



PASCO-HERNANDO WORKFORCE BOARD, INC.

REQUEST FOR PROPOSAL

ISSUED January 14, 2011

RFP No. EWT – IWT 01-14-002

**HIGH SKILL, HIGH WAGE INDUSTRIES:
FUNDING TO PROMOTE CAREER LADDER, BUSINESS RETENTION AND SKILLS UPGRADE
TRAINING FOR EMPLOYED WORKERS**

EMPLOYED WORKER/INCUMBENT WORKER TRAINING PROGRAMS

IMPORTANT INFORMATION

- **Question and Answer Period - Ongoing until February 14, 2011**
- **Due Date - Ongoing until February 14, 2011**
- **Any employer that received funding in Program Year 2009 – 2010 must propose training for new and unique individuals under this RFP**
- **All training must be completed by May 30, 2011**

Submittal Deadline: February 14, 2011. All applications will be graded after submittal date deadline. A Pasco-Hernando Workforce Board representative will contact you once the completed application is reviewed and notify you if your training program(s) are approved for funding and what the total training dollar amount will be. The Review Committee will meet based on applications received at the Pasco-Hernando Workforce Board office located at 3185 Premier Drive, Brooksville, Florida 34604. Each application will be scored independently.

All responses must be mailed to the address and contact person listed below:

**JEROME SALATINO, CEO
Pasco-Hernando Workforce Board, Inc.
3185 Premier Drive
Brooksville, Florida 34604**

Please reference Section IV (A) for detailed instructions.

Question and Answer periods will be January 24, 2011, 8:30 a.m. – 10:00 a.m. at the Hernando County Chamber of Commerce, 15588 Aviation Loop Drive, Brooksville, Florida 34604, and January 31, 2011, 8:30 a.m. – 10:00 a.m. at the Pasco Economic Development Council, 16506 Pointe Village Drive, Lutz, Florida 33558. Questions can be submitted by email to kruss@careercentral.jobs or by fax to (352-593-2210). The questions and answers will be posted on our website at www.CareerCentral.jobs on a weekly basis until February 28, 2011.

REQUEST FOR PROPOSAL

ISSUED January 14, 2011

RFP No. EWT - IWT 01-14-02

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PASCO-HERNANDO WORKFORCE BOARD, INC.
RFP No. EWT - IWT 001-14-002

I. Introduction

A. Objectives

The Pasco-Hernando Workforce Board, Inc. (hereafter known as PHWB) is requesting sealed proposals from qualified employers for the provision of Industry Specific Training for their existing workforce. Industry Specific Training are those unique trainings that will upgrade the hard skills of the employed worker. Industry Specific Training is intended to assist employers with training their workers in those unique training requirements for their industries. Training funded under the January 2011 EWT RFP limits training to industry and occupation specific skills. Training on new equipment; equipment upgrades; new software; industry certifications are examples. Training focusing on soft skills such as customer service, phone etiquette, conflict resolution, general safety procedures and first-aid will not be considered for funding under this RFP. PHWB's Employed/Incumbent Worker Training programs are designed to assist employees in developing higher skills and receiving increased wages along with promoting business retention for existing businesses in Pasco and Hernando counties.

The services are to cover a period encompassing a date thru May 30, 2011. Any employer that received funding in PY 09 -10 must propose training for new and unique individuals under this RFP.

Multiple proposals will be selected. The award of these contracts is open only to employers in Pasco and Hernando counties. Employers may use their own (in-house or contracted) training providers or local training providers. **The Employer must submit the proposal.**

Employers are encouraged to provide training credentials/certifications that comply with the USDOL/ETA policy definition of a certificate listed below. The PHWB will not fund training components that do not meet the requirements.

Per the USDOL Employment and Training Administration's (ETA) definition:

Credentials include, but are not limited to, a high school diploma, GED, or other recognized equivalents, post-secondary degrees/certificates, recognized skill standards, and licensure or industry-recognized certificates.

“Certificate – A certificate is awarded in recognition of an individual's attainment of measurable technical or occupational skills necessary to gain employment or advance within an occupation. These technical or occupational skills are based on standards developed or endorsed by employers. Certificates awarded by workforce investment boards are not included in this definition. Work readiness certificates are also not included in this definition. A certificate is awarded in recognition of an individual's attainment of technical or occupational skills by:

- *A state educational agency or a state agency responsible for administering vocational and technical education within a state.*
- *An institution of higher education described in Section 102 of the Higher Education Act (20 USC 1002) that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act. This includes community colleges, proprietary schools, and all other institutions of higher education that are eligible to participate in federal student financial aid programs.*
- *A professional, industry, or employer organization (e.g., National Institute for Automotive Service Excellence certification, National Institute for Metalworking Skills, Inc., Machining Level I credential) or a product manufacturer or developer (e.g., Microsoft Certified Database Administrator, Certified Novell Engineer, Sun Certified Java Programmer) using a valid and reliable assessment of an individual's knowledge, skills, and abilities.*
- *A registered apprenticeship program.*
- *A public regulatory agency, upon an individual's fulfillment of educational, work experience, or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or profession (e.g., FAA aviation mechanic certification, state certified asbestos inspector).*
- *A program that has been approved by the Department of Veterans Affairs to offer education benefits to veterans and other eligible persons.*
- *Job Corps centers that issue certificates.*
- *Institutions of higher education which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe or tribes."*

B. Standards

To be considered for contract award under this RFP, Respondent Employers must be approved to do business in the State of Florida and have not been suspended or debarred from doing business with the state or federal government. **Employers must provide evidence of sound financial condition and include their Dunn & Bradstreet (DUNS) Number as part of the proposal. Employers must complete and submit the EWT survey, provided by Career Central, upon submission of reimbursement payment for training.**

C. Selection Committee

The Committee will be comprised of PHWB staff.

II. DESCRIPTION OF PASCO-HERNANDO WORKFORCE BOARD, INC.

A. General Information

Pasco-Hernando Workforce Board, Inc. is a 501(c)(3) non-profit organization. The PHWB was appointed and designated by the Pasco and Hernando Boards of County Commissioners to act as the Pasco and Hernando Workforce Board under provisions of the "Workforce Innovation Act of 2000". Pasco-Hernando Workforce Board, Inc. has

requested and received certification as the Region 16 Workforce Board by Workforce Florida, Inc., the State of Florida Workforce Development Board. This public-private partnership supports and promotes economic growth through workforce development. The PHWB is one (Region 16) of twenty-four regional workforce boards in Florida.

B. Pasco-Hernando Workforce Board, Inc. Board of Directors

The Board of Directors of the PHWB is comprised of representatives from businesses in Pasco and Hernando counties, local educational entities, labor organizations, community-based organizations, economic development agencies, one-stop partners, and from other individuals deemed appropriate. Board members are appointed by the Pasco and Hernando Boards of County Commissioners and certified by the Governor of the State of Florida once every two years. Criteria for composition of the Board are set forth in Section 117, Chapter 2, Subtitle B, Title I of the Workforce Investment Act of 1998. The PHWB serves as the Administrative and Fiscal Agent for the region.

III. SERVICES TO BE PROVIDED

A. Scope of the RFP

Any employer is eligible to submit a proposal provided their employees fall within one of the Targeted Occupations listed in **Appendix B**. The projected total to be awarded under this RFP is approximately \$80,000. This amount is based on funding availability and is not a guaranteed amount. Funding will be limited to an amount not to exceed \$50,000 per employer per program year. However, if funding permits, proposals that exceed \$50,000 may be considered based on cost per trainee. **Any employer that received funding in PY 09 -10 must propose training for new and unique individuals under this RFP.**

The program will provide reimbursement grants to businesses to pay for pre-approved, direct, training-related costs. **Trainees must be existing full-time employees at the time of training. Trainee wages cannot fall below \$9.12 per hour after training. Trainee wages cannot exceed \$18.24 before training. An exception to the pre-training wages of \$18.24 per hour will be considered if the employer's proposal contains at least 70% of employees that meet the previously noted wage requirements.** Businesses that plan to use in house staff to provide customized training must note that customized training is defined as training that is designed to meet the special requirements of an employer that is conducted with a commitment by the employer to employ an individual on successful completion of the training and for which the employer pays for not less than 50 percent of the training.

Training provided to qualified employed workers must be training listed on the preliminary 10-11 Targeted Occupations List (TOL) in **Appendix B attachment or the employees must be employed in occupations listed in Appendix B.**

The program will not reimburse businesses for trainee wages, the purchase of capital equipment, or the purchase of any item or service that may possibly be used outside the training project. A business approved for a grant may be reimbursed for pre-approved, direct, training-related costs including tuition and fees, books, and classroom materials.

Employers will be required to provide resources (other than PHWB funds) and/or leveraged funds. These resources and/or leveraged funds can include trainee wages, a portion of the requested direct training costs, i.e. instructors' wages, tuition, curriculum development, textbooks, materials and supplies and must be at least **50%** of the total program budget. **Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget and timeline.**

Employers will be responsible for ensuring that all participating employees meet the program eligibility requirements and that eligibility paperwork is filled out by the employee and employers. The PHWB will not be responsible for reimbursement of any participants that do not meet the eligibility requirements. Participants and Employers will be required to fill out the WIA required eligibility paperwork.

Employers are encouraged to anticipate their training needs for the period January 14, 2011 through May 30, 2011 and include multiple applications within their proposal to include all training for the period. The PHWB would like to issue one contract with each employer for the entire period for an anticipated total amount of funding for all applications.

An example of information that will be required is listed in **Appendix C. Employer/Employee Profiles do not need to be submitted as part of the proposal.**

IV. GENERAL CONDITIONS

A. Response Format

Respondent should follow the instructions in this RFP Document and **complete Appendix A – Pasco-Hernando Workforce Board Employer Training Application (pages 11-15 of this document)** in order to be considered fully responsive. Submissions should be concise and easily understood.

Responses should be submitted on 8 ½" X 11" pages, printed or typewritten, and single-spaced. Text should be presented single-sided on each separate page.

Include:

- **1 signed paper original and 3 paper duplicate copies of Appendix A** to Jerome Salatino, CEO, Pasco-Hernando Workforce Board, Inc., 3185 Premier Drive, Brooksville, Florida, 34604. The original should be stamped or marked "Original". **Do not submit this entire document - only the Application (pages 10-14).**
- The proposal submissions must be submitted in a **sealed package**.

The delivery of the Response is solely and strictly the responsibility of the Respondent. Proposals received once funding is obligated will be returned, unopened to the sender.

B. Assignment of Contract

The successful Respondent(s) may not make an assignment of their obligations resulting from award of a contract in response to this RFP.

C. Possibility of Additional Services

The PHWB reserves the right to request additional services. If the Respondent is to be engaged to perform these additional services, the scope and fee will be negotiated in a separate contract to be awarded as a result of this solicitation. Such contract modification agreements, including provisions for additional fees are valid only if approved by both the Respondent and the PHWB.

D. Rejection of Responses

The PHWB reserves the right to reject any or all responses, to re-advertise this RFP, to postpone or cancel this process, to waive irregularities in the process or in responses thereto; and to change or modify the project schedule at any time. Any proposal received that does not include resources and/or leveraged funds or list occupations or training not on the Targeted Occupations List will be considered non responsive and will not be included with the proposals to be reviewed by the committee.

E. Cost of Preparing Response

The cost of preparing a response to this RFP shall be borne entirely by the Respondent.

F. Requests for Interpretation of RFP

All requests for interpretation or clarification of the RFP document must be submitted in writing and received by the PHWB within the dates listed on the first page. Any resultant interpretation or clarification responses, which if issued, will be added to our website for review.

G. Contract Term and Conditions

The term of agreements shall terminate by May 30, 2011. All Invoices must be submitted by the June 15, 2011. **Invoicing must include reporting the amount of employer resources and/or leveraged funds provided in category and dollar amount.**

Contractors with PHWB must agree to allow Board staff, the Agency for Workforce Innovation, and USDOL access to any records directly related to this program. Records must be maintained for five (5) years subsequent to the conclusion of this program.

H. Selection Process

The selection committee will review and score each proposal, place the proposals in rank order, and present the results along with their recommendation to the PHWB Board of Directors for final contract award. Should the Board be unable to negotiate a final contract, negotiations with that firm will be formally ended and negotiations will be undertaken with the next best qualified Respondent.

V. CRITERIA FOR SELECTION

CRITERIA	WEIGHT FACTOR
<p>1. Requirements- “No” marked in either category indicates the proposal is not responsive. The proposal will not be considered for funding.</p> <p>a. Sound Financial Condition- Appendix A: Proposer shows evidence of sound financial condition-Dunn & Bradstreet Number must be provided. Yes _____ No _____</p> <p>b. Training meets the USDOL/ETA guidelines for training certificates. Yes _____ No _____</p>	MANDATORY
<p>2. Strategy/ Project Description-</p> <p>a. The number of employees to be served during the period must be realistic for completion within the specified time period -5 Points</p> <p>b. Employees will receive a wage increase after training(Anticipated Outcomes) - 20 Points</p> <p>c. Training promotes job creation/ retention (Anticipated Outcomes)- 20 Points</p> <p>d. Training is crucial to promote business retention (Anticipated Outcomes)-10 Points</p>	55 Points
<p>3. Cost of the Services- Costs will be calculated based on Pasco-Hernando Workforce Board funds requested divided by the number of unique eligible employees to be served. Points will be awarded on a cost per individual to PHWB as follows:</p> <p>\$0-500=30 points \$2501-3000=5 points \$501-1000= 25 points \$3001 & higher=0 \$1001-1500= 20 points \$1501-2000= 15 points \$2001-2500= 10 points</p>	30 Points
<p>4. Provider Resources- Amount of provider resources or leveraged funds to be provided by the employer. The resources/ leveraged funds must enhance the intended scope of services. A minimum 50% match is required. Points will be awarded as follows:</p> <p>50%-65% = 5 points 66%-75% = 10 points 76% or higher = 15 points</p>	15 Points
TOTAL SCORE**	100 Points

**** ANY RESPONSE THAT DOES NOT MEET MANDATORY REQUIREMENTS AND/OR SCORES BELOW A 70% OVERALL WILL NOT BE CONSIDERED FOR FUNDING.**

APPENDIX A

PROPOSAL

**PASCO HERNANDO WORKFORCE BOARD
EMPLOYER TRAINING APPLICATION
07-01-001**

Company Name:			
Street/Mailing Address:			
City:		ZIP:	County:
Company Contact Person:			Title:
Phone:		Ext.:	Fax:
Email Address:		Website Address:	
Date of Inception:	Years in Business:	Total # Full-time Employees at this location:	
Legal Structure of Business:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Leased	<input type="checkbox"/> Other (please indicate)
Employer's Federal ID #:		Unemployment Comp ID #:	
Dunn and Bradstreet. #:		Primary NAICS and or (SIC) Code:	
Is your company current on all State of Florida tax obligations?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Please estimate the total amount your company will spend on training in 2010/2011			
Is your company receiving/applying for other public training funds?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes explain:			
If yes, please state the source(s) and \$ amount(s):			
Description of your business, product(s) and/or service(s):			
Amount of Grant Request from Pasco Hernando Workforce Board:		Number of FT Employees to be Trained: (must be Florida residents)	
Training Start Date		Training End Date	
Training will be delivered:	<input type="checkbox"/> On-site	<input type="checkbox"/> At the training institution	<input type="checkbox"/> At a remote location

Please complete this form for each type of training that meets the USDOL definition

DO NOT FILL OUT FOR TRAINING THAT DOES NOT MEET THE DEFINITION

Type of Training:

Will the proposed training meet the USDOL/ETA definition of a credential or certificate? ___ Yes ___ No

“A nationally recognized degree or certificate or state/locally recognized credential. Credentials include, but are not limited to, a high school diploma, GED, or other recognized equivalents, post-secondary degrees/certificates, recognized skill standards, and licensure or industry-recognized certificates.”

If Yes- Which definition fits the types of organizations that will issue the certificates? (Check as many as apply)

___ A state educational agency or a state agency responsible for administering vocational and technical education within a state.

___ An institution of higher education described in Section 102 of the Higher Education Act (20 USC 1002) that is qualified to participate in the student financial assistance programs authorized by Title IV of that Act. This includes community colleges, proprietary schools, and all other institutions of higher education that are eligible to participate in federal student financial aid programs.

___ A professional, industry, or employer organization (e.g., National Institute for Automotive Service Excellence certification, National Institute for Metalworking Skills, Inc., Machining Level I credential) or a product manufacturer or developer (e.g., Microsoft Certified Database Administrator, Certified Novell Engineer, Sun Certified Java Programmer) using a valid and reliable assessment of an individual’s knowledge, skills, and abilities.

___ A registered apprenticeship program.

___ A public regulatory agency, upon an individual’s fulfillment of educational, work experience, or skill requirements that are legally necessary for an individual to use an occupational or professional title or to practice an occupation or profession (e.g., FAA aviation mechanic certification, state certified asbestos inspector)

___ A program that has been approved by the Department of Veterans Affairs to offer education benefits to veterans and other eligible persons.

___ Job Corps centers that issue certificates.

___ Institutions of higher education which is formally controlled, or has been formally sanctioned, or chartered, by the governing body of an Indian tribe.

Who will provide the training:

Organization:

Location:(City/State)

Contact Name:

Phone Number:

PROPOSAL APPLICATION BUDGET

A. BUDGET CATEGORY	B. PASCO-HERNANDO WORKFORCE BOARD ASSISTANCE REQUESTED	C. * EMPLOYER CONTRIBUTION	D. TOTAL (B. + C.)
1. <i>Instructor Wages/Tuition</i>			
2. <i>Curriculum Development</i>	<i>Cannot fund with grant</i>		
3. <i>Manuals/ Textbooks</i> (itemize)			
4. Training Equipment Purchase <i>(must be employer contribution)</i>	<i>Cannot fund with grant</i>		
5. Other Costs (describe) a) b)	<i>Cannot fund with grant</i>		
6. Facility Usage (if training takes place at company site)	<i>Cannot fund with grant</i>		
7. Travel, Food, Lodging	<i>Cannot fund with grant</i>		
8. Trainee Wages (including benefits)	<i>Cannot fund with grant</i>		
9. Sub Total			
10. Indirect Costs	<i>Cannot fund with grant</i>		
11. TOTALS			

Pasco Hernando Workforce Board Cost per Trainee =Line 11 Column B divided by Number of Trainees

Employer Contribution Ratio =Line 11 Column C divided by Line 11 Column D

ANTICIPATED OUTCOMES

Please check the boxes that apply to the anticipated outcomes of the proposed employed worker training project.

<input type="checkbox"/> Will save _____ jobs within our company	<input type="checkbox"/> Will create _____ openings in entry-level positions
<input type="checkbox"/> Will improve the long-term wage levels of trainees	<input type="checkbox"/> Will improve the short-term wage levels of trainees
<input type="checkbox"/> Will create _____ new jobs within our company	<input type="checkbox"/> Would help prevent company from having to relocate operations
<input type="checkbox"/> Will lower employee turnover in our company	<input type="checkbox"/> Critical to the long-term viability of our company
<input type="checkbox"/> Critical to the short-term viability of our company	<input type="checkbox"/> Will make this location more competitive within company
<input type="checkbox"/> Will assist in the training of veterans	<input type="checkbox"/> Will assist in the training of minorities
<input type="checkbox"/> Will assist in the training of the disabled	<input type="checkbox"/> Will assist welfare to work participants
<input type="checkbox"/> Will increase the profitability of our company	<input type="checkbox"/> Important to the stated mission of our company
<input type="checkbox"/> Will be an important component of our company's overall workforce employee development efforts	
<input type="checkbox"/> Will assist in the improvement of international trade opportunities	
<input type="checkbox"/> This training is mandatory and without it, employees are in jeopardy of losing their jobs	
<input type="checkbox"/> This training is mandatory and necessary for their next promotion and/or pay raise.	

Certification by Authorized Company Representative

The individual signing the application below must have authority to enter into contracts on behalf of the applying company.

As an authorized representative of the company listed above, I hereby certify that the information listed above 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 through this program.

Signature: Email:	Title:
Print Name:	Date:

END OF PROPOSAL APPLICATION

APPENDIX B
FOR INFORMATIONAL PURPOSES- DO NOT INCLUDE AS PART OF APPLICATION
 See Region 16 2010 -2011 Targeted Occupations List (TOL)

2010-11 Regional Targeted Occupations List

Sorted by Occupational Title

Workforce Region 16 - Hernando and Pasco Counties

Workforce Estimating Conference Selection Criteria:

- 1 FLDOE Training Codes 3 (PSAT Certificate) and 4 (Community College Credit/Degree)
- 2 10 annual openings and positive growth
- 3 Mean Wage of \$12.47/hour and Entry Wage of \$10.13/hour
- 4 High Skill/High Wage (HSHW) Occupations: Mean Wage of \$19.53/hour and Entry Wage of \$12.47/hour

SOC Code†	HSHW†	Occupational Title†	Annual	Annual	2009 Hourly Wage		FLDOE	Data
			Percent Growth	Openings	Mean	Entry	Training Code	Source†††
An asterisk (*) after the Occupation Title means that these occupations are found in declining industries and are not projected to return to their historical peak during the forecast period. They may have an oversupply of trained workers.								
332011	HSHW	Fire Fighters*	1.20	15	20.25	13.26	3	R
471011	HSHW	First-Line Superv. of Construction and Extraction Workers*	2.23	43	28.18	18.82	4	R
351012		First-Line Superv. of Food Preparation & Serving Workers*	1.64	20	16.04	11.04	3	R
371011		First-Line Superv. of Housekeeping & Janitorial Workers	2.12	399	17.21	11.44	3	S
371012	HSHW	First-Line Superv. of Landscaping and Groundskeeping	2.18	377	21.31	14.33	3	S
531031	HSHW	First-Line Superv. of Material-Moving Vehicle Operators*	1.69	401	26.80	17.83	3	S
491011	HSHW	First-Line Superv. of Mechanics, Installers, and Repairers*	1.74	16	26.45	17.82	3	R
431011	HSHW	First-Line Superv. of Office and Admin. Support Workers	1.20	50	23.08	14.96	4	R
511011	HSHW	First-Line Superv. of Production and Operating Workers*	0.84	475	26.26	16.39	3	S
411012	HSHW	First-Line Supervisors of Non-Retail Sales Workers*	0.86	724	37.68	21.10	4	S
391021		First-Line Supervisors of Personal Service Workers	1.35	10	18.59	13.02	3	R
411011		First-Line Supervisors of Retail Sales Workers	1.28	75	20.47	12.44	3	R
119051	HSHW	Food Service Managers	1.02	10	28.56	18.03	4	R
111021	HSHW	General and Operations Managers*	0.79	25	49.32	25.76	4	R
472121		Glaziers*	2.64	159	16.67	11.89	3	S
271024	HSHW	Graphic Designers	1.54	670	19.93	13.43	4	S
292099		Health Technologists and Technicians, All Other	2.26	155	18.46	12.81	3	S
319099		Healthcare Support Workers, All Other	2.17	266	13.97	10.35	3	S
499021		Heating, A.C., and Refrigeration Mechanics and Installers*	2.65	23	17.70	12.52	3	R
434161		Human Resources Assistants, Exc. Payroll	2.29	317	17.05	12.72	3	S
499041	HSHW	Industrial Machinery Mechanics	2.34	426	21.45	15.20	3	S
537051		Industrial Truck and Tractor Operators*	0.70	642	13.70	10.31	3	S
259031	HSHW	Instructional Coordinators	2.47	261	25.89	15.71	4	S
413021	HSHW	Insurance Sales Agents	2.97	24	29.08	13.27	3	R
271025	HSHW	Interior Designers*	2.83	283	23.34	13.54	4	S
436012		Legal Secretaries	1.97	649	19.43	13.67	3	S
292061	HSHW	Licensed Practical and Licensed Vocational Nurses	2.34	59	19.95	16.76	3	R
132072	HSHW	Loan Officers*	1.61	691	28.40	16.29	4	S
499042		Maintenance and Repair Workers, General*	1.53	20	15.01	10.17	3	R
112021	HSHW	Marketing Managers*	1.92	234	53.02	27.77	4	S
292012		Medical and Clinical Laboratory Technicians	2.02	244	17.75	12.16	4	S
119111	HSHW	Medical and Health Services Managers	2.42	367	48.58	30.25	4	S
319092		Medical Assistants	3.55	40	13.38	10.86	3	R
292071		Medical Records and Health Information Technicians	2.04	11	15.85	10.21	4	R
436013		Medical Secretaries	1.82	19	14.18	10.98	3	R
319094		Medical Transcriptionists	2.35	194	15.38	12.30	3	S
493042		Mobile Heavy Equipment Mechanics, Except Engines*	2.80	214	19.66	13.88	3	S
151071	HSHW	Network and Computer Systems Administrators	2.76	677	33.69	21.62	4	S
151081	HSHW	Network Systems and Data Communications Analysts	4.10	19	35.27	23.41	3	R
472073		Operating Engineers/Construction Equipment Operators*	2.90	29	15.45	12.42	3	R

Source: Florida Agency for Workforce Innovation, Labor Market Statistics

2

2010-11 Regional Targeted Occupations List

Sorted by Occupational Title

16 - Hernando and Pasco Counties

ing Conference Selection Criteria:

OE Training Codes 3 (PSAV Certificate)

4 (Community College Credit/Degree)

Annual openings and positive growth

High Wage of \$12.47/hour and Entry Wage of \$10.13/hour

Skill/High Wage (HSHW) Occupations:

High Wage of \$19.53/hour and Entry Wage of \$12.47/hour

Wt†	Occupational Title†	Annual Percent Growth	Annual Openings	2009 Hourly Wage		FLDOE Training Code	Data Source†††
				Mean	Entry		
	An asterisk (*) after the Occupation Title means that these occupations are found in declining industries and are not projected to return to their historical peak during the forecast period. They may have an oversupply of trained workers.						
	Painters, Construction and Maintenance*	3.12	28	16.80	13.00	3	R
-IW	Paralegals and Legal Assistants*	3.28	10	23.98	16.40	3	R
-IW	Personal Financial Advisors	2.09	638	32.18	16.21	4	S
	Pest Control Workers	NR	NR	14.05	11.45	3	R
-IW	Physical Therapist Assistants	3.67	180	24.70	17.56	4	S
	Pipelayers*	2.11	190	15.58	12.15	3	S
	Plasterers and Stucco Masons*	2.77	206	18.11	12.87	3	S
	Plumbers, Pipefitters, and Steamfitters*	2.64	14	17.18	12.30	3	R
-IW	Police and Sheriff's Patrol Officers	1.09	25	26.57	20.84	3	R
-IW	Property, Real Estate & Community Association Managers	0.89	473	29.63	16.14	4	S
-IW	Public Relations Specialists	1.91	441	27.17	16.62	4	S
-IW	Purchasing Agents, Except Farm Products & Trade*	0.93	423	25.38	16.48	4	S
-IW	Radiologic Technologists and Technicians	1.85	431	25.10	18.91	3	S
-IW	Real Estate Brokers	1.10	438	34.44	14.31	3	S
	Real Estate Sales Agents*	0.72	1,181	20.26	10.56	3	S
-IW	Registered Nurses	2.75	143	30.13	21.94	4	R
-IW	Respiratory Therapists	2.54	264	24.02	19.18	4	S
	Rockers	2.95	21	15.51	11.50	3	R
-IW	Sales Managers	1.65	596	60.96	31.40	4	S
-IW	Sales Representatives, Wholesale & Mfg, Tech. & Sci. Products	1.86	1,185	34.59	17.40	3	S
-IW	Sales Representatives, Wholesale and Manufacturing, Other*	1.60	37	27.48	14.11	3	R
-IW	Securities and Financial Services Sales Agents*	0.47	556	37.79	16.41	4	S
	Security and Fire Alarm Systems Installers	2.97	268	17.16	12.84	3	S
	Self-Enrichment Education Teachers*	1.35	10	19.10	10.79	3	R
	Sheet Metal Workers*	2.50	307	17.46	12.37	3	S
	Substance Abuse and Behavioral Disorder Counselors	2.78	172	19.62	12.23	3	S
	Surgical Technologists	2.72	320	18.13	14.11	3	S
	Surveying and Mapping Technicians	2.28	382	17.09	11.54	3	S
-IW	Surveyors*	2.50	167	28.74	16.57	4	S
	Teacher Assistants	1.38	41	14.09	10.72	3	R
	Truck Drivers, Heavy and Tractor-Trailer	2.02	75	17.26	12.19	3	R
-IW	Vocational Education Teachers, Postsecondary	2.96	371	24.10	14.48	3	S
	Welders, Cutters, Solderers, and Brazers*	1.96	512	16.78	12.03	3	S

Occupational Title refer to Standard Occupational Classification codes and titles.
Skill/High Wage.

High wage and openings criteria based on state Labor Market Statistics employer survey data. Regional data are shown.
High wage and openings criteria based on state Labor Market Statistics employer survey data. Statewide data are shown.

Source: Agency for Workforce Innovation, Labor Market Statistics

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APPENDIX C
EXAMPLE
INFORMATION REQUIRED FOR EACH EMPLOYEE

(DO NOT FILL OUT FOR PROPOSAL)

EMPLOYER INFORMATION					
Employer:		Your Job Title:			
Date of Hire:		Current Hourly/Annual Wage:			
TRAINEE DETAILS					
Last Name:	First:	Middle I:	Phone:	Social Security #:	
Address:			City:	State:	Zip:
DEMOGRAPHIC & GENERAL INFORMATION					
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Chinese		
Ethnicity: <input type="checkbox"/> Hispanic Latino <input type="checkbox"/> Not Hispanic Latino <input type="checkbox"/> Others		<input type="checkbox"/> Black or African American <input type="checkbox"/> Haitian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Multi Racial <input type="checkbox"/> White <input type="checkbox"/> Other			
Citizenship Status: <input type="checkbox"/> U. S. Citizenship or Naturalized Citizen		Limited English: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Lawfully admitted alien or refugee with right to work. If so, Alien Registration # _____ Expiration Date: _____		Individual with a disability: <input type="checkbox"/> Impediment to employment <input type="checkbox"/> No disability <input type="checkbox"/> Yes, disabled			
GENERAL INFORMATION					
Have you served in the U.S. Military, Naval or Air Service? : <input type="checkbox"/> No <input type="checkbox"/> Yes, under 180 days <input type="checkbox"/> Yes, over 180 days					
Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> US Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard Honorable Discharge?: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Selective Service: (for males 18yrs or older) <input type="checkbox"/> Registered <input type="checkbox"/> Not registered <input type="checkbox"/> Not applicable					
Enrolled in School: <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Grade Completed: __ <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> AA/ AS Degree <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's <input type="checkbox"/> Master's +					
Number in family (include both parents if applicable and any child under 18): _____ Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you receive food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Participant/Employee:

I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. Information is being provided to establish eligibility for training under the Workforce Investment Act and is subject to all applicable Federal and State confidentiality laws ("The EO data must be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure [confidentiality](#).") I understand that I have the right to file a grievance with Pasco Hernando Workforce Board within one year from date of signing and grievance procedure is on file with my employer. I further understand I may file an EEO grievance within 180 days from date of alleged violation if I feel I have been the subject of discrimination. This procedure is also on file with my employer.

Employee Signature: _____ Date: _____

Employer:

Employer verifies it has a current I-9 form on file for the above named employee that verifies date of birth, American citizenship or right-to-work, and that this information is available for review on demand by Pasco Hernando Workforce Board and/or State of Florida Agency for Workforce Innovation. Employer further verifies training will enhance career advancement and promote or maintain self-sufficient earnings or that training is required for employee to retain employment.

Employer Signature: _____ Date: _____



PASCO HERNANDO WORKFORCE BOARD, INC.

GRIEVANCE/COMPLAINT PROCEDURES

PURPOSE:

The Workforce Investment Act (WIA), Welfare Transition Program (WTP), Wagner Peyser (WP) and the Welfare-to-Work (WTW) Grant Program require the State, local areas, and direct recipient of program funds to establish and maintain grievance/complaint and hearing/appeal procedures for handling program related complaints. The grievance/complaint requirements may vary from program to program. To simplify instruction and to have a unified format, the following grievance/complaint and hearing/appeal procedures will be essentially the same for WIA, WTP, WP and WTW workforce programs.

DEFINITION OF GRIEVANCE: A grievance is a statement of dissatisfaction which is filed in writing with the Pasco Hernando Workforce Board, (PHWB) or with the U.S. Department of Labor (USDOL) whenever it is believed that an erroneous or inequitable situation exists which substantially affects the interest of the person or entity filing or on whose behalf the filing is made.

DEFINITION OF COMPLAINT: An alleged account of fraud, waste, abuse, or criminal activity or an allegation of discrimination based on age, race, color, sex, religion, national origin, political affiliation, citizenship and disability.

FILING GRIEVANCE/COMPLAINT:

Any participant or other interested party adversely affected by a decision or action by the local workforce system, including decisions by One-Stop partners and service providers, has the right to file a grievance/complaint with the PHWB.

- Grievances shall be filed in writing with the PHWB within one year of the alleged complaint.
- Complaints involving fraud, waste, abuse, or criminal activity shall be reported directly and immediately to the USDOL Office of Inspector General.
- Complaints of discrimination which concern violations of civil rights based on race, color, sex, religion, national origin, age, political affiliation, citizenship and/or belief shall be sent directly to the USDOL for formal settlement in accordance with 29 CFR Parts 31, 32 and 43. Complaints must be filed within 180 days of the alleged occurrence.
- Complaints based on disability must be filed locally with the Executive Director of the PHWB for investigation.

The addresses for filing grievances and complaints are:

**Equal Opportunity Officer
Pasco Hernando Workforce Board, Inc.
3185 Premier Drive
Brooksville, Florida 34604
352-593-2235**

Grievances

**U.S. Department of Labor
Directorate for Civil Rights
200 Constitution Avenue, N.W.
Washington, D.C. 20210**

Complaints

**Director, Agency for Workforce Innovation
107 E. Madison Street, Caldwell Bldg.
Tallahassee, FL 32399-4120**

Complaints

Any inappropriate filing will be forwarded to the proper entity/agency for actions. The PHWB EEO will provide proper guidance for filing of grievance and complaints.

As a customer with Career Central, I certify that I have read and/or understand my rights and responsibilities outlined in this statement.

Customer Signature

Date

As a representative of Career Central, I verify that the above signed participant has read (or had read to them) the above statement of the PHWB grievance/complaint procedures

Business Services Consultant

Date