to collect and coordinate activity or any other unforeseen costs associated with training.)

NON-REIMBURSABLE COSTS:

- Trainees’ wages (may be used as in-kind)
- Purchase of capital equipment
- Purchase of any item or service that may possibly be used outside of the training project
- Travel expenses of trainers or trainees
- Assessment and testing
- Certification fees are not reimbursable if the certification occurs after 30 days of the employee’s completion of training or after the funding program year ends.

- Employers must certify that all information provided for the purpose of requesting reimbursements and reporting training activities is true and accurate.
- Only five percent (5%) of the individuals trained can exceed the self-sufficiency wage per application. Self-sufficiency wages are: \$31 hr. in Hialeah/Homestead and \$32 hr. throughout the rest of Miami-Dade County. **Exceptions may be approved by SFW on a case by case basis.**
- Only 10% of individuals trained in Monroe County may exceed the self-sufficiency rate of \$33 hr. per application. **Exceptions may be approved by SFW on a case by case basis.**
- Training must result in the attainment of transferable skill(s) with a credential/industry recognized credential by the employee, as established during the contract negotiations, retention for a minimum of six (6) months (or negotiated period) in the self-sufficient employment of individual employees who have obtained

- 1) A new skill set in new technologies, or
- 2) New production or service procedures, and/or
- 3) Must lead to a promotion and/or
- 4) An increase in wages earned within 90 days after completion of training.

- Employers that fail to achieve the required employee credentialing and retention, or those that fail to promote employees that complete the training and achieve the credentials, may not be considered for future funding.
- **Any change** (i.e., the number of employees to be trained, substitution of employees, cost, curriculum change, etc.) to an approved Customized Training Agreement would require a new EWT Application in the areas that have changed and submitted to the SFW Review Panel prior to training.
- Training for reimbursement under this grant cannot begin prior to **the approval date.**
- Approved budget items are reimbursed upon presentation of adequate documentation of the training and evidence that the training expense incurred has been paid.

- Businesses provide a matching contribution to the training project. **Businesses will be required to provide a minimum 50% of the requested total training costs, i.e., instructors' wages/tuition, curriculum development and textbooks and manuals. In-kind contributions, (employee wages and benefits paid during training, facilities costs, travel, food, & lodging, training equipment purchase, etc.), will be considered for the 50% match. Some exceptions may apply**
- Business will keep accurate records during the lifetime of the project and certify that all information provided for the purpose of requesting reimbursements and reporting training activity is accurate and true for a period of five (5) years after the expiration of the contract.
- For performance tracking measures, businesses are required to submit specific information for employees participating in training activities which includes, but is not limited to, trainees' names, social security numbers, dates of birth, wages, Form I-9, etc.
- Businesses **must** submit reimbursement request with required documentation at the completion of each training segment; failure to do this will delay processing of reimbursements.
- If SFW is paying for the certification, businesses will be reimbursed only for those employees who complete training to include the completion of the credential/certification (tests, etc.) as outlined in the budget.

PROJECT COMPLETION:

- All EWT projects shall be performance based with specific measurable performance outcomes -- including the completion of the training project and number of employees trained.
- Final payment for businesses receiving CUSTOMIZED TRAINING funds will be withheld until the final report is submitted and all performance criteria specified in the grant have been achieved. All final reports are due to South Florida Workforce no later than fifteen (15) business days after the completion of the project. All invoices received after the closeout dates are subject to disallowance.
- Businesses shall provide sufficient documentation to South Florida Workforce for identification of all employee participants for calculation of performance measures required by South Florida Workforce.
- All training commencing at the beginning of the program year (July 1st) under the EWT must be completed prior to June 30th of the following year. Commitments for training services beyond June 30th will not be made by the SFW until after the South Florida Workforce Investment Board has allocated new program funding for training.
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APPLICATION INSTRUCTIONS

PLEASE SUBMIT YOUR APPLICATION AT LEAST 30 DAYS PRIOR TO THE DESIRED STARTDATE OF YOUR TRAINING. This does not however guarantee that the approval date will be on or before your training start date. If you have any questions or need assistance in completing the application, please contact.

The process for submitting an application is as follows:

1. Completed Customized Training Agreement
2. Sign agreement and attach the following:
 - a. A copy of the W-9

- b. A copy of the most recent Tax Return
 - c. A copy of the Occupational License
 - d. A copy of the curriculum outline
 - e. Identify certificate(to include industry recognized)/credential employee will receive at the end of training
 - f. A signed copy of the signature page at the end of this document acknowledging that you have read and agree with the contents herein.
3. Submit an original signed agreement plus one copy for approval
 4. Applications submitted for \$50,000 or less will be approved by the SFW Executive Director. Applications submitted for \$50,001 or more will be approved by the South Florida Workforce Investment Board (SFWIB).
 5. Once the application has been approved, the process of eligibility begins. Please allow ample time for this process as training cannot begin until the eligibility process has been completed. The eligibility process takes approximately 2-5 days to complete, provided the employer has made available all required documentation. Required eligibility documentation must include the following:
 - a. Valid Florida identification and social security card, or other acceptable document I-9 documentation in order to establish that the applicant is eligible to work in the United States
 - b. Proof of selective service registration (for males only)
 - c. The following items must be collected for each trainee: Social security number, address, phone number, date of birth, and gender.
- If training begins before the eligibility process is complete, the employer will be liable for all costs associated with training and will not be reimbursed for those employees that were not certified eligible.
6. Training providers are selected and paid by the employer for training costs incurred; the employer may be reimbursed for up to 50% of training costs.
 7. Invoices for reimbursement must be submitted by the employer to SFW. Submit an [invoice](#)(s) and [time sheets](#) or comparable documentation for participant(s) showing claims for reimbursement. All claims for reimbursement must be submitted within 30 days of completion of the Customized Training contracted training hours. Invoicing and payment procedures will take place after completion of training. The following items will be required in order to process the invoice for reimbursement of employee training.
 - a. Signed attendance logs or time sheets
 - b. Individual Certification/Credential
 - c. Invoice including a breakdown of payment due per participant and a total amount.
 - d. A paid invoice must be submitted if employer has selected a training vendor outside of South Florida Workforce's approved training providers.

Payment will only be considered when employees complete all approved modules of training.

8. Either party may terminate the contract for convenience by giving the other thirty (30) -days notices prior to the effective date of termination. The termination notice must be in writing and signed by an authorized agent of the terminating party. During the interim between the termination notice and date of termination, the SFW will reimburse only those costs incurred pursuant to normal operations as set out in the contract between the parties.

LIMITATIONS AND RESTRICTIONS

- Trainees in Customized Training shall not be employed in the construction, operation, or maintenance of any facility that is used for sectarian instruction or as a place of worship.
- Soft-skills training and basic computer training will be not approved under this grant.
Exceptions may be approved by the SFW on a case by case basis.
- Employees trained under the customized training will not be eligible for additional training with the same employer until two (2) years after the date of the customized training completion.
Exceptions may be approved by the SFW on a case by case basis.
- Businesses utilizing customized training will only be eligible for additional customized training after one (1) year from the date of their last employee completing customized training.
Exceptions may be approved by SFW on a case by case basis.

APPLICATION DENIAL

If the application is not approved, the Service provider will notify the employer.

Customize Training Program 2007-08 Application Instructions

OVERVIEW

The application has six (6) sections, detailed on four sheets in a Microsoft Excel file. Various formulas are used to simplify completion. If you complete the application using the computer, you will notice that you cannot click on many of the cells. Specific cells are locked in order to avoid accidental deletion of formulas and titles. We strongly recommend that you complete the application in this manner to guarantee accuracy and completeness.

If you prefer to complete the application with a typewriter, feel free to print out the application and type the information in the appropriate areas. Attach additional pages as needed.

SECTION 1: GENERAL INFORMATION

- **Organization Name:** Enter the name of the organization whose employees will benefit from the funded training.
- **Street Address, City & County, and Zip Code:** Enter the physical address of the main location where the majority of prospective trainees work.
- **Authorized Contact Person, Title, Telephone/Fax/E-mail/Web-Site:** Enter the appropriate information for the person authorized to sign the contract with South Florida Workforce. It does not matter if the Authorized Contact Person works in a separate location from the prospective trainees.
- **Date of Establishment:** Enter the date of the organization's legal incorporation.
- **Years in Business:** Enter the organization's number of consecutive years in operation.
- **# FT Employees:** Enter the number of full-time employees working at the location detailed above.
- **Are you current on all Federal, State, and Local Taxes?** Answer Yes, No, or Tax Exempt. If No, you do not qualify for funding.
- **What is the legal structure of your organization?** Click on the cell that states "(please choose from the list)". A button will appear to the right, allowing you to see a list of choices. Make the appropriate choice. If you are typing on a blank form, choose from the following options: Corporation, sole Proprietor, Partnership, Non-Profit Organization, or Government Agency.
- **What is your organization's primary SIC Code?** In order to confirm your organization's industry classification, we will check your primary SIC codes against the State of Florida database (F.R.E.D.). Enter your organization's primary SIC. If you have any doubts, follow the appropriate link to the right to search by your organization's name. If the link does not work, type the following address in your browser-<http://fred.labormarketinfo.com/default.asp>. Once the page appears, select "Labor Market Analysis" on the top bar of the page. A new page will pop up. Click on the "Employer" in the center of the page. Another new page will appear. Select

“Employer Search” from the top of the page. This will provide you with search options. Chose to search by county, and then select your county. Once you are on the search page, at the top search for your company by name.

- **What are your organization’s other SIC Codes?** Enter secondary and tertiary SIC Codes in the same manner.
- **What is your Federal Employer Identification Number (EIN)?** Enter your organization’s number. If you are not certain what it is, follow the link where it says “Learn about EINs here:” If you have any difficulty, type this URL into your browser and hit enter:
<http://www.irs.gov/business/small/article/0,,id=102767,00.html>.
- **What is your Unemployment Compensation (UC) ID#?:** Enter your organization’s number. If you are not certain, follow the link “Learn about UC here:” If you have any difficulty, type the following URL into your browser and hit enter:
<http://www.myflorida.com/dor/forms/download/lunemp.html>.
- **What is your Florida Sales & Use Tax (FSUT) number?:** Enter your organization’s number. If you are not certain, follow the link “Learn about FSUT here:” If you have any difficulty, type this URL into your browser and hit enter:
http://www.myflorida.com/dor/taxes/business_opp.html.
- **Please describe your business, its products and/or services, and your customer base:** Self explanatory.
- **Please describe in detail *need for training current workforce*:** Give a brief description as to why your employees are in need of training for which you are requesting funding.
- **Training Start Date:** Enter the earliest date you will be ready to begin training, if the eligibility process takes only five working days.
- **(a) Grant Request Dollars:** These cells are locked. The formula will automatically generate the result from section 3.
- **(b) Your Matching Funds:** These cells are locked. The formula will automatically generate the result from Section 3 (Training Program Budget). If you are using a typewriter to complete this application, enter the total dollars your organization will match. It should be the TOTAL under the Employer Match column in Section 3.
- **(c) Total Cost:** These cells are locked. The formula will automatically generate the result from Section 3 (Training Program Budget). If you are using a typewriter to complete this application, enter the total cost of your program in dollars. It should be the TOTAL under the Total column in section 3. The formula is the Total Cost = Grant Request + Matching funds.
- **(d) Matching Fund %:** These cells are locked. The formula will automatically generate the result from other cells. If you are using a typewriter, enter the result of the following formula:
Matching Funds%=Your Matching Funds / Total Cost.
- **(e) Total Number of Trainees:** These cells are locked. The formula will automatically generate the result from Section 2 (Training Project Detail). If you are using a typewriter, enter the total number of unduplicated fulltime employees your organization will training through this program.

- **(f) SFW Cost Per Trainee:** These cells are locked. The formula will automatically generate the result from other cells. If you are using a typewriter, enter the result of the following formula: $\text{SFW Cost Per Trainee} = \text{Your Matching Funds} / \text{Total Number of Trainees}$.
- **(g) Current Employee Average Hourly Wage:** These cells are locked. The formula will automatically generate the result from other cells. If you are using a typewriter, enter the result of the following formula: $\text{Total wages} / \text{total number of trainees}$
- **(h) Post Training Average Hourly Wage:** These cells are locked. The formula will automatically generate the result from other cells. If you are using a typewriter, enter the result of the following formula: $\text{Post Training Average Hourly Wage} = \text{Total wages} / \text{total number of trainees}$
- **Will this training avert any lay-offs at this location?:** Self explanatory.
- **Will this training create any vacancies that SFW can help fill?:** Self explanatory.
- **Will improve long-term wage levels of trainees:** Self explanatory.
- **Will improve short-term wage levels of trainees:** Self explanatory.
- **Critical to long-term viability of our organization:** Self explanatory.
- **Critical to short-term viability of our organization:** Self explanatory.
- **Will help prevent organization having to relocate operation:** self explanatory.
- **Will lower employee turnover:** self explanatory.
- **Is your organization receiving State or Federal funding for this training request?:** self explanatory
- **Is this training for Incumbent employees?:** Answer yes if the trainees are currently employed with your organization.
- **We have identified _ employees that meet the definition of self sufficiency as defined by SFWIB but will not be retained unless additional training or services are received:** The cell is locked: The response will automatically generate from section 2. South Florida Workforce defines self sufficiency as indicated below.

Miami-Dade County	\$32 per hour
Hialeah and Homestead	\$31 per hour
Monroe County	\$33 per hour
Other Counties	TBD
- **Certification by Career Center Director or Authorized Management Representative:** For internal use only.

SECTION 2: TRAINING PROJECT DETAIL

The spread sheet provided should help summarize your program. It is designed to group training by Job Title along each row, so that we can see all of the training provided to each group of employees with one specific Job title. Please follow the table format.

- **Department(s):** List the names of all departments represented by this group of employees. For example, you may be training seven administrative assistants, but they might work in four different departments. In this case you would list all four departments (Account, Sales, etc.).
- **Job Title (Current):** Enter the current job title of the employees to be trained.
- **Job Title (Post Training):** Enter the job title for the employees when they complete training. If the title will not change, indicate “SAME”.
- **Type of Training:** Briefly list all of the training (s) the employees will receive.
- **Cost Per Trainee:** Enter the result of the following formula: Total Cost of Training / total number of Trainees
- **Limited English Needs (Yes or No):** Select the appropriate answer depending upon trainee’s language needs. If the employees require training in another language please indicate accordingly.
- **Certification:** Describe the certification or credential provided to the trainee upon successful completion of the training.
- **Total Hours Paid During Training:** List the number of hours that will be paid during actual training time.
- **Is the employees self sufficient as defined by SFWIB (Yes or No):** Answer Yes if the trainee is currently earning at or above the hourly wages below based on the trainees geographic area of residence.

Miami-Dade County	\$32 per hour
Hialeah and Homestead	\$31 per hour
Monroe County	\$33 per hour
Other Counties	TBD
- **Employee(s) Current Wage:** The current hourly wage for trainee.
- **Employee(s) Post Training Wage:** The post training hourly wage for trainee.
- **% of Employee Fringe Benefit:** This percentage is calculated based on FICA, MICA, and benefits package health insurance.
- **Employer Match Wage and Benefits:** These cells are locked. The result is the sum of trainees detailed in the table.

SECTION 3: TRAINING PROGRAM BUDGET

Please see sample below.

SECTION 3: TRAINING PROGRAM BUDGET				
Category	Grant Request	Employer Match	Total	
1 Trainee Wages & Benefits	Cannot Fund with Grant Dollars	\$ 37,500.00	\$ 37,500.00	
2 Training Equipment Purchase		\$ 1,580.00	1,580.00	
3 Facility Usage		\$ 2,600.00	2,600.00	
a			\$ -	
b			\$ -	
c			\$ -	
d			\$ -	
4 Travel, Food, & Lodging				
a			\$ -	
b			\$ -	
c		\$ -		
d		\$ -		
5 Instructor Wages/Tuition				
a Lean Manufacturing	\$ 10,000.00		\$ 10,000.00	
b Good manufacturing Practices	\$ 15,000.00		\$ 15,000.00	
c ISO 9001	\$ 7,500.00		7,500.00	
d OSHA	\$ 5,500.00		5,500.00	
6 Curriculum Development				
a Custom Lean	\$ 1,000.00		1,000.00	
c			\$ -	
d			\$ -	
7 Materials, Supplies, & Textbooks				
a ISO 9001 Manuals	\$ 1,750.00		1,750.00	
b OSHA Handouts	\$ 250.00		250.00	
c Office Supplies Pens, pencils , papers	\$ 150.00		150.00	
8 Other Cost				

c		\$	-
d		\$	-
Sub Total			
9	Indirect Costs	\$	-
a		\$	-
b		\$	-
TOTALS		\$	82,830.00
	\$ 41,150.00	\$ 41,680.00	82,830.00

SECTION 4: TRAINING PROVIDER INFORMATION

Enter the name and contact information for the various Training Providers you will use in the program. Each is assigned a number for ease of notation in Section 3. Attach other sheets as necessary to include all Training Providers you will use. Please indicate the “type of Trainer” Company Employee, Public Training Institution, Private Training Institution, or Private Instructor:

SECTION 5: FINANCIAL VIABILITY

South Florida Workforce seeks to ensure that your organization is sufficiently stable to provide ongoing employment to your employees. Attach a copy of the W-9, a copy of the most recent tax return, and a copy of the occupational license.

SECTION 6: CERTIFICATION BY AUTHORIZED REPRESENTATIVE

Have the authorized Contact detailed in Section 1 sign and date this page.

Grant Request amount _____

Reviewed and agreed to by the Customized Training Employer on _____
Date

Name of Employer

Address

Name of Authorized Representative

Signature of Authorized Representative