**Summary of Leveraged Resources**

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| --- | --- |
| 1. Local Area Name |  |
| 1. Date |  |
| 1. Year of Appropriation |  |

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| --- | --- |
| Program Year Funding and Training Expenditures | |
|  | **Amount** |
| 1. Adult and Dislocated Worker Formula Fund Allocations |  |
| 1. Training Expenditure Requirement |  |
| 1. Formula Fund Training Expenditures |  |
| 7a. Leveraged Resources used for **Training** |  |
| 7b. Leveraged Resources used for **Supportive Services** |  |
| 1. Total amount spent on Training and Supportive Services   (should equal or exceed Line 5) |  |

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| Leveraged Resources Detail | | | |
| 1. **Source** (See page 2) | **Amount** | **Training** | **Supportive Services** |
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| **Total**  (should be equal to Lines 7a + 7b, above) |  |  | |

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| Comments |
| 10. |

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| Certification | | |
| 11. Name | 12. Title | 13. Phone Number |
| (print) |  |  |
| (sign) |  |  |
| 14. Contact Name | 15. Contact Title | 16. Phone Number |
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**\*Source** (*Choose from the following):*

1. Federal Pell Grants established under Title IV of the *Higher Education Act* of 1965.
2. Public programs authorized by the *Workforce Innovation and Opportunity Act* (WIOA) of 2014 (e.g., Job Corps, Migrant and Seasonal Farm Worker, Rapid Response, WIOA Title II Adult Education and Literacy, national and state WIOA discretionary grants, WIOA Youth program, etc.). This category of leveraged resources does not include WIOA Adult and Dislocated Worker formula funds.

Local Workforce Development Boards (Local Boards) are permitted to apply Youth formula funds expended on training for individuals ages 18-24 as a leveraged resource if: (1) the individuals are co-enrolled in either the WIOA Adult or Dislocated Worker program, and (2) the training meets all requirements set forth in this Directive.

1. Trade Adjustment Assistance.
2. Department of Labor National Dislocated Worker Grants.
3. Match funds from employers, industry, and industry associations (including the employer paid portion of customized training, the wages of an apprentice during the apprenticeship period, and the employer paid portion of on-the-job training).

Note – Match funds from the employer paid portion of on-the-job training may only include the employer’s cost attributed to the participant’s training.

1. Match funds from joint labor-management trusts.
2. Employment Training Panel grants.
3. Supportive services for individuals enrolled in and receiving training services through WIOA.
4. Temporary Assistance for Needy Families (TANF) funds spent on supportive services, for TANF enrolled individuals co-enrolled in and receiving training services through WIOA.
5. TANF funds spent on transitional and subsidized employment for TANF enrolled individuals co-enrolled in and receiving training services through WIOA.
6. Any other local, state, or federal funds spent on training or supportive services for individuals enrolled in training, provided the individuals are enrolled in WIOA for performance reporting and tracking purposes.
7. Any other public or private funds source approved by the California Workforce Development Board (State Board) used to provide training or supportive services to individuals enrolled in training, provided the individuals are enrolled in WIOA for performance reporting and tracking purposes. Please include a copy of the approval letter from the State Board.

**Line Item Instructions**

**Summary of Leveraged Resources**

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| --- | --- |
| 1. Local Area Name | Enter the name of the Local Workforce Development Area (Local Area). |
| 2. Date | Enter the date the Summary of Leveraged Resources is submitted to the Employment Development Department. |
| 3. Year of Appropriation | Enter the year of appropriation. |

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| Program Year Funding and Training Expenditures | |
| 4. Adult and Dislocated Worker Formula Fund Allocations | Enter the total amount of Adult and Dislocated Worker formula fund allocations for the year of the appropriation. Include both the July 1 and the October 1 WIOA allocations. Do not include the Youth formula fund allocation. The amount entered should reflect all reallocations, recaptures, rescissions, and any other involuntary deobligations. |
| 5. Training Expenditure Requirement | Multiply the Adult and Dislocated Worker formula fund base allocation (line 4) by 30 percent to calculate the Local Board’s minimum training expenditure requirement. |
| 6. Formula Fund Training Expenditures | Enter the total amount of Adult and Dislocated Worker formula funds spent on training services over the two year period of availability of the funds. (Note: This amount should be at least 20 percent of the total Adult and Dislocated Worker formula funds). |
| 7a. Leveraged resources used toward training expenditure requirement | Enter the total amount of leveraged resources (expended on **training**) used to meet the minimum training expenditure requirement.  (Note: This amount plus the amount from Line 7b combined, should be no more than 10 percent of the total Adult and Dislocated Worker formula fund allocations [Line 4]). |
| 7b. Leveraged resources used toward training expenditure requirement | Enter the total amount of leveraged resources (expended on **supportive services**) used to meet the minimum training expenditure requirement.  (Note: This amount plus the amount from Line 7a, should be no more than 10 percent of the total Adult and Dislocated Worker formula fund allocations [Line 4]). |
| 8. Total amount spent on training and supportive services | Enter the sum of Lines 6, 7a, and 7b. This amount should equal or exceed Line 5. |

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| Leveraged Resources Detail | |
| 9. Source | Complete the section titled Leveraged Resources Detail.  Source: In the **Source** column on the left, enter the source of the leveraged resource (must be one of the 12 options given on page 2 [a-l]).  Amount: In the **Amount** column, enter the amount leveraged (from that specific source).  Place an “X” in either the **Training** or **Supportive Services** column to indicate whether the expenditure was a training expenditure or a supportive services expenditure. The total amounts for training should be equal to line 7a above. The total amounts for supportive services should be equal to line 7b above.  *Example:*  If a Local Area used $10,000 in Trade Adjustment Assistance funds towards training services, they would enter “c” in the **Source** column, $10,000 in the **Amount** column, and place an “X” in the **Training** column.  Source options b, e, f, k, and l must be specified further. To include these leveraged resources, a Local Area would enter the appropriate letter and give an explanation of the specific source. For example, if a Local Area used $10,000 in Rapid Response funds towards training services, they would enter “b (*Rapid Response Funds*)” in the **Source** column, $10,000 in the **Amount** column, and place an “X” in the **Training** column.  All amounts entered in the **Amount** column should be added and the total should be placed in the bottom line. This amount should be equal to the combined amounts listed in lines 7a and 7b. |

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| Comments | |
| 10. Comments | Enter any comments in this section. |

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| Certification | |
| 11. Name | Enter the name and signature of the authorized official who will be approving the Summary of Leveraged Resources form. |
| 12. Title | Enter the title of the authorized individual. |
| 13. Phone Number | Enter the phone number of the authorized individual. |
| 14. Contact Name | Enter the name of the contact person to be reached in the event any questions should arise. The contact person will, in most cases, be the individual who prepares the report. |
| 15. Contact Title | Enter the contact person’s title. |
| 16. Phone Number | Enter the contact person’s phone number. |