

December 22, 2022

Job Training Assistance

CDBG-CV



OKLAHOMA
Commerce



Ideal Process

1. Community passes **Job Training Resolution**
2. Community/organization completes **Placement Plan** with an estimated number of individuals to be assisted and tracking plan.
3. As the program begins, the community/organization tracks trainees participating in the program with **LMI Beneficiary Tracker** (like with other CV activities).
4. After graduation, trainees are followed up with every six (6) months and thereafter pursuant to training program. Progress is tracked with the **Job Tracking Log** (not the LMI tracker).
5. Number of trainees participating is documented in QPR (information pulled from LMI Tracker).
6. **Job Tracking Log** and **LMI Tracker** are required uploads of QPR. Community or organization can combine the two spreadsheets if needed.

Job Training Resolution

- Additional Questions on Page 2
- Instructions on pages 3-4
- Documents adapted from CDBG EDIF

RESOLUTION NO. _____

A RESOLUTION REQUIRING JOB TRACKING DATA AS A CONDITION OF THE USE BY (SUB-RECIPIENT) UTILIZING JOB TRAINING PROGRAMS FUNDED WITH THE COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS FUNDING IDENTIFIED AS PROJECT # _____. THE TIME PERIOD FOR SAID RESOLUTION SHALL COVER THE TIME PERIOD FOR (SUBRECIPIENT) FROM _____ TO _____, OR UNTIL ALL BENEFICIARIES FROM THE JOB TRAINING HAVE BEEN TRACKED FOR AT LEAST A MINIMUM OF THREE YEARS AFTER THE PROJECT HAS BEEN CLOSED OUT.

BE IT ORDAINED BY THE BOARD OF THE CITY/COUNTY _____
OKLAHOMA:

SECTION I: It shall be required that the subrecipient or any subcontractors of the subrecipient, or any other entities utilizing job training assistance funded with the Community Development Block Grant Coronavirus Funding shall as a condition of such use enter into an agreement to provide job tracking data to Oklahoma Department of Commerce beginning on ____ (date) ____ that the state awarded the CDBG-CV funds to the (subrecipient) _____ and ending when all job training beneficiaries have been tracked for at least a minimum of three years after the project has been closed out.

Section II: If any section subsection sentence clause or phrase of this resolution is for any reason held invalid or unconstitutional by any court of competent jurisdiction such portion shall be deemed a separate distinct and independent provision in such holdings shall not affect the validity of the remaining portions of this ordinance

PASSED AND APPROVED by the _____ this _____ Day of _____.

Placement Goals

- Additional Questions on Page 2
- Instructions on pages 3-4

Job Training Placement Goals

ODOC Date of Approval _____

Subrecipient: _____

CDBG Contract No. _____

CDBG Contract Period: From _____ To _____

I. JOB CLASSIFICATION	Full-Time Equivalency (e.g., 1.0 FTE)	Job Description
Total Full-Time Equivalencies		
Number of Full-Time Equivalencies Planned for Low- and Moderate-Income Beneficiaries		
Percent of Full-Time Equivalencies Planned for Low- and Moderate-Income Beneficiaries		

II. JOB PLACEMENT	Number
1. Total Beneficiaries to Participate in Training	
2. Total Beneficiaries to be Placed in Jobs	
3. Low- and Moderate- Income Beneficiaries Placed in Jobs	
4. Percentage of Low- and Moderate-Income Beneficiaries to be Placed in Jobs (Line 3 divided by Line 2)	

III. POST-TRAINING PERFORMANCE (ODOC ONLY)	Months
1. Amount of Time Beneficiaries will be Tracked	36
2. Beneficiary Follow-Up Interval	6

* Income verification must be maintained on file for each low- and moderate-income person claimed.

LMI Beneficiary Tracker

Client Details						Assistance Details							COVID Eligibility Certification								
Purchase Order	Client Name or Initials or Identification #	# in household	Client Address	Client Zip Code	On another LMI Beneficiary Tracker?	Type of Assistance:	\$ Monthly Payment	Total \$ Amount of Assistance Given (6 months maximum)	Assistance Paid to:	Address to Mail Assistance Payment	Date of Assistance Application	Date Assistance Paid	Client Address Within Target Service Area? Y or N	Duplication of Benefits: Were other sources of assistance were available? Y or N	Within Target Service Area? Y or N	CDBG LMI Eligible? < 80% MHI Y or N	Race (see categories below)	Ethnicity (see categories below)	Narrative - Economic impact due to COVID	Intake Staff Name	Approving Supervisor (if applicable)
20-XXXXXX	123	4	123 Rock Lane, Olympia	98502	N	Rent	\$ 1,000.00	\$ 3,000.00	AEC Apartments	1111 Main St, Olympia, 98502	6/22/2020	6/20/2020	Y	N	Y	Y	Asian	Not Hispanic or Latino	reduced due to COVID, they still did to-go orders, so it didn't stop entirely, but was reduced by half.	Anne Shirley	Mary Smith 520020
Total # of Unique Households:	0																Racial Categories	Ethnic Categories			
# of Rental Beneficiaries (Households):	0																American Indian or Alaska	Hispanic or Latino			
Total # Rental beneficiaries (persons):	0																Asian	Not Hispanic or Latino			

- Some information is not relevant to job training and can be left out (e.g., monthly payment)
- Essential information: income, race/ethnicity, COVID tieback, unique ID (e.g., name, ID number)
- Used to track beneficiaries as they enter the program
- Submitted with Advance Requests and QPR

Job Tracking Log

Employee Information			Required Tracking								
Name of Employee	Unique Client ID	Total No. In Family	Date Graduated From Training Program	0 month employment status	6 month employment status	12 month employment status	18 month employment status	24 month employment status	30 month employment status	36 month employment status	Job Title
<i>Kellon Dixon</i>	<i>11011</i>	<i>4</i>	<i>1/30/2023</i>	<i>Unemployed</i>	<i>Unemployed</i>	<i>Employed</i>	<i>Employed</i>	<i>Employed</i>	<i>Unemployed</i>	<i>Unemployed</i>	<i>Cashier</i>

If Employed					
Job Title	Job Classification	Place of Employment	Date Hired (if applicable)	Date Terminated (if applicable)	Full Time Equivalency
<i>Cashier</i>	<i>4. Sales</i>	<i>Loves</i>	<i>1/15/2024</i>	<i>12/1/2024</i>	<i>1.00</i>

- Used to track clients after graduating from the program.
- Helps us develop a comprehensive report of the success of the job training (did they get a job and did they keep it?)
- Must be submitted with QPR (not required for advance)
- Name/ID should match LMI Tracker

Questions or Feedback?



Contact Information

- Rebecca LaVictoire:
 - rebecca.lavictoire@okcommerce.gov
 - 405 343 3622
- Taressa Jones:
 - taressa.jones@okcommerce.gov
 - 405 397 0292
- Kellon Dixon:
 - kellon.dixon@okcommerce.gov
 - 405 215 5626