

WIOA Youth Grantee Training Funds Procedures

The Division of Employment and Training Services received a \$1,263,194 grant award for the period of July 1, 2018 through June 30, 2020. The grant encourages the utilization of funds to combat the economic and workforce impacts associated with the opioid health crisis, as well as encourages individuals to enter professions that could address the effects of use, addiction, and overdose.

The goal of the grant is to provide valuable career, training, and supportive services to eligible individuals in communities adversely impacted by the opioid crisis.

WIOA Youth Grantees will have access to funding for training funds only.

Participant Eligibility:

- a. Workers Directly or Indirectly Affected by the Opioid Crisis:
 - i. Dislocated workers, new entrants in the workforce, or incumbent workers who voluntarily answers "Yes" to the following question:
 1. *Do you, a friend, or any member of your family have a history of opioid use? Your answer to this question is voluntary.*
- b. Workers Seeking to Enter Professions that could “Help in Addressing the Opioid Crisis and Its Causes” (Career Planners can determine eligibility under this category without a “Yes” answer from above):
 - i. Dislocated workers, new entrants in the workforce, or incumbent workers who seek to transition to professions that support individuals struggling with opioid addiction and/or could impact its underlying causes, and who need new or upgraded skills to better serve this population. These individuals are eligible for reskilling or upskilling training activities only in the following professional areas:
 1. Addiction and substance-abuse treatment and related services;
 2. Pain therapy and pain management services that could reduce or prevent dependence on prescription painkillers; and,
 3. Mental health care treatment services for disorders and issues that could lead to or exacerbate opioid abuse and addiction.
- c. Must be co-enrolled with WIOA Youth and NHE DWG application must be filled out.

Training providers and non-work-based training opportunities are limited to those listed in Alaska’s Eligible Training Provider List (ETPL).

The NHE DWG has a set aside of \$50,000 for any youth participants and \$10,000 for youth currently or previously involved in the DJJ system for training funds. Spending limits for training services are restricted to \$2,500 per participant.

The following procedures must be followed to request training funds:

- Send an email to Shane Bannarbie at shane.bannarbie@alaska.gov requesting approval to spend funds.
- An NHE DWG co-enrollment must be completed in ICM.
- A services authorization (see step by step instructions below) must be completed and approved by Shane Bannarbie before funding can be spent.
- The authorization is sent to the training vendor and an invoice is received for the services.
- Once training is complete, the authorization and invoice is sent to Xavien Phillips at xavien.phillips@alaska.gov for payment processing.

Creating Authorization in ICM

For enrolling individuals in NHE DWG case managers must use the WIOA Adult DW enrollment form. Please use the following guidance to create an authorization.

All services must be completed from the enrollment.

1. Services must all be associated with training-related goal:

GOAL (ICM) : INFORMATION
New Goal (ICM) ≡

General

Case * **NHE Tester** Status Pending
Goal Name --
Goal * **Obtain/Maintain Credential**
Credential * **CNA - Certified Nurse Assistant**
Description --

2. Create a new service for training being provided. **The training must be listed in Alaska's Eligible Training Provider List (ETPL) and cannot exceed \$2,500.**

Services

Total Service Cost --

Start Date ↑	End Date	Category	Service Type	Program Service	Goal	Status (Service...)	Total Cost
No Service (ICM) records found.							

Service (ICM)

Enrollment **NE DWG** Service Type **T** Status (Service) **Planned**
Start Date * **1/1/2019** Program Service * **Occupational Skills Training** Total Cost **\$2,500.00**
End Date **3/31/2019** Goal **CNA - Certified Nurse Assistant**

Save Cancel

3. Double click on the service line to bring up the authorization page.

Services

Total Service Cost **\$2,500.00**

Start Date ↑	End Date	Category	Service Type	Program Service	Goal	Status (Service...)	Total Cost
1/1/2019	3/31/2019	Training	T	Occupational Skills Training	CNA - Certified Nurse Assistant	Planned	\$2,500.00

4. In the **Service** section, all areas must be filled in, with the exception of the description.

SERVICE (ICM) : TRAINING PROGRAM ▾

Occupational Skills Training ≡

Status (Service) **Planned**

Service

Enrollment **NE DWG** Category **Training**
Goal **CNA - Certified Nurse Assistant** Service Type **T**
Program Service * **Occupational Skills Training**
Description --

Creating Authorization in ICM

5. In the **Schedule** section, all areas must be filled out from the drop down boxes with the exception of **Activity Code**, which can be left blank.

Schedule

Start Date* 1/1/2019 End Date 3/31/2019
Vendor University of Alaska Southeast Vendor Location* Juneau
Training Program Certified Nurses Aide (OEC)
Activity Code --

- a. Choose a **Vendor** from the **Look Up Record** box. You may only use **WIOA ETPL Vendors**.

Pay Vendor Nu...	Name	DBA
✓ RWY14364	A Head of Time Design Academy	
	ABC of Alaska	Associated Builders and Contr
ALP84719	Adult Learning Programs of Alaska	ALPA
	After Hours Truck and Fleet	
	Alaska Academy of Advanced Cosme...	The View Spa LLC
TRA87063	Alaska Career College	
SAA05194	Alaska Carpenters Training Trust	

Look in **WIOA ETPL Vendors**.

- b. Training providers must be on the **WIOA ETP Approved Training Programs** list:

Expiration Date	Name	Vend
✓	Accountant Endorsement	University
	Accounting Technician (CT2)	University
	Biology (BA)	University
	Biology (BS)	University
	Building Energy Retrofit Technician	University
	Business Administration (AAS)	University
	Business Administration (BRA)	University

Look in **WIOA ETP Approved Training Programs**.

Creating Authorization in ICM

c. The **Vendor Location** will be the area where the training will take place.

End Date 3/31/2019

Vendor Location **Juneau**

Juneau University of Alaska Southeast	5/23/2012 10:44 PM
Juneau, Ketchikan University of Alaska Southeast	3/4/2016 9:20 AM
Juneau, Ketchikan, Sitka University of Alaska Southeast	3/4/2016 9:10 AM
Juneau, Sitka University of Alaska Southeast	3/4/2016 9:14 AM

Funding Source [Look Up More Records](#)

6. The **Cost Information** section has 3 sections. The **Cost** and **Funding Sources** sections should be completed for you:

a. The **Cost** is pulled over and completed from the original **Services** screen. Make sure the numbers are correct. **Do not** check the **Accrue Over Time** box; this does not pertain to this grant.

Cost

Total Cost **\$2,500.00**

Accrue Over Time

Obligation Date **1/1/2019**

The **Total Cost** and **Obligation Date** should match up to the original service section.

b. The **Funding Sources** is defaulted to NHE **Opioid** Grant. If it does not have this information, please let Shane know immediately.

Funding Sources

Service Cost	Grant	Grantee Account Code 1	Amount ↑
default	WS OPIOID Dislocated W...		\$2,500.00

Do not change anything in this section.

c. The **Authorization** section has three boxes. You will only complete two of them. The **CO#** and the **Accounting Code**. You will not put anything in the **Status (Authorization)** area. This is to be filled out by the state.

i. Click on the **CO#** area and click **+New** at the bottom.

Cost Information

Cost

Total Cost

Accrue Over Time

Obligation Date

Authorization

CO#

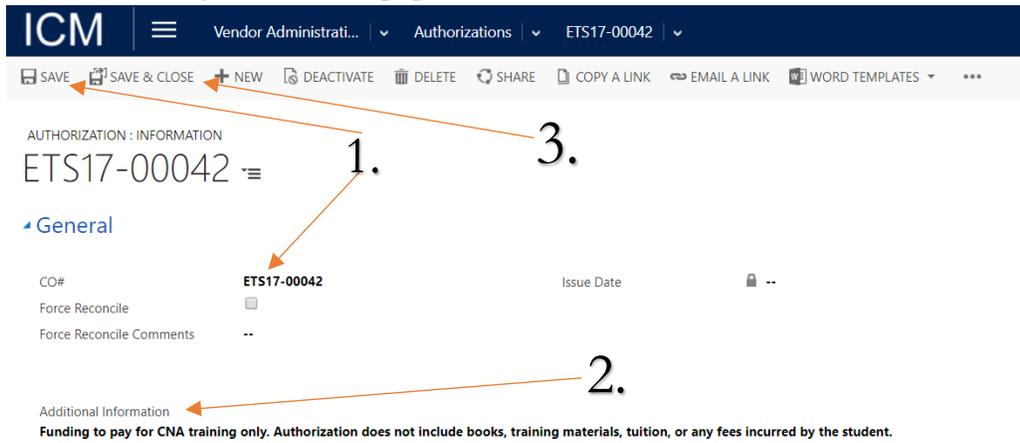
07370065 8/17/2012 11:03 AM
07800065 7/10/2012 3:14 PM
083748109 8/9/2012 3:19 PM
083748840 6/20/2012 4:50 PM
088047903 9/17/2012 12:53 PM
088047908 9/17/2012 2:58 PM
088047926 8/30/2012 3:33 PM

10 results [+ New](#)

The **+New** button will bring up a new screen.

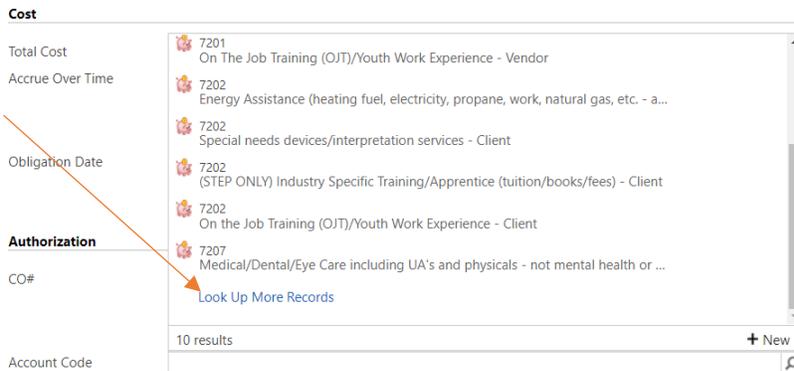
Creating Authorization in ICM

Immediately save this page. This will auto generate a **CO#** for you. After you **Save** fill out the **Additional Information** area with information related to the training, what you are specifically paying for, and what, if anything, is excluded. When complete **Save and Close**. This will take you back to your **Services** page.



1. Click **Save** – CO# will auto generate.
2. Fill out **Additional Information** section with what you are paying for and excluding.
3. Click **Save and Close**

ii. Click on the **Accounting Code** area. Scroll to the bottom and click on “Look Up More Records”



Look Up More Records will bring up another list.

Creating Authorization in ICM

Scroll down and choose one of the following: 7227 College/University Training (tuition/books/fees)-Vendor; 7229 Technical Training (tuition/books/fees)-Vendor; or Misc. Training (tuition/books/fees)-Vendor.

Name	Description
7227	College/University Training (tuition/books/fees) - Vendor
7228	College/University Training (tuition/books/fees) - Client
7229	Technical Training (tuition/books/fees) - Vendor
7230	Technical Training (tuition/books/fees) - Client
7231	Misc. Training (tuition/books/fees) - Vendor
7232	Misc. Training (tuition/books/fees) - Client
7233	Job Development/Job Coaching - Vendor

WIOA Youth Grantees may only use NHE DWG funding to provide training to clients.

Click **Add** and it will autofill the **Account Code** box on the **Service** page.

Authorization

CO# ETS17-00042

Account Code 7227

Status (Authorization) --

Once the training is selected, click **Save** at the top of the screen.

ICM Vendor Administrati... Authorizations Occupational Skills ...

SAVE SAVE & CLOSE + NEW DEACTIVATE DELETE SCHEDULE SERVICE ASSIGN SHARING SHARE ...

7. To print the **Authorization** go to the top and click on the **More** (3 dots) button

ICM Vendor Administrati... Authorizations Occupational Skills ...

SAVE SAVE & CLOSE + NEW DEACTIVATE DELETE SCHEDULE SERVICE ASSIGN SHARING SHARE ...

Choose **Run Report** from the drop down list.

ICM Vendor Administrati... Authorizations Occupational Skills ...

SERVICE (ICM) : TRAINING PROGRAM

Occupational Skills Training

Cost Information

Cost

Total Cost **\$2,500.00**

Accrue Over Time

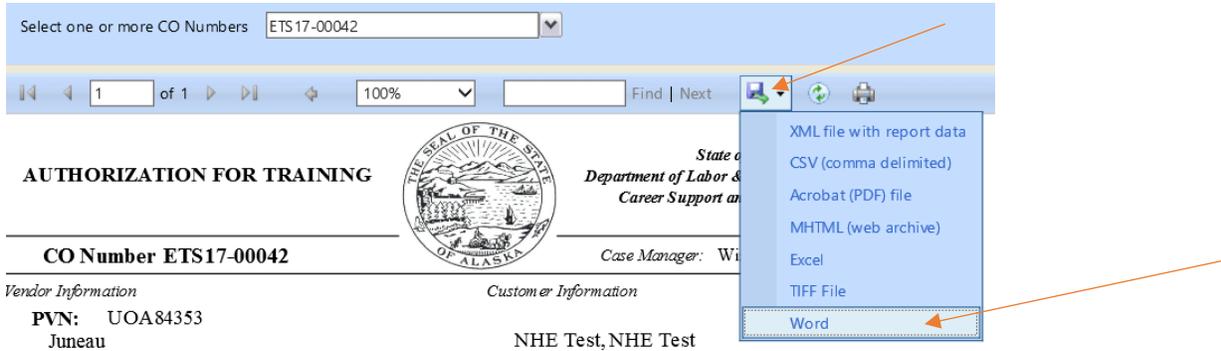
- Copy a Link
- Email a Link
- Run Workflow
- Start Dialog
- Word Templates
- Run Report
- Help
- ICM Intro
- Form Editor

Creating Authorization in ICM

Click on *DETS Authorization*:



Once the report is generated, click on the *Export* button and export to a *Word* Document:



Next to *Note to Vendor* copy and paste the following:

Xavien Phillips
Midtown Job Center
3301 Eagle St, Ste 304
Anchorage, AK 99503
907-269-4562 direct
xavien.phillips@alaska.gov

Xavien Phillips
Midtown Job Center
3301 Eagle St, Ste 304
Anchorage, AK 99503
907-269-4562 direct
xavien.phillips@alaska.gov

Note to Vendor (if applicable): Funding to pay for CNA training only. Authorization does not include books, training materials, tuition, or any fees incurred by the student.

Leave this space blank

Authorized DOLWD Representative

Date

Leave "Authorized DOLWD Representative" and "Date" blank.
Send to Shane for signature and approval.

Example of Completed Authorization

AUTHORIZATION FOR TRAINING



State of Alaska
Department of Labor & Workforce Development
Career Support and Training Services

CO Number ETS17-00042

Case Manager: Windy Swearingin

Vendor Information

Customer Information

PVN: UOA84353

Juneau

11120 Glacier Hwy
Sitka, AK 99801-9418
907-796-6000
<http://www.uas.alaska.edu/contacts/campuses.html>

NHE Test, NHE Test

1111 w 8th Ave
Juneau, AK 99801
(907) 555-5555

Authorization: The Alaska Dept. of Labor, Job Training and Readiness Unit hereby authorizes the **VENDOR** to provide the **CUSTOMER** with the services and/or training materials described and detailed below.

Specific Information for the Authorized Services:

Services / Materials	Authorization Period		Estimated Cost
	FROM	TO	
Occupational Skills Training	01/01/2019	03/31/2019	\$ 2,500.00
TOTAL AMOUNT AUTHORIZED THIS TRANSACTION			\$ 2,500.00

Vendor Instructions: Please submit this form, along with invoice(s), within 45 days to the address shown below. **FAXed invoices cannot be accepted. Failure to submit this form with invoice(s) within 45 days may void this Authorization.** *Please note that the State of Alaska is exempted from payment of sales tax.*

Training Agencies: Reimbursement will be made for actual, documented expenditures billed to the Department, not to exceed Authorization amounts listed above for the identified Customer.

Xavien Phillips
Midtown Job Center
3301 Eagle St, Ste 304
Anchorage, AK 99503
907-269-4562 direct
xavien.phillips@alaska.gov

Note to Vendor (if applicable): Funding to pay for CNA training only. Authorization does not include books, training materials, tuition, or any fees incurred by the student.

Authorized DOLWD Representative

Date

Department of Labor Use Only		Encumber Funds:		
		Pay VENDOR from attached invoice(s):		
SFY	Funding Source	OBJ Code	%	Amount
2019	WS OPIOID Dislocated Worker	7227 College/University Training (tuition/books/fees) - Vendor	100.00%	\$ 2,500.00
TOTALS			100.00%	\$ 2,500.00
CO Number:			ETS17-00042	
Encumbrance Number:				

All Authorizations must be approved and signed by Shane Bannarbie as the DOLWD Representative to be valid for payment.