



Program Committee Meeting
October 23, 2024 @ 2:30 PM (CT)

[Join Microsoft Teams Meeting](#)

561-570-4464; Conference ID: 422 054 190#
or in person at 4636 Highway 90, Suite K
Marianna, FL 32446 - Community Room
Richard - (850) 557-2441; Tabetha - (850) 693-3913

AGENDA

- | | |
|---|-------------------------------|
| I. CALL TO ORDER | Al Bryant, Chair |
| II. WHAT IS CUSTOMIZED TRAINING/AG TECH?
Attachment A | Richard Williams Page 2 |
| III. EXPECTED OUTCOMES
Attachment B | Debby Wood Page 3 |
| IV. GRANT APPLICATIONS
Attachment C | Debby Wood Pages 4 - 12 |
| V. GRANT SCORING SHEET
Attachment D | Richard Williams Page 13 - 14 |
| VI. INTAKE PACKET
Attachment E | Debby Wood Pages 14 - 19 |
| VII. GENERAL DISCUSSION | Al Bryant, Chair |
| VIII. ADJOURNMENT | Al Bryant, Chair |

Program Committee Members

Al Bryant, Chair
Penny Bryan
Dr. Sarah Clemmons
Kyle Coates
Keith Sutton

Attachment A

Ag Tech companies/individuals eligible for training through grant funds targeted to Ag Tech will be defined as companies or individuals directly involved in the production of agricultural goods sold to wholesale operations or consumers and/or the production of tools, parts, equipment, or products directly used in production agriculture, silviculture, or aquaculture.

Sector Strategies Grant Measurements as Outlined by Commerce/CSF

(Note: These same outcomes are measured for local WIOA funds used)

- Number of participants enrolled
- Number of participants placed in training
 - o Number in Work-based training (OJT, Customized Training, IWT, internship, registered apprenticeship, work-experience, etc.)
 - o Number in Occupational skills training
- Number of participants who received supportive services
 - o Type of supportive service (transportation, childcare, housing, etc.)
- Number of credentials earned
 - o Credential name
- Number employed
 - o Job Title
 - o Wages

Program outcomes include all core WIOA performance measures, including employment after exit, average wages, credentials and measurable skills gains.

Participation in periodic meetings scheduled by the Department and/or CareerSource Florida is required.



CAREERSOURCE CHIPOLA ADMIN USE ONLY
 Date Application Received _____
 Staff Initials: _____

CUSTOMIZED TRAINING EMPLOYER APPLICATION

PLEASE FULLY COMPLETE THE FORM

SECTION 1: WORKSITE PROVIDER/EMPLOYER INFORMATION

COMPANY LEGAL BUSINESS NAME:			
FORMER NAME(S) UNDER WHICH BUSINESS HAS OPERATED:			
STREET ADDRESS: (IS THIS ADDRESS A COMMERCIAL LOCATION/STORE FRONT? <input type="checkbox"/> YES <input type="checkbox"/> NO)			
CITY	ZIP:	COUNTY:	
HAS YOUR BUSINESS OPERATED AT THIS LOCATION FOR AT LEAST 120 DAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
BUSINESS WEBSITE, IF APPLICABLE:			
EMPLOYFLORIDA USERNAME:			
AUTHORIZED BUSINESS CONTACT PERSON:			
TITLE:		EMAIL:	
PHONE #:	EXTENSION:	FAX #:	
DATE OF INCEPTION: (IN FLORIDA)	YEARS IN BUSINESS: (IN FLORIDA)	# OF FULL-TIME EMPLOYEES: (NON-FAMILY MEMBERS)	
*DOES BUSINESS UTILIZE A PROFESSIONAL EMPLOYER ORGANIZATION (PEO)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, NAME OF PEO:			
TYPE OF BUSINESS:	<input type="checkbox"/> FOR-PROFIT	<input type="checkbox"/> NON-PROFIT	<input type="checkbox"/> PUBLIC
LEGAL STRUCTURE:	<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION
WORKSITE PROVIDER'S FEDERAL ID #:		UNEMPLOYMENT COMPENSATION ID #:	
FLORIDA SALES TAX REG. #:		WORKERS' COMPENSATION POLICY #:	
LIABILITY COVERAGE POLICY #:		PRIMARY NAICS OR SIC CODE OF THE BUSINESS:	
IS YOUR BUSINESS BEING SOLD OR MERGING WITH ANOTHER COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF YOUR BUSINESS, PRODUCT(S) AND/OR SERVICE(S): 			
IS YOUR BUSINESS CURRENTLY RECEIVING/APPLYING FOR OTHER TRAINING GRANT FUNDS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SUCH AS: <input type="checkbox"/> INCUMBENT WORKER TRAINING (IWT - (LOCAL LEVEL))		<input type="checkbox"/> FLORIDA FLEX (STATE LEVEL)	
HAS YOUR BUSINESS EVER RECEIVED GRANT FUNDING FROM CAREERSOURCE CHIPOLA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF SO, WHICH ONE & WHEN:			

CUSTOMIZED TRAINING EMPLOYER APPLICATION

■ SECTION 2: POSITION INFORMATION

PROVIDE THE FOLLOWING INFORMATION FOR EACH POSITION THAT IS EXPECTED TO RECEIVE CUSTOMIZED TRAINING. PLEASE LIST EACH JOB TITLE SEPARATELY.

POSITION TITLE:	NUMBER OF EXPECTED POSITIONS WITH THIS TITLE:	O*NET CODE:
IN DEMAND/HIGH GROWTH OCCUPATION: <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOURS PER WEEK:	SUPERVISOR TO TRAINEE RATIO:	ANTICIPATED STARTING HOURLY WAGE FOR THE INDIVIDUALS THAT WILL BE PARTICIPATING IN THE TRAINING:
ANTICIPATED HOURLY WAGE FOR THE INDIVIDUALS WHO COMPLETE THE TRAINING:		BENEFITS (INITIAL HIRE AND AT TRAINING COMPLETION):
LIST OF PAID HOLIDAYS:		
POSITION TITLE:	NUMBER OF EXPECTED POSITIONS WITH THIS TITLE:	O*NET CODE:
IN DEMAND OR HIGH GROWTH OCCUPATION: <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOURS PER WEEK:	SUPERVISOR TO TRAINEE RATIO:	ANTICIPATED STARTING HOURLY WAGE:
ANTICIPATED HOURLY WAGES AT TRAINING COMPLETION:		BENEFITS (INITIAL HIRE AND AT TRAINING COMPLETION):
LIST OF PAID HOLIDAYS:		

■ SECTION 3: PREVIOUS TRAINEE/PARTICIPANT INFORMATION

PROVIDE THE FOLLOWING INFORMATION FOR EACH TRAINEE/PARTICIPANT/EMPLOYEE THAT THE BUSINESS HAS PREVIOUSLY RECEIVED A CUSTOMIZED TRAINING AWARD (IF ANY).

PRIOR CUSTOMIZED TRAINING PARTICIPANTS	JOB TITLE(S)	OUTCOME OF TRAINING

■ SECTION 4: FEDERAL AND LOCAL CRITERIA

WILL SUCCESSFUL PARTICIPANTS BE RETAINED IN LONG-TERM EMPLOYMENT AS REQUIRED BY STATE/FEDERAL REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO

■ SECTION 5: TRAINING PROVIDER INFORMATION (COMPLETE FOR EACH TRAINING PROVIDER)

NAME OF TRAINING PROVIDER:		
AUTHORIZED TRAINING REPRESENTATIVE:		
FEIN #:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

CUSTOMIZED TRAINING EMPLOYER APPLICATION

PHONE #:
FAX #:

■ **SECTION 5: TRAINING PROVIDER INFORMATION (COMPLETE FOR EACH TRAINING PROVIDER)**

NAME OF TRAINING PROVIDER:		
AUTHORIZED TRAINING REPRESENTATIVE:		
FEIN #:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE #:		
FAX #:		

CUSTOMIZED TRAINING EMPLOYER APPLICATION

Please Check All Appropriate Boxes:

- We intend to use a public training organization
- We will use a private training organization
- We will use a private instructor
- Training will be delivered on-site
- Training will be delivered at an educational institution
- Training will be delivered at a remote location

Please specify location: _____

■ SECTION 5: TRAINING PROJECT INFORMATION

Please check ALL appropriate boxes that apply to the anticipated outcome of the proposed training project.

- Training request relates to the introduction of new technologies; changing industry requirements; introduction to new production or service procedures; or upgrading to new jobs that require additional skills.
Employer Statement: The proposed training represents a significant skills upgrade with knowledge, skills, and certifications necessary for the particular scope of work.
- Training will result in wage growth for employees completing training.
Please explain: _____
- Training request will increase the competitiveness of the employer and the employee.
- Training will result in job retention.
- Employer understands CareerSource Chipola funding assistance cannot be used to directly or indirectly assist, promote, or deter union organizing.
- Employer understands CareerSource Chipola funding assistance cannot be used to directly or indirectly aid in the filing of a job opening which is vacant because the former occupant is on strike or is being locked out in the course of a labor dispute, or the filling of which is otherwise an issue in a labor dispute involving work stoppage.
- Employer must meet the Fair Labor Standards Act requirements for an Employee-Employer Relationship (Must meet Florida Minimum Wage Standard).
- Employer will provide a copy of the I-9 form or E-Verify for all trainees. (Providing documentation as proof is a WIOA Program Eligibility Requirement).
- Training will result in the attainment of skills training certificate. Employer agrees to submit a copy of the certificate to CareerSource Chipola.
- Employer agrees to provide CareerSource Chipola with training provider invoice and proof of payment to training provider for services rendered (i.e., copy of cancelled check, bank/credit card statement). In the case of a Registered Apprenticeship, tuition cannot be reimbursed as Florida Statute indicates it should not be charged.
- Employer agrees to provide CareerSource Chipola with Instructor/Trainer invoice and proof of payment to Instructor/Trainer for services rendered (i.e., copy of cancelled check, bank/credit card statement) on a **MONTHLY** basis for reimbursement purposes.

CUSTOMIZED TRAINING EMPLOYER APPLICATION

- Employer will commit to allow the CareerSource Chipola System to provide job candidate referrals to fill any vacancies realized through the advancement of those trained and not filled internally.

Description of the proposed training project:

(It is permissible to attach documentation)

CUSTOMIZED TRAINING EMPLOYER APPLICATION

■ SECTION 6: TRAINING PROGRAM BUDGET

**IF YOU HAVE MORE THAN ONE (1) CUSTOMIZED TRAINING PROJECT, PLEASE COMPLETE A
BUDGET WORKSHEET FOR EACH**

TYPE OF TRAINING: _____ (ATTACH A DESCRIPTION)

CSC ASSISTANCE REQUESTED: \$ _____		
	CAREERSOURCE CHIPOLA CONTRIBUTION	EMPLOYER CONTRIBUTION / MATCH (THIS COLUMN WILL INCLUDE ALL EMPLOYER CONTRIBUTIONS)
TOTAL CONTRIBUTIONS	\$	\$
TUITION	\$	\$
<i>BREAK OUT COSTS FOR INDIVIDUAL PROGRAMS INCLUDING TOTAL HOURS AND INSTRUCTOR WAGES</i>		
	INSTRUCTOR / TRAINER TRAINING-RELATED WAGES	\$
	\$	
	CURRICULUM DEVELOPMENT	\$
	\$	
	TEXTBOOKS / MANUALS	\$
	\$	
	INSTRUCTIONAL EQUIPMENT	
	\$	
	SUPPLIES	
	\$	
	TRAINING EQUIPMENT: \$	
	TRAVEL: \$	
		TRAINEE WAGES
		\$
		ON-SITE FACILITY USAGE:
		\$
TOTAL COST OF PROJECT	\$	\$

CUSTOMIZED TRAINING EMPLOYER APPLICATION

SECTION 6: TRAINING PROGRAM BUDGET (COMPLETE FOR EACH TRAINING)

IF YOU HAVE MORE THAN ONE (1) CUSTOMIZED TRAINING PROJECT, PLEASE COMPLETE A BUDGET WORKSHEET FOR EACH

TYPE OF TRAINING: _____ (ATTACH A DESCRIPTION)

CSC ASSISTANCE REQUESTED: \$ _____

	CAREERSOURCE CHIPOLA CONTRIBUTION	EMPLOYER CONTRIBUTION / MATCH <small>(THIS COLUMN WILL INCLUDE ALL EMPLOYER CONTRIBUTIONS)</small>
TOTAL CONTRIBUTIONS	\$	\$
TUITION	\$	\$
<i>BREAK OUT COSTS FOR INDIVIDUAL PROGRAMS INCLUDING TOTAL HOURS AND INSTRUCTOR WAGES</i>		
	INSTRUCTOR / TRAINER TRAINING-RELATED WAGES	\$
	\$	
	CURRICULUM DEVELOPMENT	\$
	\$	
	TEXTBOOKS / MANUALS	\$
	\$	
	INSTRUCTIONAL EQUIPMENT	
	\$	
	SUPPLIES	
	\$	
	TRAINING EQUIPMENT: \$	
	TRAVEL: \$	
		TRAINEE WAGES
		\$
		ON-SITE FACILITY USAGE:
		\$

CUSTOMIZED TRAINING EMPLOYER APPLICATION

TOTAL COST OF PROJECT	\$	\$

**EMPLOYER IN-KIND CONTRIBUTIONS:
LIST AND ATTACH. (ALL COSTS MUST BE SUBSTANTIATED BY CALCULATIONS OR DETERMINATION
OF REASONABLENESS.**

CUSTOMIZED TRAINING EMPLOYER APPLICATION

■ SECTION 7: CERTIFICATION BY AUTHORIZED EMPLOYER REPRESENTATIVE

NOTE: THE INDIVIDUAL SIGNING THE APPLICATION BELOW MUST HAVE AUTHORITY TO ENTER INTO CONTRACTS ON BEHALF OF THE APPLYING BUSINESS.

HAVE YOU FULLY REVIEWED THIS CAREERSOURCE CHIPOLA CUSTOMIZED TRAINING APPLICATION AND UPON RECEIPT OF A CUSTOMIZED TRAINING AGREEMENT, WILL YOU BE WILLING TO EXECUTE THE AGREEMENT? YES NO

AS AN AUTHORIZED REPRESENTATIVE OF THE BUSINESS LISTED IN THIS APPLICATION, I HEREBY CERTIFY THAT THE INFORMATION INCLUDED IN AND ATTACHED TO THIS APPLICATION IS TRUE AND ACCURATE. I AM AWARE THAT ANY FALSE INFORMATION OR INTENDED OMISSIONS MAY SUBJECT ME TO CIVIL OR CRIMINAL PENALTIES FOR FILING OF FALSE PUBLIC RECORDS AND/OR FORFEITURE OF ANY TRAINING AWARD APPROVED THIS PROGRAM.

AUTHORIZED EMPLOYER REPRESENTATIVE SIGNATURE:	TITLE:
TYPE NAME:	DATE:

■ SECTION 8: CERTIFICATION BY CAREERSOURCE CHIPOLA

APPROVED DATE: _____

DISAPPROVED DATE: _____

EXECUTIVE DIRECTOR'S SIGNATURE

Attachment D

Criteria, points to be awarded for criteria, and minimum score required for funding.

It is expected applications will be graded by selected board members and staff. Funds would be awarded based upon ranked by scoring and funds available by applicable grants. Grants would run in cycles if funds remain available after the initial cycle is complete.

Customized Training Application Scoring Sheet

Grader's Name:

Applicant:

I hereby attest that I have been provided a list of companies currently under consideration by CareerSource Chipola for Customized Training Funds; furthermore, I attest I have no conflict of interest with any company currently under consideration for funding.

Signature

Date:

Criteria	Description	Maximum Points	Points Awarded
Quality/value of Training to be provided	Perceived overall quality of the training being provided based on the description provided. What is value based upon cost to CSC?		
Cost to CSC per person trained	Consider only funds requested for reimbursement from CSC.		
Overall cost per person trained	Consider all funds being spent on training as outlined.		
Overall wage increase per trainee (amount, percentage, etc.) and increase in earning potential	Expected immediate wage increase and potential increase in future earnings to the individual.		
Benefit to the area based upon skills upgrades gained	What is the benefit to the CSC area based upon new skills learned by the individuals to be trained?		
Length of Training Versus Expected Gains	Customized training is most appropriate for short-term training. What is the benefit to the person trained versus the expected length of training?		
Total Points:		100	



CareerSource Chipola Registration Data Sheet Customized Training

First Name _____ M.I. _____ Last Name _____ Gender M F

SS# _____ - _____ - _____ Date of Birth _____ Email Address: _____

Primary Ph # : (_____) _____ Ext _____ Alternative Ph # : (_____) _____ Ext _____

Current Address _____ Apt # _____ City _____

County _____ ZIP Code _____ - _____

Race: Am. Indian/Alaskan Native Asian Black Pac. Islander White Hispanic

Are you a: US Citizen/Naturalized Citizen Lawful Alien/Refugee

If you are a MALE born January 1, 1960, or later, are you registered with Selective Service? Y N

Are you a U.S. Military Veteran? (circle) Y N **(If Yes, Complete remaining blocks)** Branch of Service _____

Military Service Begin Date: _____ Military Service End Date: _____

Are you Active in the Military Reserve? Y N Character of Service Received? Honorable Dishonorable Other

Did you serve in Vietnam? Y N **Are you a Military Spouse?** Y N

Veteran status < 180 days 180+ days Separated within the last 120 days? Y N

Did you serve in a specific campaign? Y N Which Campaign? _____

Are you a disabled veteran? Y N Are you a special disabled veteran? Y N Percent disabled _____

Circle highest level of education completed: HS Diploma GED AA/AS BA/BS Highest Grade Completed _____

Number of members in your family **including self** _____

Number of dependents 18 and under _____

Family Status: Family of One (Single) Married Current Single Parent

Employer Name _____ Specific Job Title _____

Hourly Employment Wage \$ _____ /hour Hours/Week _____ Estimated Yearly Household Income _____

Self-Attestation:

I hereby certify, to the best of my knowledge, the above information is true. I understand the information is subject to verification and agree to provide such documentation as required. I understand my Social Security Number may be used for tracking purposes.

Signature: _____

Date: _____

CSC Staff Member Signature: _____

Date: _____



INCOME TABULATION SHEET

CUSTOMER NAME: _____ LAST 4 SSN: _____



SNAPSHOT OF LAST 26 WEEKS

JOB 1

JOB 2 (if applicable)

		HOW MUCH PER HOUR?
		HOW MANY HOURS PER WEEK
		HOW MUCH PER WEEK?
		HOW MANY WEEKS WORKED IN PAST 26 WEEKS?
		TOTAL OF 26 WEEKS
X 2 =		TOTAL ANNUALIZED INCOME

I certify that this information is true and correct to the best of my knowledge.

Customer Signature

Date

COMMENTS: **SPOUSE EARNS** \$ _____ /YR _____

This information is used as part of CareerSource Chipola's priority of service and based on the earnings income; the customer earns less than the self-sufficiency wage for Customized Training purposes.





Individualized Employment/Career Plan for Customized Training

Name: _____

Last 4 SSN: _____

Date: _____

***** CAREER PATHWAY INFORMATION*****	
The starting wage range for this occupation is:	\$ /hr
The salary I require to obtain self-sufficiency living wage:	\$ / <input type="checkbox"/> hr or more
The projected outlook for this job in the local area:	Excellent and Growing
The education and/or training needed for this occupation is:	

The WIOA Customer after an interview, evaluation/assessment, and career planning has been determined by CareerSource Chipola staff:

- a. *Is unlikely or unable to obtain or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment.*
- b. *Is in need of training services to obtain and or retain employment that leads to economic self-sufficiency or wages comparable to or higher than wages from previous employment.*
- c. *Has the skills and qualifications to successfully participate in the selected program of training services.*
- d. *Who has selected a program of training services that are directly linked to the employment opportunities in the local area or region or in another area to which the customer is willing to commute or relocate; and*
- e. *Who is determined to be eligible in accordance with the priority of service in effect in the CareerSource Chipola service delivery area.*

Summary of Employee Training and Need:

_____ *has been assessed by the Employer and is ready for Customized Training. This Training relates to the introduction of new technologies, introduction to new production or service procedures, workplace literacy, or an upgrade to a new job requiring additional skills. Through Customized Training, the Employee will gain updated skills that will help improve their competitiveness and performance, a benefit to both the Employee and Employer.*

I understand that CareerSource Chipola offers a full array of employment-related services, and I may access them at any time through the website at www.careersourcechipola.com. Additionally, at some time in the future, I may be contacted by a CareerSource Chipola staff member regarding additional career pathway services.

Employee Signature

Date

CareerSource Chipola Staff Signature

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

TO: _____

DATE: _____

I hereby authorize you to release to CareerSource Chipola copies of certificates and/or information regarding my employment.

Signature of Customer

Full Name: _____

Last 4 SSN: _____

Thank you for your cooperation.

CareerSource Chipola Representative Signature



AUTHORIZATION FOR CONSENT

I hereby certify that I have granted CareerSource Chipola permission to create a new registration account for me in Employ Florida to update an existing registration, update background information, create or update my resume, complete common intake, and initiate participation. The permission is for purposes of receipt of Career Services, Training, Job Referrals, and/or Job Placements.

Information is only requested/released as is reasonably necessary to process your application for purposes of career services, training, job referrals and or job placements, and workforce services provision.

Signature of Customer

Date

Printed Name

Date