

NON-ETPL TRAINING PROVIDERS PROCEDURE

Non-ETPL Training Providers may be used for all grants except when WIOA Adult and Dislocated Worker training funds are used. In other words, the ETPL is not required for formula Youth and all special grants including National Dislocated Worker (NDWG) grants, Additional Assistance, Special Population grants and State Workforce Development Board Grants.

The following activity codes may be used: 328-Non-WIOA Training for adults/dislocated workers and 438-Occupational Skills Training for Youth (non-WIOA funds). Please notify the Program Officer at NCCC of any new training providers you wish to use along with a contact person. To qualify as a NON-ETPL Provider they must still be approved by either Department of Education (Public Education) or the Bureau of Post-Secondary Education (Private Schools) and must provide verification of \$1,000,000 liability insurance. This must be confirmed verbally with the school but the Program Officer will verify the information. If approved, please add the training provider to the activity listed below when adding the activity to CalJOBS. If they are not listed please let us know. NCCC will not approve Non ETPL providers that are outside of the NCCC region of Colusa, Glenn, Sutter and Yuba Counties.

An Individual Training Account (ITA) is not to be used for non-ETPL training. Attachment A is the Individual Referral Training Agreement that has been modified for the Adult NON-Formula funding. Attachment B- Basis for Vendor Selection, Attachment C- Individual Referral Claim Form, and Attachment D- Training Cost Application.

If using WIOA formula Youth funding for training then NCCC Procedure 03/Individual Referral and Occupational Skills Training Procedure for Youth (attached) must be used which includes the Occupational Skills Training Agreement, Basis for Vendor Selection form and Individual Referral Claim Form.

If WIOA is not funding any training, but NCCC AJCC's are providing supportive services, e.g. mileage for adults and dislocated workers you would use the following activities: 328-Non WIOA Training or 438-Occupational Skills Training for Youth (non-WIOA funds).

Below is a chart outlining the above directions:

Customer Group	Type of Service	Training Provider	Funding Source Paying for Training/Support Service	Activity Code
WIOA Youth	Vocational Training (training costs such tuition, books, supplies, etc.	Non-ETPL Provider	Special Project	438-Occupational Skills Training (non-WIOA funds)
Special Project for adults and DW's	Vocational Training	Non-ETPL Provider	Special Project	328-Non-WIOA Training
WIOA Youth	Supportive Service, e.g. mileage	Non-ETPL Provider	WIOA Youth	421-Enrolled in Post- Secondary Education
WIOA Adult, DW or Special Project	Supportive Service	Non-ETPL Provider	WIOA Adult, DW or Special Project	328-Non-WIOA Training

Attachments:

- A -Individual Referral Training Agreement
- B- Basis for Vendor Selection
- C- Individual Referral Claim Form
- D-Training Cost Allocation

Agreement No.: _____
(Optional)**INDIVIDUAL REFERRAL TRAINING AGREEMENT**

This Agreement is entered into this _____ day of _____ by and between the _____ (enter name of One Stop/Service Provider) (hereinafter "Contracting Agency") and _____ (hereinafter "Training Provider").

I. CONTRACTING AGENCY_____
Name of One Stop Career Center_____
Address_____
City State ZIP_____
Contact Person/Phone Number**II. TRAINING PROVIDER**

Name: _____ Phone _____

Address: _____

Contact Person: _____ Title _____

III. PARTICIPANT INFORMATION

Name: _____ Soc.Sec. #: _____

Address: _____

Phone: _____

IV. TRAINING INFORMATION

Type of Training: _____ Total Training Hours: _____

Start Date: _____ Estimated Completion Date: _____

V. SUMMARY OF COSTS

TRAINING COSTS	TOTAL AMOUNT	NON-WIOA AMOUNT	PELL GRANT	OTHER:	
			AMOUNT	AMOUNT	SOURCE
Tuition					
Registration Fee					
Books/Supplies					
Other (list): _____					
TOTAL					

VI. PAYMENT METHOD/REIMBURSEMENT

- Upon Enrollment Two Payments (Enrollment and Completion)
- Monthly Upon Completion of Training
- Other, please specify:

- A. All costs associated with this Agreement will be paid upon verification of enrollment and participant attendance, at the frequency indicated above. Request(s) for payment must be made (***include Contracting Agency's requirements***).
- B. The Training Provider agrees that all monies pre-paid for a scheduled training course which is cancelled, postponed, or discontinued will be refunded to the Contracting Agency within 30 days of such cancellation, postponement, or discontinuance. In all other instances where training is discontinued, all pre-paid monies will be subject to the standard refund policy of the Training Provider who will refund monies due to the Contracting Agency within 30 days of the termination of training.

VII. AGREEMENT PROVISIONS

- A. Training Provider shall ensure that:
1. Funds will be used to supplement, not supplant Pell Grant awards and other types of financial aid. In order to provide such assurance, Training Provider agrees to:
 - a. Inform Contracting Agency of the amounts and disposition of financial aid awards to participants;
 - b. Inform Contracting Agency of any financial aid awards presented after the start of the Agreement.
 2. Maintain records and reports with regard to work performed under this agreement. These reports shall include records pertaining to financial aid, attendance and progress reports, and other reports relating to the participant. Training Provider shall make all such records and reports available for inspection, examination and audit by authorized representatives of the Contracting Agency and by such officials as may be required by law. Training Provider agrees to retain all related records and reports for a period of three years after the program year in which the last payment was received.
 3. Appropriate standards for health and safety are maintained.
 4. Access to training complies with the Americans with Disabilities Act (ADA).
- B. Training Provider further assures that:
1. Its agents and employees and any members of its governing body will avoid any actual, potential, or appearance of conflict of interest.
 2. Neither the Training Provider nor its principles are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

3. Adherence will be made to the terms and conditions under which participants enrolled in the Contracting Agency's programs will receive occupational skills training.
4. A system will be maintained for the handling of grievances by participants in accordance with Contracting Agency guidelines.

In the event of a dispute between the parties, a joint meeting will be convened to attempt informal resolution. Should informal discussion fail to resolve disputed issues, either party may request formal resolution in accordance with Contracting Agency procedures.

5. The required insurance coverage shall be continuously maintained throughout the term of this Agreement.
6. No portion of its programs will in any way discriminate against, deny benefits to, deny employment to, or exclude from participation any persons on the grounds of race, color, national origin, religion, sex, disability, or political affiliation or belief.
7. Monthly progress and/or attendance reports for each participant are provided to the Contracting Agency.

Training Provider

One Stop/Service Provider

Signature

Signature

Printed Name

Printed Name

Title

Title

Basis for Vendor Selection

Agency: _____ Participant: _____

Vendor: _____ Type of Training: _____

I. General Information

- A. Is there a labor market demand for training? Yes No
- B. Is training consistent with the participant's ISS? Yes No

II. Basis for Selection

- A. Is vendor on the State Eligible Training Provider List? Yes No

If No,

1. Is vendor approved by the Bureau for Private Postsecondary and Vocational Education, Western Association of Schools and Colleges, or another appropriate agency? Yes
2. Does the vendor carry at least \$1 million dollars of liability insurance? Yes

- B. Has cost/price analysis been conducted to determine reasonableness of cost? Yes

Comparative Providers

List and compare at least two providers that offer the same or a similar training package, which best meets the participant's training needs. If a commute would be needed to attend school rather than attending a more expensive local school then that can be built into the cost/justification and explained below. If there is only one provider, then documentation of sole source procurement must be noted in the explanation section below.

1.	2.
3.	4.
5.	6.

Explanation for Selection (indicate the costs compared of each provider or other reason:

Case Manager Signature

Title

Date

Agency Approval Signature

Title

Date

Name of One Stop/Service Provider

Individual Referral Claim Form

Contracting Agency

Name of One Stop/Service Provider		
Address		
City	State	ZIP
Contact Person/Phone Number		

Training Provider

Name: _____

Address: _____

Contact Person: _____ Phone _____

Training Participant

Name: _____

Soc.Sec. #: _____

BILLING SUMMARY

Billing Period: _____ **through** _____

Tuition \$ _____

Registration Fee \$ _____

Supplies \$ _____

Other (list) _____ \$ _____

TOTAL DUE \$ _____

Balance Remaining \$ _____
(after above payment)

Training Provider Signature

Date

Grant Code: _____

Training Activity Code: _____

TRAINING COST APPLICATION (EXAMPLE)

1. Date:	2. Participant Name:	3. Last 4 digits of SS#:
<p>Training Costs: NCCC allows payment of training costs off this application if the individual is enrolled in a training activity and the below costs are required for the training that is ETPL approved or non-ETPL.</p>		
4. Training Activity Code: _____ Funding Source: _____		
5. Training Needs (please check appropriate box and insert training expenditure amount:		
<input type="checkbox"/> Required Fees \$ _____		
<input type="checkbox"/> Required Books \$ _____		
<input type="checkbox"/> Required Supplies \$ _____		
<input type="checkbox"/> Test/Application Fees \$ _____		
<input type="checkbox"/> Other (please note in box 6) \$ _____		
6. Comments:		
7. <input type="checkbox"/> Check or <input type="checkbox"/> Purchase Order Amount:	Amount: \$ _____	
8. Make Check or Purchase Order Payable to:		

9. Local Agency Use:		
10. Name of Case Manager:	11. Reviewed and Approved by:	
12. Procurement		
<input type="checkbox"/> Vendor off local Vendor List		
<input type="checkbox"/> Two quotes attached		