

CUSTOMIZED SKILL TRAINING

Introduction



Finding qualified job candidates these days is difficult - especially if you are looking for workers with specialized skills. We have the answer to your dilemma. **Customized Skill Training (CST) program**, administered by the Milwaukee Job Center Network and in partnership with the Private Industry Council of Milwaukee County, Inc. - A Workforce Development Board, works to offer your organization a broad spectrum of choices for finding and training a competent workforce.

CST is designed to assist you to tailor a training program to exactly fit your business needs, or to enroll the candidates in existing training programs. Employers select trainees from a pool of candidates prescreened by the Milwaukee Job Center Network. This ensures that potential candidates are eligible for the program and that a good match exists between a candidate's interest and skills and the openings you need to fill.

Attached are information and applications to fill out if you are interested to take advantage of the Customized Skill Training program. Contact the Private Industry Council of Milwaukee County, Inc. - A Workforce Development Board (414-270-1725) if you have any questions.



DATE: As of August 2004

TO: Customized Skill Training Vendor Applicants

FROM: David Wilson, Executive Vice President

RE: **Essential Information on Customized Skill Training -**
funded by the Private Industry Council of Milwaukee County, Inc.,
a Workforce Development Board (PIC)

The Private Industry Council uses the following criteria when considering proposals for Customized Skill Training (CST):

- a) Designed to meet the special requirements of an employer or group of employers.
- b) Conducted with the commitment by the employer(s) to employ the individual upon successful completion of the training.
- c) The employer or trainer contributes to the cost of the training.

Customized Skill Training is provided by the Workforce Investment Act (WIA) funding. Applications for CST may be submitted at any time, and will be reviewed monthly, to be considered for either funding source.

WIA establishes a One-Stop delivery system that provides employment and training services to all individuals seeking work, and there are currently seven (7) designated One-Stop Centers in Milwaukee. Individuals who are receiving services through the One-Stop Centers and who are eligible for WIA funded training are referred to CST programs that meet their employment goals. All WIA participants in CST programs must be referred through a One-Stop Center.

This program has a required level of contribution from other sources to pay a portion of the training costs. This contribution must be a minimum of 50%. Exceeding the minimum match is highly encouraged and additional points will be awarded to applicants who do so.

In accordance with Federal regulations and PIC policy, payment for CST is based on benchmarked outcomes, and 50% of the vendor payment is dependent upon successful placement and retention of the trained individuals on the job.

If you have questions concerning the contents of this memo or the application itself, feel free to contact Sue Wile at 270-1725.

Attachment



CUSTOMIZED SKILL TRAINING PROPOSAL - REQUIRED MATERIALS

In order to review and rate your Customized Skill Training proposal, we ask that you follow the format and order outlined below. It is suggested that you include a divider (this may be a single page of paper) between each section of your proposal. Please submit seven (7) copies of your proposal, including one originally signed.

I. Executive Summary

One page description of the program, including anticipated outcomes and the training methodology.

II. Application Forms

These forms are provided by the Private Industry Council and are attached.

1. Training Provider Information Form
2. Employer Information Form
3. Training Description Summary Form
4. Job Description of Training Position
5. Subcontractor Information and Commitment Form

III. Budget

This form is attached. Please adhere to the following guidelines.

1. Training costs are those associated with training participants but may also include recruitment, job development and placement.
2. Supportive services are costs that enable individuals to participate in the program (bus tickets, uniforms, protective gear, tools, etc).
3. Administrative costs cannot exceed 10% of the total budget.

IV. Training Program Overview

*Please provide a **complete description** of your proposed training program and be sure to include the following information:*

1. Type of Training
2. Training Goals and Objectives (1-2 page summary)
3. Number of Participants
4. Training Length (# of weeks and total # of hours)
5. Detailed Training Curriculum and Training Schedule in chronological order (with days, start and end times each day and scheduled total number of hours for each component)
6. Location of Training
7. Supportive Services
8. Target Population, if applicable (non-custodial parents, disabled, offenders, high school dropouts, etc.)
9. Employer input on curriculum development
10. Specific documentation that describes the required non-federal contribution of the training costs
11. Methods to measure skill attainment
12. Trainer Qualifications/Job Description(s) for training staff
13. Training Entry Standards (as applicable)
 - math level requirement
 - reading level required
 - grade level completion required
 - High School Diploma or GED required
 - driver's license required
 - bondable
 - physical requirements
 - computer skills
 - work history preference
 - other requirements

IV. Retention and Follow-Up Plan

Please describe your plan to encourage students to stay in the training program until completion and to retain subsequent employment. Describe the process for follow-up on students for 90 days after training.

V. Attachments

Please include the following as attachments with your application:

1. List and include a brief description of past training contracts with PIC and/or other funding sources, including years awarded (e.g. 2001 through 2003), placement, wages, and retention rates
2. Job Description for each position for which the training is designed (you may submit the employer's form or use the PIC form included in the application packet)
3. Most recent audit or balance sheet
4. Other documents as needed and requested



CUSTOMIZED SKILL TRAINING SUPPLEMENTARY INFORMATION SHEET

Please be advised that the following documents will be required, only if you are awarded a contract:

1. Certificate of Non-Profit Status (if applicable)
2. Statement of Affirmative Action/Equal Employment Opportunities*
3. Certification Regarding Debarment, Suspension, etc.*
4. Certification Regarding Lobbying for Grants and Cooperative Agreements*
5. Labor Concurrence Request Form*
6. Conflict of Interest Disclosure Statement*
7. Financial Management System Procedures
8. Certificate of Insurance

***The appropriate forms will be provided by PIC.**

TRAINING PROVIDER INFORMATION FORM

The review committee reserves the right to disqualify any application with incomplete or inaccurate information.

(Please Print/Type)

1. INFORMATION

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Non-Profit: _____ For-Profit: _____ Years in business: _____

Federal Tax ID Number: _____

2. WEAB (Wisconsin Educational Approval Board) or WTCS (Wisconsin Technical College System)

Certified: WEAB certification is required for for-profit entities and non-profit entities (incorporated after 1/1/92) that charge fees or tuition to the public for training and/or providing pre-employability skill training.

Yes: _____ No: _____ Not Required: _____

3. COST

Project Cost paid by non-federal source (50% minimum):	\$	Weeks of Training:	
Project Cost paid by PIC funds (50%):	\$	Total Training Hours Per Participant:	
Total Cost of Training:	\$	Number To Be Enrolled*:	
Average Cost per participant: <i>(Calculate by dividing the total Project Cost by the Number to be served)</i>	\$	Number To Be Placed:	
Cost per Training Hour: <i>(Calculate by dividing the average cost per participant by the total training hours per participant)</i>	\$		

*Training may enroll up to 20% more participants than will be placed.

I certify that the above information is true, complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Title: _____

EMPLOYER INFORMATION FORM

(Please Print/Type)

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____

Type of Business: _____ Years in business*: _____

****If in business less than one (1) year - please attach copy of business plan.***

Federal Tax ID Number: _____ Avg. F/T Employment: _____

Annual Sales: \$ _____

Number of positions to be filled: _____ Starting wage per hour: \$ _____

Title(s) of position(s) to be filled: _____

Minimum Qualifications for position(s): _____

Fringe Benefits provided: _____

Eligibility time required for benefits: 30 days _____ 90 days _____ Other _____

I certify that the above information is true, complete and accurate to the best of my knowledge, and that my company will hire _____ (insert number) participants who successfully complete the required training and meet the minimum qualifications for employment.

Signature: _____ Date: _____

Title: _____

TRAINING DESCRIPTION SUMMARY FORM

Training Agency: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Type of Training: _____

Start and End: Month/Day/Year _____ to Month/Day/Year _____

*Class Times:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.						
P.M.						

Enrollees per Class: _____

Training Length:	Weeks	*Hours	Hours Per Day	Hours Per Week
Total:				

Support Services Provided: _____

Standard	At Entry:
Math Level Required:	
Reading Level Required:	
Language Level Required:	
Grade Completion Required:	
Diploma or GED Required:	
Driver's License Required:	
Bond-ability:	
Physical Requirements:	
Computer Skills:	
Work History Preference:	

CUSTOMIZED SKILL TRAINING

JOB DESCRIPTION OF TRAINING POSITION

Job Title:	
Hourly Wage:	
Hours Per Week:	
Employer:	Worksite:
Duties:	
Minimum Qualifications:	
Equipment to be Used:	

SUBCONTRACTOR INFORMATION & COMMITMENT FORM

LEAD AGENCY

Name: _____
Contact Person: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
E-Mail: _____

PROPOSED SUBCONTRACTOR

Name: _____
Contact Person: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
E-Mail: _____

Services to be contracted (and amount, if known): _____

On behalf of _____ (Proposed Subcontractor), I acknowledge our intent and commitment to enter into a subcontract with _____ (Lead Agency), for the services described above. I have the Lead Agency's proposal and it accurately reflects my organization's role.

Proposed Subcontractor

Signature of Authorized Representative: _____
Title: _____ Date: _____

Lead Agency

Signature of Authorized Representative: _____
Title: _____ Date: _____

FY-05 BUDGET

Organization Name:	Contract Number:
Address:	Contract Period:
City, State, Zip:	
Contact Person:	
Phone:	
Fax:	
E-Mail:	

Part I: Summary

Program Services		
Staff Wages	1	
Staff Fringe Benefits	2	
Other Costs	3	
Total Program Services	4	

Supportive Services		
Total Supportive Services	5	

Administration		
Staff Wages	6	
Staff Fringe Benefits	7	
Other Costs	8	
Total Administration (10% Maximum)	9	

Total Contract		
Total Budget Summary	10	

Vendor Match	11	
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PIC Invoice	
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Signature

Date

Gerard A. Randall, Jr., Chief Executive Officer
Private Industry Council of Milwaukee County, Inc.

Date

Contract Number:

Part II: Staff Wages

Position Title	TL Salary Over Contract Period	Salary Applied to This Contract		Program Portion	Administrative Portion
		%	\$		
TOTAL STAFF WAGES:					

carry to summary page lines: 1 6

Part III: Staff Fringes

Position Title	TL Fringes Over Contract Period	Fringes Applied to This Contract		Program Portion	Administrative Portion
		%	\$		
TOTAL STAFF FRINGES:					

carry to summary page lines: 2 7

Contract Number:

Part IV: Supportive Services

Item	Number of Enrollees	Average Cost Per Enrollee	Total Cost
TOTAL SUPPORTIVE SERVICES:			

carry to summary page line: 5

Part V: Other Costs

Item	Total Cost	Program Portion	Administrative Portion
TOTAL OTHER COSTS:			

carry to summary page line: 3 8

FY-05 Monthly Financial Report

Organization Name:	Contract Number:
Address:	Contract Period:
City, State, Zip:	
Contact Person:	Reporting Period:
Phone:	
Fax:	
E-Mail:	

	Budget	Current Month	YTD	Balance
Program Services				
Staff Wages				
Staff Fringe Benefits				
Other Costs				
Total Program Services:				

Supportive Services				
Total Supportive Services:				

Administration				
Staff Wages				
Staff Fringe Benefits				
Other Costs				
Total Administration: (10% Maximum)				

Total Contract				
Totals :				

Vendor Match				
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PIC Invoice				
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Certification: I certify that to the best of my knowledge this report is true in all respects and that all disbursements have been made for the purposes and conditions of the contract.

Name & Title of Authorized Official

Signature of Authorized Official

Date

Name of Program Director

Signature of Program Director

Date