

SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

| DIRECTIVE NO. | EFFECTIVE DATE | APPLICABILITY | PAGE |
|--|-----------------|--------------------|---------|
| 25-14 | January 1, 2026 | CMD, FMD, GMD, EMD | 1 of 12 |
| SUBJECT: INDIVIDUAL TRAINING ACCOUNTS | | | |

I. PURPOSE

This directive establishes the policies and procedures for the initiation, processing, and payment of San Joaquin County Employment and Economic Development Department (EEDD) Individual Training Accounts (ITAs) for participants served under WIOA, non-WIOA, and locally funded programs.

II. GENERAL INFORMATION

Workforce Innovation and Opportunity Act (WIOA) Section 122 requires states to maintain a list of training providers eligible to receive WIOA Title I, Subtitle B funds. The Employment Development Department (EDD) is responsible for managing California's Eligible Training Provider List (ETPL), which includes performance and cost information, on CalJOBS. Individuals eligible for WIOA Title I services may receive an Individual Training Account (ITA) through an America's Job Center of California (AJCC) to fund approved training services.

Under Section 680.300 of the WIOA regulations, Title I training services for eligible individuals must be provided through an Individual Training Account (ITA) by providers approved by the State of California and listed on the Eligible Training Provider List (ETPL).

This directive supersedes PPD D-14, Individual Training Accounts, dated August 1, 2022.

References

- [WIOA \(Public Law 113-128\), Sections 122, 134\(c\)\(3\), and 188](#)

- [Title 20 Code of Federal Regulations \(CFR\) Sections 680.200, 680.300, 680.310, 680.350](#)
- [2 CFR Part 200.333](#)
- [29 CFR Part 38](#)
- [WSD21-03, ETPL Policy and Procedures \(November 10, 2021\)](#)
- [EEDD PPD 24-15, Entering Program Services and Performance Information \(November 15, 2024\)](#)
- [EEDD PPD 23-04, WIOA Data Validation and Source Documentation \(February 26, 2024\)](#)

III. POLICY

An Individual Training Account (ITA) is established for participants approved to receive occupational skills training for a specific occupation. Eligible participants may include those enrolled under WIOA Title I Adult, Dislocated Worker (DW), National Farmworker Jobs Program (NFJP), and Out-of-School Youth (OSY) programs, as well as individuals served through non-WIOA or locally funded programs that have been authorized to utilize ITAs. Participants, in consultation with their case managers, select approved training programs from the list of eligible training providers. ITA payments are processed through the fiscal system outlined in this PPD and may be made incrementally, as specified in the ITA Agreement (Attachment 1).

If, during or after training, the participant and case manager determine that the training will not lead to self-sufficiency, a second ITA may be issued. This requires comprehensive justification documented in the Individual Employment Plan (IEP) for Adult, DW, and NFJP participants, or in the Individual Service Strategy (ISS) for OSY participants. The justification must be approved by the EEDD supervisor and included in the case file.

[WIOA Section 134\(c\)\(3\)](#) allows states and local areas to limit ITA funding to training programs that lead to in-demand occupations within the local area. The EDD is responsible for publishing and maintaining California's ETPL, which includes performance and cost information, on CalJOBS. The ETPL in CalJOBS is the official and most current source of information, and staff may not distribute printed lists of training providers or programs, as they may be inaccurate.

EEDD may use data from the ETPL and other sources to identify in-demand occupations in the local area. Based on this analysis, EEDD may set guidelines on which training programs are eligible for ITA funding to ensure funds support careers with strong job prospects. The goal is to align workforce investments with industries that are growing or experiencing skill shortages.

ITA limits must align with the ETPL and EEDD's established tuition cap. Participants may choose training that exceeds these limits if additional funding is

available to supplement the ITA. Supplemental funds may include Pell Grants, institutional scholarships, severance pay, or other sources.

IV. PROCEDURE

These procedures must be adhered to when initiating, processing, or paying an ITA for a participant:

A. Determination of Need for a Training Scholarship

The case manager will determine training suitability through a comprehensive assessment. The decision must be documented in the Individual Employment Plan (IEP) or Individual Service Strategy (ISS), as applicable.

Assessment tools to assist the case manager include:

- Comprehensive Adult Student Assessment Systems (CASAS)
- CareerScope
- WorkKeys
- Assessment Questionnaire (completed by participant and can be used in lieu of other assessments)

Assessment requirements vary by program:

- Adults and Dislocated Workers must complete CASAS, CareerScope, and WorkKeys to evaluate skills and readiness
- Youth entering classroom training must complete the same three assessments to ensure alignment with career pathways.
- Monolingual NFJP participants may use the Assessment Questionnaire instead; English-proficient NFJP participants must complete all three assessments.

The household budget must also be taken into consideration.

B. Occupational Research and Training Selection Process

Before submitting a training scholarship request, the case manager must review the following with the participant:

1. Current Labor Market Information
2. Training & Occupational Research Packet (Adult/DW/NFJP) (Attachment 2) or Youth Training Provider Research Questionnaire (Attachment 3)

3. Participants are required to research both training providers and occupations to make informed decisions. This includes visiting WIOA-approved providers on the ETPL to compare programs and confirm the best fit. Participants must complete no fewer than two training provider visits when multiple training options are available. Completing three visits is strongly recommended to support informed decision-making. Participants must complete an occupational research packet assessing job outlook, skills, and earnings. Upon selecting a provider, the participant must sign the Customer Choice in Training Form (Attachment 4). This process ensures training aligns with career goals and leads to sustainable employment.

4. Youth Portfolio (OSY)

The Youth Portfolio includes a resume, cover letter, sample application, and mock interview preparation. It prepares youth for Work Experience or Direct Placement and ensures they have the tools and confidence to secure employment related to their training.

5. Youth ITA Exploration Packet (OSY) (Attachment 5)

Youth case managers must ensure this worksheet is fully completed to verify the youth's commitment, career alignment, and the likelihood of sustainable employment from the training.

6. Pre-Encumbrance/Change of Status Form (Attachment 6)

This form authorizes the Fiscal Division to encumber funds for training. After final approval, the case manager submits this form to Fiscal Management. It is also used to notify fiscal staff of changes to the ITA, such as training start/end dates, funding source changes, or deobligation of funds (e.g., participant drops or course changes).

- C. Request for Training Form (Attachment 7)

The Request for Training form is provided to a participant once the case manager establishes that the individual is suitable for referral for a training activity.

If the training provider accepts the participant into their program, the participant will schedule a meeting with the training provider, and the training provider will complete and sign the Request for Training form and make a copy for their records. The participant will return the signed Request for Training form and submit it to the Supervisor for approval.

The Supervisor will:

- Review the Training Scholarship Packet received from case manager for accuracy and completeness. The packet should consist of
 - Training & Occupational Research Packet (Adult/DW/NFJP)
 - Youth ITA Packet (OSY)
 - Customer Choice in Training Form (Attachment 4)
 - Pre-Encumbrance/Change of Status Form
 - Request for Training Form
 - Signed Training Scholarship Approval Form (Attachment 8)
- Review the CalJOBS application to verify that eligibility information is accurate;
- Review the participant's assessments and IEP/ISS;
- Review case notes for case manager's justification for training;
- Approve Training Scholarship, as appropriate and submit to EEDD Administrative Division for preparation at least 10 business days prior to the scheduled start date. If there is an urgent need to submit it less than 10 business days prior to the start date, the supervisor must submit acceptable justification; and
- Assist the case manager if issues arise during training and elevate them to the Division Manager if they cannot be resolved.

If the Training Scholarship Packet is complete and the documentation justifies the training request, the Supervisor will approve the training by initialing the Request for Training, signing the Training Scholarship Approval Form, and submitting it to the EEDD Administrative Division for ITA preparation. Note: Some training providers may require additional advance notice based on their procedures.

D. Individualized Training Account (See Attachment 1)

The ITA is the formal contract between EEDD and the training provider. It is issued when the participant has been approved for training and accepted by the training provider. The participant may not begin training until the ITA is signed by the participant and provider and all required documentation is in place.

The Monthly Training Progress Report Form (See Attachment 9) is a requirement of the ITA to be completed by the training provider to notify the case manager of a participant's progress, measurable skill gain, credential received, program completion, employment, termination or other development during or after conclusion of the training. Training providers may choose to use their own forms if they provide comparable information.

E. Responsibilities Before, During, and After Training Program

Before, during, and for up to one year after the training program, the case manager, participant, training provider, and San Joaquin County EEDD staff all have responsibilities to improve the participant's potential for successful completion and employment.

1. Case Manager Responsibility

The case manager serves as the primary contact for the participant and is responsible for the following:

- **Review and Verification:** Assess the participant's eligibility, work history, education, skills, and desired training occupation. Justify the need for a training scholarship.
- **Case Notes Review:** Review all case notes entered by intake staff and any other staff who have previously worked with the participant.
- **Participant Assessment:** Conduct a comprehensive assessment and provide clear justification for referring the participant to training.
- **Occupational Research:** Ensure the completion of the participant's Occupational Research Questionnaire (Attachment 2) / Youth Training Provider Research Questionnaire (Attachment 3) to ensure they have a clear understanding of their chosen occupation.
- **Advise Participant of Training and Employment Requirements:** Inform the participant if a training program or employment in their chosen field has any additional requirements, such as drug screening or background checks. In the case of a drug screening, if the participant receives a positive result, the case manager must immediately confer with their supervisor to either close (as unsuccessful completion) or void the training activity for that participant. If the training activity is voided, the case manager must add a supportive service activity for the drug screening (in accordance with the EEDD Supportive Services PPD).
- **Training Provider Selection Guidance:** Direct the participant to visit eligible training providers and, if possible, provide them with relevant information to ensure the program meets their needs.
- **Enrollment Agreement Review:** Review the training provider's enrollment agreement with the participant and answer any questions they may have.

- **Customer Choice in Training:** Provide the participant with the Customer Choice in Training form, ensure they complete it, and sign it.
- **Training Commitment:** Ensure the participant acknowledges their responsibilities for fully participating in training and communicating outcomes for one year after WIOA program exit prior to signing the ITA.
- **Request for Training:** Provide the participant with a Request for Training form and, if necessary, assist in scheduling a meeting with the training provider. The participant must select two potential start/end dates and obtain confirmation of acceptance into the training program from the provider.
- **Scholarship Approval Submission:** Submit the completed Training Scholarship Packet, including all required documents, to the supervisor for approval at least two weeks before the participant's first start date.
- **Scholarship Cap Justification:** If a participant is requesting training that exceeds the established Training Scholarship Tuition cap, create a memo providing justification and recommendations to the supervisor. The final determination will be made by the Executive Director or designee.
- **Pre-Encumbrance Submission:** Once training is approved, submit the Pre-Encumbrance form to the Fiscal Division.
- **Review ETPL Program Eligibility:** Ensure the program is eligible for WIOA participants on the day the participant is supposed to start. If the program is no longer eligible, notify the participant that they cannot begin training.
- **CalJOBS Data Entry:** Enter all training-related information into CalJOBS and document the participant's progress through clear and complete case notes. ([Refer to PPD 24-15 Entering Program Services and Performance Information](#) for clarification.)
- **Address Changes to the Training Program:** If the participant's start date changes, notify the Administrative Services, Grants Management, and Fiscal Management Divisions because a new ITA will need to be issued. If the participant is unable to attend training due to failing a drug screening, submit an updated pre-encumbrance form and RGS to the Fiscal Management Division and request to have the training activity voided in CalJOBS.
- **Notify Fiscal Management Division:** When the participant begins training, email a copy of the training activity to Fiscal Management Division.
- **Training Follow-Up:** Conduct regular follow-ups with the participant—first within the first week of training, then at least every two weeks—to ensure continued participation. Upload

required documentation to CalJOBS. ([Refer to PPD 23-04 WIOA Data Validation and Source Documentation](#) for clarification.)

- **Progress Monitoring:** Review training progress reports received from the school and address any issues as needed.
- **Skill Gains & Credentials:** Document and case note measurable skill gains, credential attainment, licenses, and certifications in CalJOBS, as applicable. ([Refer to PPD 23-04 WIOA Data Validation and Source Documentation](#) for clarification.)

2. Participant Responsibility

Participants are responsible for:

- **Appointment Attendance:** Keeping all scheduled appointments with the case manager and training provider.
- **Occupational Research:** Completing the Occupational Research Questionnaire (Attachment 2) / Youth Training Provider Research Questionnaire (Attachment 3) to make informed decisions when selecting a training provider.
- **Training Provider Visits:** Visiting training providers to determine the best fit.
- **Customer Choice in Training Form:** Completing and returning the Customer Choice in Training form to the assigned case manager (Adult/DW).
- **Request for Training Form:** Taking the Request for Training form to the training provider at a mutually agreed-upon time to obtain two potential start/end dates, the provider's signature, and confirmation of acceptance into the training.
- **Form Submission:** Returning the completed Request for Training form to the assigned case manager.
- **ITA Review:** Reading and digitally signing the ITA, acknowledging their responsibilities during and after training.
- **Training Participation:** Beginning training as confirmed by the case manager and fully participating by following all provider policies.
- **Attendance & Reporting:** Accurately reporting attendance and signing all required school attendance records.
- **Communication & Updates:** Maintaining regular communication with the case manager and immediately notifying them of any concerns at school or home that may impact training completion.
- **Professional Engagement:** Actively and professionally participating in meetings between the case manager and training provider.

- **Withdrawal Notification:** Informing both the case manager and training provider if unable to complete the training.
- **Training Feedback:** Completing the Participant Training Survey.
- **Credential & Employment Notification:** Immediately notifying the case manager of earning the associated credential and securing employment.

3. Training Provider Responsibility

Training providers are responsible for:

- **Drug Screening Requirements:** Determining whether a negative (i.e., passed) drug screening is a prerequisite for employment in the occupation associated with the training program listed on the Eligible Training Provider List (ETPL). If such a requirement exists, the training provider must ensure that drug screening is completed prior to the commencement of training activities. The provider is responsible for reviewing the screening results and confirming that the participant has received a negative result. If the participant receives a positive drug screening result, the training provider must discontinue any planned or ongoing training activities for that individual and promptly notify the case manager.
- **Assessment & Suitability:** Conducting assessments and/or testing to determine participant suitability for the training program upon receipt of the Request for Training form.
- **Request for Training Form:** Signing and returning the Request for Training form with any attached proposals and/or discounts.
- **Student Enrollment Agreement:** Providing a copy of the Student Enrollment Agreement to the participant's case manager and thoroughly reviewing it with the participant.
- **Liability Insurance:** Providing a Certificate of Insurance before the participant's first day of training, ensuring liability coverage for the duration of training and listing San Joaquin County EEDD (WorkNet) as Additional Insured per the ITA agreement.
- **ITA Agreement:** Reviewing, signing, and returning the original Individual Training Account (ITA) to WorkNet within two business days. Digital signatures will be allowed using a process approved by San Joaquin County.
- **Training Delivery:** Providing the participant with the training specified in the ITA.
- **Attendance Records:** Maintaining complete and accurate attendance records, signed by the participant.

- **Student File & Record Retention:** Maintaining a complete student file and adhering to record retention requirements for at least five years from the date of final payment or until any audit or monitoring is completed, whichever is longer.
- **Benchmark Attainment:** Documenting benchmark progress, including post-tests if applicable.
- **Progress Reports & Invoicing:** Submitting progress reports and invoices per the ITA Invoicing Checklist (See Attachment 10), including signed attendance records, to WorkNet for payment.
- **Expense Invoicing:** Submitting invoices for expenses as they occur, in accordance with the ETPL and ITA guidelines.
- **Case Management Coordination:** Participating fully and professionally in any meetings with the participant, case manager, and EEDD supervisor/manager.
- **ETPL Listing Updates:** Regularly updating the provider's ETPL listing to reflect any program changes, including costs and performance data.
- **Communication & Participant Support:** Maintaining communication with the case manager and immediately reporting any participant issues that may interfere with training completion.
- **Post-Training Assistance:** California ETPL policy requires training providers to support participants in achieving employment outcomes. This can include helping with job search activities such as resume writing, interview preparation, and connecting participants with job placement resources or employers.
- **ITA Contract & Documentation:** Maintaining a signed copy of the executed ITA contract for each participant and a current Authorized Signature Form (Attachment 11).
- **Training Catalog:** Ensuring the school catalog of all WIOA-funded training programs is available and posted on the provider's website.
- **Compliance & Equal Opportunity:** Maintaining and reviewing the grievance/complaint policy, non-discrimination, and equal opportunity provisions with each participant, in compliance with the ITA, WIOA, and all governing legislation.
- **Facility Standards:** Maintaining a clean and safe learning environment for students, instructors, and staff.
- **Program Accreditation:** Meeting all accrediting body requirements necessary to operate WIOA-funded training programs.
- **Annual Monitoring:** Fully participating and cooperating with annual monitoring and program evaluation.

6. EEDD Administrative Division Responsibility

It is the EEDD Administrative Division responsibility to:

- Obtain Signature of training provider on ITA;
- Upon receipt of signed ITA Agreement from training provider, obtain signature from EEDD Executive Director or designee;
- Provide copies of the signed ITA to the training provider, EEDD Fiscal Management Division, EEDD Grants Management Division, and to the case manager to be uploaded to the participant file in CalJOBS; and
- File original fully executed contract in the central files.

7. EEDD Grants Management Division Responsibility

It is the EEDD Grants Management Division responsibility to:

- Review San Joaquin County training providers and programs for initial and continued ETPL eligibility;
- Inform training providers of the requirements for record keeping and invoicing (Attachment 10);
- Remove training providers or programs that are no longer eligible for the ETPL and inform EEDD Management;
- Maintain training provider certificates of insurance;
- Maintain training provider Authorized Signature form;
- Conduct annual monitoring of provider to verify compliance with the ITA.

8. EEDD Fiscal Management Division Responsibility

It is the EEDD Fiscal Management Division responsibility to:

- Allocate the proper funds to be encumbered for each participant to attend training;
- Process invoices;
- Inform training provider of any supporting documents needed to ensure payment; and
- De-obligate any training funds not used by participant.

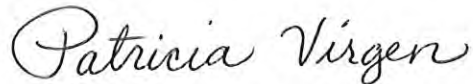
V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee is responsible for updating this directive, as appropriate.

VII. APPROVED



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

PV:jl

- Attachment 1: Individual Training Account
- Attachment 2: Occupational Research Questionnaire
- Attachment 3: Youth Training Provider Research Questionnaire
- Attachment 4: Customer Choice in Training Form
- Attachment 5: Youth ITA Training Exploration Packet
- Attachment 6: Pre-Encumbrance/Change of Status Form
- Attachment 7: Request for Training Form
- Attachment 8: Training Scholarship Approval Form
- Attachment 9: Monthly Training Progress Report Form
- Attachment 10: ETPL Provider Requirements for Record Keeping and Invoicing
- Attachment 11: Authorized Signature Form



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

NICOLE SNYDER
DEPUTY DIRECTOR
TINA LABOUNTY
DEPUTY DIRECTOR



COUNTY OF SAN JOAQUIN
EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT

INDIVIDUAL TRAINING ACCOUNT

ITA # _____

Participant: _____ Application #: _____

This Individual Training Account (ITA) is entered into on _____ between _____

(hereinafter referred to as ELIGIBLE TRAINING PROVIDER) and the San Joaquin County Employment and Economic Development Department (hereinafter referred to as EEDD) for the purpose of providing training to the participant identified above.

1. Program Name: _____
2. Occupational Skills (O*NET) Code: _____
3. Total Course/Program Hours of Instruction to be paid by EEDD: _____
4. Program Cost:

| | Total Program Cost must not exceed cost on Eligible Training Provider List | Other Grants/Funding to be received by ELIGIBLE TRAINING PROVIDER | Amount To Be Paid to ELIGIBLE TRAINING PROVIDER by EEDD |
|--------------|---|--|--|
| Tuition: | | | |
| Other Costs: | | | |
| TOTAL: | | | |

5. Payment shall be rendered in accordance with the Program Cost in §4 and Payment Conditions in §11 of this ITA. Tuition shall be paid at the hourly rate of _____ for actual attendance in classroom training.
6. Grant Code: _____
7. Case Manager: _____ Center: _____
8. ELIGIBLE TRAINING PROVIDER attests to having good standing on the Eligible Training Provider List (ETPL) and the legal authority to enter into this ITA. In addition, ELIGIBLE TRAINING PROVIDER warrants activities conducted under this ITA shall comply with all regulations, assurances, and certifications contained herein.
9. The Participant has reviewed this ITA and understands the responsibilities and requirements of this ITA and agrees to report outcomes to the case manager and ELIGIBLE TRAINING PROVIDER for one year after EEDD program exit.

Participant Signature: _____ Date: _____

EXECUTED BY THE PARTIES on the date above written:

For ELIGIBLE TRAINING PROVIDER:

For EEDD:

TINA LABOUNTY, Deputy Director
6221 West Lane, Suite 105
Stockton, CA 95210

GENERAL PROVISIONS

10. TRAINING

- 10.1 ELIGIBLE TRAINING PROVIDER shall provide training in the course/program name identified in §1 of this ITA. The training shall be conducted in accordance with the curriculum approved by the appropriate approval/accreditation agency. A copy of the approved/accredited curriculum shall be available to EEDD for inspection at the training site.
- 10.2 ELIGIBLE TRAINING PROVIDER shall ensure that all teachers/instructors are certified by the appropriate approval/accreditation agency to provide training in the course/program name identified in §1 of this ITA.
- 10.3 ELIGIBLE TRAINING PROVIDER shall maintain records including, but not limited to:
- 10.3.1 Attendance taken daily; and
- 10.3.2 Documentation of benchmark attainment, including posttests if applicable.
- 10.4 ELIGIBLE TRAINING PROVIDER shall award a Certificate or Diploma/Degree, subject to the rules and regulations of the appropriate approval/accreditation agency.

11. PAYMENT CONDITIONS

11.1 Tuition

EEDD will pay ELIGIBLE TRAINING PROVIDER's price for tuition less applicable Federal Pell Grants, Trade Adjustment Assistance (TAA) funds, other grants, other funding, or the tuition limit established by the San Joaquin County Workforce Development Board (WDB), whichever is least. Tuition includes such items as initial administration, registration, and class fees. For this ITA, ELIGIBLE TRAINING PROVIDER's price for tuition shall not exceed the price identified in the Eligible Training Provider List (ETPL).

11.1.1 Method of Payment

Providers may elect to invoice for progress payments or payment upon program completion. Progress payments will be made based on the participant's actual hours of attendance in classroom training, at the hourly rate specified in §5 of this ITA. The hourly rate is calculated by dividing the total tuition amount authorized in §4 by the total instructional hours identified in §3. Payments will be issued as instructional hours are completed or upon completion of the program. Any remaining tuition balance will be paid after the participant completes training. In no event shall total payments exceed the authorized tuition amount specified in §4 of this ITA.

11.1.2 Invoicing

Billing for attendance shall be submitted to EEDD monthly, or upon completion of training, and must be supported by a copy of the participant's signed attendance

record. If the participant is unavailable to sign, an authorized signee of the ELIGIBLE TRAINING PROVIDER may attest to the record's accuracy. Billing forms shall include the participant's name, application number, ITA number, invoice number, total hours of instruction billed, rate per hour identified in this ITA, the total amount of billing, identification of any remaining balance in the tuition price, the period covered by the billing, and the balance to date.

Final billing shall include a copy of the participant's signed attendance record and Certificate or Diploma/Degree. Billing forms shall include the participant's name, application number, ITA number, total hours of instruction billed, rate per hour identified in this ITA, the total amount of billing, identification of any remaining balance in the tuition price, the period covered by the billing, and the balance to date.

11.2 Other Costs

EEDD will pay ELIGIBLE TRAINING PROVIDER's price for other costs less applicable Federal Pell Grants, other grants, other funding, and Trade Adjustment Assistance (TAA) funds. Other costs include such items as books, materials, special transportation, and parking passes. For this ITA, ELIGIBLE TRAINING PROVIDER's price for other costs shall not exceed the price identified in the Eligible Training Provider List (ETPL).

11.2.1 Method of Payment

Price for other costs shall be paid to ELIGIBLE TRAINING PROVIDER on a cost reimbursement basis.

11.2.2 Invoicing

Other costs may be billed as the participant receives these items. The bill shall include all the following:

11.2.2.1 Itemized list of items provided to the participant as other costs

11.2.2.2 Cost per item

11.2.2.3 Date item(s) were received by the participant

11.2.2.4 Participant signature or email acknowledgement that indicates item(s) were received. If the participant is unavailable to sign, an authorized signee of the ELIGIBLE TRAINING PROVIDER may attest to the record's accuracy.

11.3 Federal Pell Grants and Other Grant Assistance Programs

Grant assistance, including Federal Pell Grants established under title IV of the Higher Education Act of 1965, must be utilized for training services prior to funds authorized under this ITA. Funds authorized under this ITA may be used to provide assistance beyond the assistance made available under other grant assistance programs, including Federal Pell Grants. Funds authorized under this ITA may be used while a participant's application for a Federal Pell Grant is pending, except that if such participant is subsequently awarded a Federal Pell Grant, appropriate reimbursement shall be made to EEDD from such Federal Pell Grant.

11.4 Participant Costs

EEDD is not responsible for any participant costs incurred by ELIGIBLE TRAINING PROVIDER or any subcontractor of ELIGIBLE TRAINING PROVIDER prior to the date of this ITA.

11.5 Authorized Signature Form

ELIGIBLE TRAINING PROVIDER shall submit to EEDD an Authorized Signature Form annually, identifying the individual(s) authorized to sign agreements and modifications, fiscal documents, communications, or other papers, which may be required under this ITA. Any change to this Authorized Signature Form will require the submission of a new Form within five (5) days of the occurrence of such change. The Authorized Signature Form and all changes to such Form will be incorporated into this ITA by reference.

12. REMEDIES

12.1 Default

If ELIGIBLE TRAINING PROVIDER defaults in the performance of any of the terms applicable to ELIGIBLE TRAINING PROVIDER, EEDD may terminate this ITA. Failure of EEDD to act upon a default or acceptance by EEDD of any further services by ELIGIBLE TRAINING PROVIDER under this ITA after such default shall, in no way, constitute a waiver by EEDD of such default, nor shall such failure or such acceptance by EEDD permit the continuation of such default.

12.2 Repayment of Funds and Waiver

In no event shall any payment by EEDD, hereunder, constitute a waiver by EEDD of any material breach of this ITA or any default which may then exist on the part of ELIGIBLE TRAINING PROVIDER, nor shall such payment impair or prejudice any remedy available to EEDD with respect to the material breach or default. EEDD expressly reserves the right to demand, of ELIGIBLE TRAINING PROVIDER, the repayment of any funds disbursed under this ITA which was not expended in accordance with the terms of this ITA.

13. TERMINATION FOR CAUSE AND CONVENIENCE

13.1 Cause

If ELIGIBLE TRAINING PROVIDER fails to perform duties to the satisfaction of EEDD, or if ELIGIBLE TRAINING PROVIDER fails to fulfill in a timely and professional manner obligations under this ITA, or if ELIGIBLE TRAINING PROVIDER violates any of the terms or provisions of this ITA, or if ELIGIBLE TRAINING PROVIDER, or ELIGIBLE TRAINING PROVIDER's agents or employees fail to exercise good behavior either during or outside of working hours that is of such nature as to bring discredit upon EEDD, then EEDD shall have the right to terminate this ITA effective immediately upon giving written notice thereof to ELIGIBLE TRAINING PROVIDER. Termination shall have no effect upon the rights and obligations of the parties arising out of any transaction occurring prior to the effective date of such termination. ELIGIBLE TRAINING PROVIDER shall be paid in full for all work satisfactorily completed prior to the effective date of such termination. The right of EEDD to terminate this ITA for cause is in addition to any other remedy in law or equity available.

13.2 Convenience

Either party may terminate this ITA at any time by giving to the other party thirty (30) days written notice of such termination. ELIGIBLE TRAINING PROVIDER shall be paid for all work satisfactorily completed prior to the effective date of said termination.

14. REPORTING REQUIREMENTS

ELIGIBLE TRAINING PROVIDER shall promptly report participant completion of training, job placement, termination from training, or other status change. Such reports will be on EEDD forms (unless the provider receives prior approval from EEDD) and shall be submitted to EEDD within two (2) working days of the event becoming known to ELIGIBLE TRAINING PROVIDER.

15. ACCESS TO RECORDS

EEDD, the State of California, United States Department of Labor (DOL), Comptroller General of the United States, or any other duly authorized representatives shall have timely and reasonable access to any books, documents, papers, and records (including computer records) of ELIGIBLE TRAINING PROVIDER or subcontractor of ELIGIBLE TRAINING PROVIDER which are directly pertinent to this ITA, in order to conduct audits and examinations and to make excerpts, transcripts, and photocopies. This right also includes timely and reasonable access to personnel of ELIGIBLE TRAINING PROVIDER and subcontractors of ELIGIBLE TRAINING PROVIDER for the purpose of interviews and discussions related to such documents.

16. RECORD RETENTION

16.1 ELIGIBLE TRAINING PROVIDER shall retain all records pertaining to activities performed under this ITA for a five (5) year period from the date of final payment, or the records are audited, whichever is longer.

16.2 If, prior to expiration of the five (5) year period, any litigation or audit is begun or a claim is instituted involving the ITA, ELIGIBLE TRAINING PROVIDER shall retain all records beyond the five (5) year period until the litigation, audit findings, or claim has been fully resolved.

17. NON-DISCRIMINATION

17.1 ELIGIBLE TRAINING PROVIDER is prohibited from discriminating on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including Limited-English Proficiency), age, disability, political affiliation or belief, sexual orientation, marital status, genetic information, or any other characteristic protected under applicable California state law. Additionally, discrimination is prohibited on the basis of citizenship status and/or participation in a WIOA Title 1-financially assisted program or activity, for beneficiaries, applicants, and participants only.

17.2 ELIGIBLE TRAINING PROVIDER is prohibited from discriminating against a participant funded under this ITA, with respect to the terms and conditions affecting, or rights provided to, the participant, solely because of their status as a participant.

18. AMERICANS WITH DISABILITIES ACT (ADA)

ELIGIBLE TRAINING PROVIDER assures compliance with the Americans with Disabilities Act of 1990 (ADA) which prohibits discrimination based on disability, as well as applicable regulations and guidelines issued pursuant to the ADA.

19. PROVISION AGAINST ASSIGNMENT

ELIGIBLE TRAINING PROVIDER may not assign, transfer, delegate, or sublet any interest herein without the prior written consent of EEDD and any such assignment, transfer, delegation, or sublease without EEDD's prior written consent shall be considered null and void.

20. DISPUTES

20.1 ELIGIBLE TRAINING PROVIDER agrees to make a reasonable effort to resolve disputes arising from this ITA by an administrative process (such as the utilization of a binding arbitrator or some form of mutually agreed upon mediations) and negotiations in lieu of litigation. Unless specifically relieved in writing, ELIGIBLE TRAINING PROVIDER is required to continue with work while the resolution of the dispute is being processed.

20.2 Any dispute regarding a question of fact under this ITA that cannot be resolved informally shall be decided by EEDD's authorized representative. The decision shall be put in writing and delivered to the ELIGIBLE TRAINING PROVIDER.

20.3 In connection with any appeal proceeding under this clause, ELIGIBLE TRAINING PROVIDER shall be afforded an opportunity to be heard and to offer evidence in support of an appeal. Pending final decision of the appeal, ELIGIBLE TRAINING PROVIDER shall proceed diligently with the performance of this ITA and in accordance with the decision of EEDD's authorized representative.

20.4 This "Disputes" clause does not preclude consideration of any law questions in connection with decisions provided above, provided that nothing in this ITA shall be construed as making final the decision of EEDD's administrative official, representative, or board on a question of law.

21. CONFIDENTIALITY

The names of participants in the program herein provided for are public records. However, EEDD and ELIGIBLE TRAINING PROVIDER agree to maintain the confidentiality of any other information concerning applicants, participants or their families, which may be obtained through application forms, interviews, tests, reports from public agencies, counselors or any other source. Without permission of the applicant or participant, such information shall be divulged only as necessary for purposes related to the performance or evaluation of this ITA, and then only to persons having responsibilities under this ITA, including those furnishing services to the program under ELIGIBLE TRAINING PROVIDER, and to governmental authorities, to the extent necessary for the proper administration of law.

22. CONFLICT OF INTEREST

Except for approved eligible administrative and personnel costs, no member, officer or employee of ELIGIBLE TRAINING PROVIDER or his or her designees or agents who exercise or has exercised any functions or responsibilities with respect to this ITA during his or her tenure, or who is in a position to participate in the decision making process or gain inside information in regard to this ITA, shall to the best of ELIGIBLE TRAINING PROVIDER's knowledge, have any interest, direct or indirect, in this ITA, or any subcontract, or the proceeds thereof, or any work to be performed in connection with this ITA, or in any activity or benefit

resulting from this ITA, at any time during or after such person's affiliation with ELIGIBLE TRAINING PROVIDER.

23. RELATIONSHIP

ELIGIBLE TRAINING PROVIDER understands and agrees that it is an independent agency and not a part of EEDD. All persons providing services to ELIGIBLE TRAINING PROVIDER pursuant to this ITA shall be employees, agents or subcontractors of ELIGIBLE TRAINING PROVIDER. At no time will employees of ELIGIBLE TRAINING PROVIDER be considered employees of EEDD, the Federal Government, or the State of California. It is understood that this is an agreement by and between two independent contractors and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, or joint venture.

24. INSURANCE

24.1 General Liability Coverage

24.1.1 ELIGIBLE TRAINING PROVIDER and any subcontractors of ELIGIBLE TRAINING PROVIDER shall obtain and maintain in full force and effect throughout the period of this ITA the following minimum insurance coverage:

24.1.1.1 Combined single limits for bodily injury and property damage shall be a minimum of \$1,000,000.

24.1.1.2 Aggregate property damage limit shall be a minimum of \$2,000,000.

24.1.1.3 Personal and advertising injury limit shall be a minimum of \$1,000,000 per offense or related series of offenses.

24.1.2 ELIGIBLE TRAINING PROVIDER's insurance policy shall be primary coverage and shall name San Joaquin County as an additional insured.

24.1.3 ELIGIBLE TRAINING PROVIDER shall provide EEDD with certificate(s) of proof of insurance with the coverage identified in §24.1.1-24.1.2 of this ITA. ELIGIBLE TRAINING PROVIDER shall not commence work under this ITA until all insurance required hereunder and certificate(s) of proof of insurance have been obtained and furnished to EEDD. ELIGIBLE TRAINING PROVIDER shall give EEDD thirty (30) days' notice prior to any change or cancellation of the insurance policy. Certificate(s) of proof of insurance for renewed or modified coverage shall be furnished to EEDD within ten (10) days of policy renewal or modification.

24.1.4 Public institutions may meet these insurance requirements with self-insurance, provided adequate reserves are maintained.

24.2 Automotive

If ELIGIBLE TRAINING PROVIDER, in conducting activities under this ITA, uses motor vehicles, ELIGIBLE TRAINING PROVIDER must provide protection in the form of automobile liability insurance. This insurance must cover bodily injury and property damage. ELIGIBLE TRAINING PROVIDER shall provide the insurance through a commercial insurance policy or self-insurance program. The insurance must be a minimum of \$1,000,000 per accident for bodily injury and property damage combined. Contractor agrees to hold harmless and indemnify the County for any and all liabilities associated with the use of any automobiles in relation to tasks associated with this Agreement.

25. HOLD HARMLESS

ELIGIBLE TRAINING PROVIDER shall defend, hold and save EEDD, its officers and employees harmless from liability of any nature and kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting in whole or in part from the negligent performance or omission of any employee, agent or representative of ELIGIBLE TRAINING PROVIDER.

EEDD shall hold and save ELIGIBLE TRAINING PROVIDER, its officers and employees harmless from liability of any nature and kind, including costs and expenses, for or on account of any suits or damages of any character whatsoever resulting from injuries or damages sustained by any persons or property resulting in whole or in part from the negligent performance or omissions of any employee, agent or representative of EEDD.

26. NOTICE

Any notices permitted or required under this ITA shall be given in writing and may be delivered and served personally, or alternatively, may be deposited in the United States mail, postage prepaid, certified or registered mail with return receipt request, addressed to the parties at the addresses set forth on the signature page of this ITA unless a party notifies the other party in writing of a change in address.

Such notice, if mailed within the State of California, shall be deemed delivered upon the second business day following the date postmarked. If mailed outside the State of California, the notice shall be deemed delivered upon the fifth business day following date of postmark.

27. COMPLIANCE WITH EEDD POLICIES

ELIGIBLE TRAINING PROVIDER agrees to comply with all applicable federal, state, and local laws, regulations, and guidelines, including but not limited to the policies and procedures of EEDD and the San Joaquin County Workforce Development Board (WDB), as they may be amended from time to time. These policies and procedures are incorporated herein by reference and made a part of this Agreement as if fully set forth herein. It is the responsibility of the ELIGIBLE TRAINING PROVIDER to remain informed of and adhere to current WDB policies, which are available at: <https://www.sjworknet.org/WN-PPD.asp>.

28. ENTIRE AGREEMENT AND MODIFICATION

This ITA supersedes all previous agreements and constitutes the entire understanding of the parties hereto. ELIGIBLE TRAINING PROVIDER shall be entitled to no other benefits than those specified herein. No changes, amendments, or alterations shall be effective unless in writing and signed by both parties. ELIGIBLE TRAINING PROVIDER specifically acknowledges that in entering into and executing this ITA, ELIGIBLE TRAINING PROVIDER relies solely upon the provisions contained in this ITA and no others.

Occupational Research Questionnaire - Training Exploration

Customer Name: _____.

My occupational goal is: _____.

Describe the job responsibilities of this occupational goal:

What related skills do you have already that will help you as you go through this training?

Circle your answers on the type of business you would like to work for and include the following information:

| | | |
|---|------------|--------------------------------|
| Size of Company: | Large | Small |
| Willing to Relocate: | Yes | No Where: |
| Shifts willing to work: | Day | Swing Graveyard Weekends |
| Expected Starting Wage: | \$ | |
| Do you prefer to be Supervised or Work Independently? | Supervised | Work Independently |

Please interview 3 persons that employ in this occupation and provide the feedback you received on the following pages (include business card if possible).

The purpose of this exercise is to talk to either the employer or employees in your field of interest to get more information. You are “trying on jobs” to see if they fit you! Jobs that look terrific in books or on someone else don’t always look so terrific when you see them up close, in their entirety.

If you are unsure how to do this, here is a sample script of what to say to assist you:

Hello, my name is _____, may I please speak to someone in Human Resources (or if you have a name, you may say the name). I am considering entering a training program to become a _____ (occupation) and I would like to set a 10-15 minute appointment with someone who could give me some general information about this field. Preferably an employee. I am trying to make a realistic decision on how this training would benefit me.

Occupational Research Questionnaire - Training Exploration page 2

Interview #1 **Student Name:** _____
Address, and
Phone#: _____
Type of Training: _____
Name of School Attending: _____

(please record their answers and information you obtained)

| | |
|----------|--|
| A | <i>Why did you select this training?</i> |
| B | <i>What kind of skills did you have coming into this training?</i> |
| C | <i>Do you have any previous experience in this field?</i> |
| D | <i>What is the level of education required to get into this training?</i> |
| E | <i>What do you like the most about the training?</i> |
| F | <i>What do you like the least about the training?</i> |
| G | <i>What hours do you attend? Days, Evenings, Weekends?</i> |
| H | <i>What type of assistance do you receive from the training provider to help you complete or keep up with the training course?</i> |
| I | <i>Does the training provider assist with job search, and job placement?</i> |
| J | <i>Would you recommend this type of training, and school that you are attending to other people?</i> |
| K | <i>Is there anyone else you could suggest I talk to?</i> |

Interview #2 Student Name: _____

Address, and

Phone#: _____

Type of Training: _____

Name of School Attending: _____

(please record their answers and information you obtained)

| | |
|---|--|
| A | <i>Why did you select this training?</i> |
| B | <i>What kind of skills did you have coming into this training?</i> |
| C | <i>Do you have any previous experience in this field?</i> |
| D | <i>What is the level of education required to get into this training?</i> |
| E | <i>What do you like the most about the training?</i> |
| F | <i>What do you like the least about the training?</i> |
| G | <i>What hours do you attend? Days, Evenings, Weekends?</i> |
| H | <i>What type of assistance do you receive from the training provider to help you complete or keep up with training course?</i> |
| I | <i>Does the training provider assist with job search, and placement?</i> |
| J | <i>Would you recommend this type of training, and school that you are attending to other people?</i> |
| K | <i>Is there anyone else you could suggest I talk to?</i> |

Interview #3 Name: _____

Company Name, Address, phone #: _____

(please record their answers and information you obtained)

| | |
|---|---|
| A | <i>How did you get into this field?</i> |
| B | <i>What kind of skills did you have coming into this job?</i> |
| C | <i>How much previous experience was required?</i> |
| D | <i>What kind of training, certification or education is required?</i> |
| E | <i>What do you like the most about the job?</i> |
| F | <i>What do you like the least about the job?</i> |
| G | <i>What hours do you work? Weekends? Overtime? Different Shifts?</i> |
| H | <i>Does this company hire entry level people in this field?</i> |
| I | <i>What is the average starting salary in this field?</i> |
| J | <i>Would you recommend this type of work to other people?</i> |
| K | <i>Is there anyone else you could suggest I talk to?</i> |

Based on the information you have received, answer the following questions:

Were there things about this occupation that you learned during your visits that you disliked and why?

What required skills do you have?

What requires skills are you lacking?

Do you have the required experience? Explain.

Do you have the time, resources and/or the desire to obtain the required education?

Are you willing to attend training or work with the required hours/times/shifts?

Is the starting salary enough for you to live on with all expenses accounted for including child care, etc.?

After taking into account the answers to all 3 interviews you have made, do you think this career is a good match for you? Why?

Thank you for taking the time to complete this Training Exploration packet.

Youth Training Provider Research Questionnaire

Participant Name: _____

Instructions:

To help you decide if this training is the right fit, interview someone who is currently taking the training or an instructor teaching it. You can call the training provider ahead of time to set up a meeting.

How to Request an Interview:

If you're unsure how to reach out, use this sample script:

Hello, my name is _____. I am interested in enrolling in the _____ (training program) at your school. I would like to set up a short 10–15-minute meeting with either an instructor or a current student to learn more about the program. This will help me make sure the training is a good fit for my career goals. Thank you for your time!

Questions for Someone Currently in the Training

Name (who was interviewed): _____

Training Provider: _____

(please record their answers and information you obtained)

| | |
|----------|--|
| A | <i>Why did you select this training program?</i> |
| B | <i>Do you need any prior skills or experience prior to starting this training?</i> |

| | |
|---|---|
| C | <i>Do you have any previous experience in this field?</i> |
| D | <i>What do you enjoy most about the training?</i> |
| E | <i>What do you find most challenging about the training?</i> |
| F | <i>What hours do you attend this training? Days, Evenings, Weekends?</i> |
| G | <i>What kind of support does the training provider offer to help you succeed (e.g., tutoring, financial aid, instructor office hours)</i> |
| H | <i>Does the training provider assist with job search, and job placement?</i> |
| I | <i>Have you gained hands-on experience or worked on real projects in this training?</i> |

| | |
|---|---|
| J | <i>Do you feel confident that this training will help you find a job? Why or why not?</i> |
| K | <i>Would you recommend this type of training to other people?</i> |

Questions for an Instructor of the Training

Name (who was interviewed): _____

Training Provider: _____

(please record their answers and information you obtained)

| | |
|---|--|
| A | <i>What skills or background knowledge should students have before starting this training?</i> |
| B | <i>What does a typical day in the program look like?</i> |
| C | <i>Does this program include hands-on learning, internships, or job shadowing opportunities?</i> |

| | |
|---|---|
| D | <i>What kind of support does the school offer if a student struggles with the coursework?</i> |
| E | <i>What do you think makes a student successful in this training?</i> |
| F | <i>What are the biggest challenges students face in this program?</i> |
| G | <i>What types of jobs can students expect to qualify for after completing this training?</i> |
| H | <i>Do you know if previous students have found jobs in this field?</i> |
| I | <i>If I decide to enroll, what advice would you give me to be successful?</i> |
| K | <i>Is there anyone else you would suggest I talk to?</i> |



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Customer Choice in Training Form

Notice to WIOA Clients:

Under the Workforce Innovation and Opportunity Act of 2014 (WIOA), you may choose the program and provider for the occupational training you need to meet the goals in your individual plan. In order to use WIOA funds for training, you must choose a training program that has been certified by the local Workforce Development Board in San Joaquin County.

Your case manager will present you with a listing of certified training providers on the Eligible Training Provider list. Most providers have submitted information showing the success rate their students have reached in completing the program, obtaining a certificate (if needed for that occupation) and getting a job. You can choose the training provider that you feel best meets your needs.

As a participant in this program, I have chosen this training program for my occupational skills training. This was my choice, based on my needs and preferences, and the information obtained about available providers through my site visits.

Training Provider Chosen

Training Program Chosen

Printed Name of WIOA Participant

Signature of W/OA Participant

Date

As a case manager for this program, I certify that the customer has chosen this training program and provider based on their own needs and preferences and the information I presented about available providers on the Eligible Training Provider List.

Printed Name of Case Manager

Signature of Case Manager

Date

Youth ITA Training Exploration Packet

Making the right choice: Will this training set you up for long-term success?

Participant Information:

Name: _____ State ID: _____

Training Wanted: _____ Training Location: _____

Training Provider: _____

Career Goal: _____

Step 1: Understanding Your Career Path

1. How does this training connect to your career goals?

☐ I always wanted a career in this field, and this training will help me get started.

☐ I already have some experience in this field and want to improve my skills.

☐ I'm not sure what career I want yet, but this training seems like a good step toward my future. Reason why:

2. What interests you most about this training / career?

3. What skills or experiences do you already have that will help you succeed in this training?

Step 2: Researching Job Opportunities

4. Is this job in demand in San Joaquin County?

☐ Yes – I found job listings for this career.

☐ No – I need to explore other options.

5. What is the likelihood of getting a job in this field after completing training?

☐ High – Many job openings exist.

☐ Medium – Jobs exist but may be competitive.

☐ Low – Few jobs are available in my area.

6. What industries or businesses in San Joaquin County hire for this job?

6. What is the entry level position for this career?

7. What is the starting salary for this job in San Joaquin County?

Estimated Salary: \$_____ per hour/year

8. Are you comfortable with the typical work schedule for this career (e.g., full-time, weekends, shifts)?

☐ Yes

☐ No – What concerns do you have?

9. What are the typical job requirements for an entry-level position in this field?

☐ High school diploma or GED

☐ Certification or license (explain: _____)

☐ No formal education required

☐ Other: _____

10. Is there growth within this career?

☐ Yes, there are many opportunities to advance that only takes time and experience.

☐ Yes, but to advance I need more education or certifications.

☐ No, this career has limited growth opportunities.

11. Does this career offer benefits such as health insurance, paid time off, or retirement plans?

☐ Yes, most jobs in this field offer benefits.

☐ Some employers offer benefits, but not all.

☐ No, this career typically does not include benefits.

Step 3: Planning for Success

12. Do you have reliable transportation to get to training?

☐ Yes – How? _____

☐ No – What would be your plan?

13. Do you need any additional support to complete training (e.g., childcare, tutoring, financial assistance)?

☐ No

☐ Yes – What support do you need?

14. Do you believe you can complete this training successfully?

☐ Yes, I am confident in my ability.

☐ I am unsure – I may need help with:

15. Do you have any events (e.g., Vacation, Court Dates, Medical Appointments) that could affect your ability to attend training?

☐ No, I have no conflicts.

☐ Yes, I have a scheduling conflict on: _____

How will you manage your events to avoid missing important training?

Step 4: Visiting the Training Site

Before enrolling, you are required to visit the training site to ensure it is the right fit for you. Attached to this packet is a list of suggested questions you can use to speak with either a current trainee or a training instructor to gain valuable insight into the program.

16. Date of Visit: _____

17. Who did you meet with (if anyone)? _____

18. What did you learn about the program during your visit?

19. Did you feel comfortable in the learning environment? Do you think the instructor teaches in a way that you think you could learn from?

☐ Yes

☐ No – Why?

20. What support services does the training provider offer (tutoring, career services, etc.)?

21. What is the program's completion rate, and do students who finish typically find jobs?

- ☐ Yes, most students complete and find jobs.
- ☐ No, some students struggle to complete or get hired.

Self-Reflection: Does This Career Fit You?

Before committing to training, take a moment to reflect on whether this career is truly the right fit for you.

22. What aspects of this career excite you the most?

23. What aspects of this career might be challenging or unappealing to you?

24. Does this career align with your strengths and interests based on your assessment results (e.g., Career Scope, O*Net Assessment)?

☐ Yes

☐ No – What differences did you notice?

Support Plan for Training Success

25. If you struggle with coursework during training, who can you ask for help?

☐ Training Provider Support Staff

☐ Parent / Family

☐ Case Manager

☐ Tutor

☐ Peer Mentor

☐ Other: _____

26. Do you feel confident in your ability to handle stress and challenges during training?

☐ Yes, I manage stress well.

☐ Sometimes – I may need support or coping strategies.

☐ No, I struggle with stress and may need extra support.

27. What motivates you to complete this training?

- ☐ Future career opportunities
- ☐ Higher income potential
- ☐ Personal growth and development
- ☐ Family support or encouragement
- ☐ Other: _____

Final Decision: Is This Training Right for You?

After completing this packet, do you still believe this training is the right choice for your career goals?

- ☐ Yes, I am ready to move forward.
- ☐ No, I need to explore other options.

Participant Signature: _____ **Date:** _____

Case Manager Review

- ☐ Reviewed participant's responses.
- ☐ Confirmed training site visit was completed.
- ☐ Verified job demand and career alignment.

Case Manager Name: _____

Case Manager Signature: _____ **Date:** _____



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**EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
PRE-ENCUMBRANCE/CHANGE OF STATUS FORM**

PRE ENCUMBRANCE

DATE: _____

PARTICIPANT'S NAME: _____

WIOA/AB109 CASE NUMBER: _____ LAST 4 SSN: _____

CASE MANAGER: _____ GRANT NUMBER: _____

ACTIVITY (PLEASE CHECK ONE): W/E ITA OJT

SCHOOL/EMPLOYER NAME: _____

PERIOD OF CONTRACT: EST.START DATE: _____ EST. END DATE: _____

ESTIMATED AMOUNT OF CONTRACT (TUITION & EXPENSES): _____

AUTHORIZING SIGNATURE: _____

CHANGE OF STATUS

DELETE CONTRACT (PARTICIPANT DID NOT START OR CHANGES COURSE/SITE): YES, DELETE CONTRACT

REASON: _____

CHANGE IN:

START DATE: _____ END DATE: _____

NEW CONTRACT AMOUNT: _____ GRANT NUMBER: _____

REASON FOR CHANGE: _____

DEOBLIGATE CONTRACT (PARTICIPANT QUIT, CHANGES COURSE/SITE, CONTRACT COMPLETED): YES, DEOBLIGATE

REASON FOR DEOBLIGATION: _____

WILL COURSE/SITE BE BILLING FOR PARTICIPANT?: YES NO

AUTHORIZATION SIGNATURE: _____



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REQUEST FOR TRAINING

(This portion to be completed by WorkNet Center staff)

Participant Name

WIOA Application Number or other identifier

is hereby referred to _____ for training.
Eligible Training Provider City

The course/program name is _____ for
Program Name as listed on ETPL

a duration of _____ hours, to begin on _____ or _____ and end
1st date after 10 days 2nd date after 10 days

on _____ or _____. O*NET Code:

The case manager is _____ at _____ WorkNet Center

You may reach the case manager at _____

Total funds authorized, but not obligated, for this training must match the approved costs listed on the ETPL.

Tuition

Pell

Other Costs,
including tools,
books, etc.

Other

Total

Grant
Code

Participant Signature

Date

(This portion to be completed by Eligible Training Provider)

This request for training has been reviewed, and the Eligible Training Provider will accept this participant in the Course/Program on the dates identified above.

Approved by: _____
Signature Title Date

This Request for Training is not a binding agreement for the purpose of obligating funds between the Eligible Training Provider and the WorkNet Center. The Eligible Training Provider must complete and return this form for processing and issuance of the financial obligation through an Individual Training Account (ITA) Contract. The participant may not start training until the ITA is fully executed and the Eligible Training Provider has submitted certificate(s) of proof of required insurance coverage.

For timely processing, please email this completed form to the case manager above.

(This form is VOID if not accepted by the Eligible Training Provider within 45 days of issuance.)

This WIOA Title I-financially assisted program or activity is an equal opportunity employer/program.
Auxiliary aids and services are available upon request to individuals with disabilities.

TRAINING SCHOLARSHIP APPROVAL FORM**TRAINEE INFORMATION:**

Trainee Name: _____ Training Start Date: _____
 Training Provider Name: _____ State ID: _____

TRAINING JUSTIFICATION:

1. Does this training align with the participant's long-term career goals as documented in their IEP/ISS?

☐ Yes

☐ No

2. Has the participant demonstrated commitment to this career path through prior experience, coursework, or career exploration activities?

☐ Yes

☐ No

Supporting evidence (e.g., work history, assessments, informational interviews, job shadowing):

3. Are there any barriers that may prevent the participant from successfully completing this training (e.g., transportation, childcare, academic readiness)?

☐ No barriers identified

☐ Barriers exist but have been addressed

☐ Barriers exist and need further support

Details: _____

4. Is there labor market demand for this occupation, with employers actively hiring at sustainable wages in San Joaquin County?

☐ Yes, demand is high, and wages are self-sufficient

☐ Some demand, but wages or job availability may be limited

☐ No strong demand identified Source of labor market information: _____
CASE MANAGER REVIEW

Case Manager Name: _____ Signature: _____

Date: _____

SUPERVISOR REVIEW & APPROVAL CHECKLIST

- ☐ Reviewed case to ensure eligibility is correct.
☐ Checked case notes on training justification, activity codes, and verified IEP/ISS goals align with training.

Required Documents Attached:

- ☐ Training & Occupational Research Packet
 (Adult/DW/NFJP/AB109/Non-WIOA)
☐ Youth ITA Packet (OSY)
☐ Pre-Encumbrance/Change of Status Form
☐ Request for Training Form
☐ Customer Choice in Training Form

Supervisor Training Scholarship Decision:
☐ **Approved**
☐ **Not Approved**

Supervisor Name: _____ Signature: _____

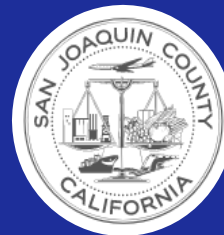
Date: _____



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

NICOLE SNYDER
DEPUTY DIRECTOR
TINA LaBOUNTY
DEPUTY DIRECTOR

COUNTY OF SAN JOAQUIN
EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT



MONTHLY TRAINING PROGRESS REPORT

This form **MUST** be submitted **EVERY MONTH**. Failure to submit this monthly progress report may cause a delay or may not allow us to process the payment for training, and the invoices may be sent to you for payment.

| | |
|-----------------------------------|--|
| Name of Student: | |
| Training Name: | |
| Date of Progress Report: | |
| Training Provider: | |
| Training Provider Phone #: | |

INSTRUCTOR COMMENTS

ATTENDANCE

of Days Attended: _____ # of Days Absent: _____ # of Days Tardy: _____

On Track to Pass: Yes _____ No _____

Training Provider or Instructor Signature

Date

Print Name

Student Signature

Date

Print Name



PATRICIA VIRGEN
EXECUTIVE DIRECTOR

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DEPUTY DIRECTOR
TINA LaBOUNTY
DEPUTY DIRECTOR

COUNTY OF SAN JOAQUIN

EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT



ETPL Provider Requirements for Record Keeping and Invoicing

Welcome to the San Joaquin County Eligible Training Provider List (ETPL). We appreciate your assistance and willingness to train our local workforce. Our program is federally funded under the Workforce Innovation and Opportunity Act of 2014 (WIOA), and San Joaquin County Employment and Economic Development Department (EEDD) must abide by local, state, and federal guidelines for reporting student progress, performance, and processing payments.

Training provider requirements for record keeping and communication include:

- The training provider shall retain all records pertaining to activities performed under the ITA for a five (5) year period from the date of final payment, or the records are audited, whichever is longer.
- Taking attendance daily and maintaining records signed by the participant
- Providing monthly progress reports to the participant's case manager
- Documenting benchmark attainment, including any applicable post-tests
- Promptly reporting participant completion of training
- Promptly reporting participant job placement
- Promptly reporting termination from training, or other status change within two (2) working days of the event becoming known to you.

Please contact EEDD ETPL staff (ETPL@sjcworknet.org) for any questions about the ETPL.

Invoicing Requirements

The payment conditions of the Individual Training Agreement (ITA) are outlined in section 11 of the ITA. Providers may invoice for progress payments or payment upon program completion. Progress payments will be made based on the participant's actual hours of attendance in classroom training, at the hourly rate specified in section 5 of the ITA. Invoices must be supported by a copy of the participant's signed attendance record. The final invoice must also include a copy of the participant's signed attendance record and their certificate, diploma, or degree (as applicable). If the participant is unavailable to sign, an authorized signee of the eligible training provider may attest to the record's accuracy.

All fees and expenses must be itemized and supported by appropriate documentation. Expenses may be billed as they are received by the participant. Any costs for items not acknowledged by the participant will not be reimbursed unless certified by an authorized

representative of the eligible training provider. If the participant is unavailable to sign, an authorized representative may verify and certify the accuracy of the record.

Please contact the EEDD fiscal department (FiscalDivision@sjcworknet.org) to submit invoices.

Required Information for Billing Forms

- Invoice Number
- Participant Name
- Application Number
- ITA Number
- Total Hours of Instruction Billed
- Hourly Rate as Specified in the ITA
- Total Billing Amount
- Billing Period Covered
- Balance to Date

Requirements for Billing Other Costs (Fees and Expenses)

All other costs must be itemized and include supporting documentation. For example: If billing for a DMV permit fee, you can include a copy of the receipt.

For expenses, include:

- A list of items provided to the participant
- Cost per item
- Date the participant received the item(s)
- An itemized list, checked off and signed by the participant

Important Notes:

- Costs for any item not acknowledged by the participant will not be paid unless certified by an authorized representative of the eligible training provider.
- Expenses incurred before the program start date listed on the ITA will not be reimbursed.
- Do not include Social Security Numbers on any documents submitted to EEDD.



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AUTHORIZED SIGNATURE FORM FOR CONTRACTS AND FISCAL RECORDS

| | |
|---------------------|--|
| Vendor Name: | Program Location (if different from Vendor Address: |
| Address: | |

| | |
|---|--|
| Name, title, and email address of individual(s) authorized to <u>sign contracts</u> and modifications for your agency: | Name and signature of individual authorized to <u>sign and submit billings, invoices, and fiscal records</u> for your agency: |
| Name: | Name: |
| Title: | Title: |
| Email Address: | Signature: |
| | |
| Name: | Name: |
| Title: | Title: |
| Email Address: | Signature: |
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| Email Address: | Signature: |

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|--|--------------|
| I certify that the signatures above are of the individuals authorized to sign the documents identified above. | |
| Name: | |
| Title: | |
| Signature: | Date: |
| | |

Date and Signature of Authorized Vendor Official or Owner