CITY OF LOS ANGELES

CALIFORNIA

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GENERAL MANAGER

ECONOMIC AND WORKFORCE DEVELOPMENT DEPARTMENT

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LOS ANGELES, CA 90017

ERIC GARCETTI
MAYOR

DATE: December 6, 2016

TO: LA's Workforce Development System

FROM: Gerardo Ruvalcaba, Director
Workforce Development Division

SUBJECT: **WDS INFORMATION BULLETIN NO. 17-10**
A NEW DIRECTION FOR THE WORKFORCE TRAINING COHORT GUIDELINES PART 2

EFFECTIVE DATE

This information bulletin is effective upon date of issue.

PURPOSE

The purpose of this bulletin is to announce an additional training opportunity for veterans and to set forth the guidelines for referring participants to the cohort trainings offered through the Los Angeles Community College District (LACCD).

BACKGROUND

The Economic and Workforce Development Department (EWDD), Workforce Development System (WDS) has available training funds from the "A New Direction for the Workforce" Dislocated Worker Additional Assistance grant that can be expended until March 31, 2017. The eligibility pool for this grant has been expanded to include veterans as well as layoffs from the original master list.

To facilitate and expedite the training process, the WDS will be paying the training provider directly and has selected one LACCD provider; Los Angeles Trade Tech College (LATTC). The classes are scheduled to start December 5, 2016, and run through March 31, 2017. Training is on a first-come first-served basis until all training slots have been filled.

Participant Eligibility

Participants interested in the program must be enrolled at one of the 17 City of Los Angeles WorkSource Centers (WSC) and meet the criteria for a veteran.

A. Returning or recently separated within 48 months after discharge or release from active military, naval, or air service.
B. Must have received a DD 214 for conditions other than dishonorable.

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.

Referral Process

After meeting initial eligibility:

1. Participants will choose a training program from the approved list based on assessment, interest, and skill set(s).
2. The case manager will confirm space availability with the LATTC and schedule an appointment with the LATTC to facilitate enrollment into the selected course of study.
3. The case manager completes the Referral Form and provides a hard copy to the participant.
4. The case manager e-mails the Referral Form to the LATTC and to the EWDD Special Grants Manager Elizabeth Macias, at elizabeth.macias@lacity.org to facilitate tracking of participants.
5. After the LATTC confirms space availability, the referring WSC and the LATTC sign the ITA form listing the cost since the LATTC will be paid directly by the EWDD. The value of the class is to be reported to the EWDD Financial Management Division as a Leveraged Resource for the WSC.
6. The WSCs enter Grant Code 1011 into CalJOBS℠ to indicate the participant is part of the New Directions program.
7. Upon completion, the LATTC forwards copies of participant attendance records and Certificate of Completion, as well as any other certificates earned, to the referring WSCs for file documentation.

Classes Offered

The classes offered at LATTC are Machinist, Construction Worker, and Security Guard.

LATTC TRAINING AND REFERRAL CONTACTS

The point of contact at LATTC is Dr. Felicito (Chito) Cajayon at CajayoF@email.laccd.edu or 213- 949-3034. LATTC is located at 400 W Washington Blvd, Los Angeles, CA 90015.

WDS CONTACT

If you have any questions or require further information, please contact Robert Reed at Robert.Reed@lacity.org or at (213) 744-7184, TTY (213) 744-9395.

JHP:GR:RR

Attachment: City of Los Angeles WIOA ITA Referral Form

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City of Los Angeles - WIOA, ITA
REFERRAL NOTICE

For Completion by WorkSource Center

The individual identified below has been determined eligible for a WIOA funded Individual Training Account (ITA) and is interested in a course(s) of instruction offered by your institution. As such, this individual is being referred to you for possible enrollment:

A. Date of Referral: _____

B. Referring WorkSource Center: _____

Phone No: _____ Fax No: _____

Contact Person: _____

C. Potential Customer Name: _____

D. School Name: _____

Course of Instruction: _____ Barbering _____

ETPL Course Code: _____ _____

For Completion by School

E. Admission Status

1 Does the individual qualify for admission? Yes ___X___ No _____

If no, explain why _____

2 What is the cost of tuition? $ _____

2a What are the fees? $ _____

2b Total Costs $ _____

2c Less Financial Aid $ (_____)

2d Total Amount to be Paid by WIOA $ _____

3 Class start date: _____

4 Class end date: _____

F. School Representative:

Name and Title: _____

Phone No: _____ Fax No: _____

Signature and Date: _____

Upon completion, fax this form to the referring WorkSource Center.
* * * Please do not begin training this participant until you have an executed written agreement with the WorkSource Center.* * *