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## Incumbent Worker Training Program

### Incumbent Worker Training Program (IWTP) - Customized Training -

#### Training Provider Instructions for Applying Online: Revised: 03/17/2010

Training providers **must** meet the following **eligibility** requirements:

1. Training providers must demonstrate a successful training through its placement, retention, and satisfaction rates.
2. Training providers must demonstrate collaboration with the targeted industry in the development of the training program curriculum
3. Training providers must demonstrate use of a current industry standard as the basis for programs utilized to train students for employment in the targeted industry.

Upon meeting eligibility requirements you will be assigned a Louisiana Workforce Commission (LWC) Training Provider number. If you are not in possession of a valid LWC Training Provider number, please contact your Regional IWTP Specialist. A list of Regional Specialists can be viewed at <http://www.laworks.net/Downloads/IWTP/IWTPRegionalContacts.pdf>

Note: LWC Training Provider Number is required to enter Customized Training website.

Information entered will then be verified with LWC records for eligibility.

A) The Primary Training Provider must login to the IWTP Customized Training Web site @ <https://iwtp.laworks.net/Launch/LaunchPage.asp?CET=Y>

B) The Primary Training Provider may then be prompted with a notification of entering a 'secured site' and should respond affirmatively.

C) At the Customized Training Login screen the Primary Training Provider is presented with the following options:

1. If the Primary Training Provider is an existing user, he will enter his username and password.
2. If the Primary Training Provider is a new user, he will click on the 'New user?' link.
1. If the Primary Training Provider is an existing user and has forgotten his username, he will click on the 'Forgot Username?' link.
2. If the Primary Training Provider is an existing user and has forgotten his password, he will enter his username and click on the 'Forgot Password?' link.
3. If the Primary Training Provider is an existing user and would like to change his password, he will enter his username and password and click on the 'Password Maintenance' link.

#### **New User Account Creation**

The Primary Training Provider will be asked if the account will be for a training provider, an employer or a consortium. The Primary Training Provider will then select a username and password, create a secret question and answer to be used for password retrieval should the password be forgotten, provide their first and last names, and their LWC Training Provider number. The username must be at least six characters long. The password must be at least six characters long, and have at least one number, one uppercase letter and one lowercase letter.

D) Upon validation of username and password, the Primary Training Provider will select from the following options:

1. Create new Application
2. Select an Existing Application/Contract

Selecting an existing application or contract directs the Primary Training Provider to the Customized Training Application.

## Create New Application

The Primary Training Provider will be asked to provide an application contact, a contract contact and verify their contact information. They will also be asked for an Authorization Code. The Authorization Code is assigned to the employer at the time of account creation. It is the responsibility of the employer to provide this code to the Primary Training Provider.

Once this information is saved, the Primary Training Provider will be able to modify additional secondary training providers for the application and gain access to the Customized Training Main Menu.

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### The IWTP Customized Training Main Menu will consist of five options:

- A. Display/Print Application Instructions - Employers **OR** Display/Print Application Instructions – Consortium
- B. Display/Print Application Instructions - Training Providers
- C. Primary Training Provider Maintenance
- D. Modify Draft Application
- E. Display Current Status & View Details

Note: **Log-Off** is located in the upper right hand corner of the screen(s).

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**Option A: Display/Print Application Instructions – Employers** (Contains instructions for Employers)  
**Display/Print Application Instructions – Consortium** (Contains instructions for Consortium)

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**Option B: Display/Print Application Instructions – Training Providers** (Contains these instructions)

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**Option C: Primary Training Provider Maintenance** (Allows primary training provider to edit their information.)

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**Option D: Modify Draft Application**

### The Application Maintenance Menu will consist of twenty-one items:

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**Item 1: Additional Training Provider/Vendor Information**—Allows Primary Training Provider to add additional secondary training providers and to edit/delete existing additional secondary training providers for the current application.

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**Item 2: Employer Maintenance/Consortium Maintenance**—Allows Primary Training Provider to edit employer information. If the application is for a consortium, then the Primary Training Provider will be able to add employers to the consortium.

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**Item 3: Employer Overview/Consortium Overview**—General information about the business.

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**Item 4: Employee Advancement/Retention**—Allows Primary Training Provider to project occupational groups to be trained, and project program goals including the amount of wage increase, the number of jobs created and the number of jobs retained a result of training.

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**NOTE:** The Budget section of the application is used to calculate the total training costs for the training plan outlined in this application. In order to allow for unanticipated changes within the training period, APPROVED BUDGET ITEMS MAY VARY ACCORDING TO EMPLOYER'S AND TRAINING PROVIDER'S NEEDS, PROVIDED THERE ARE AVAILABLE FUNDS WITHIN THE APPROPRIATE CATEGORY (e.g. Number of students, number of texts and manuals, levels of courses, etc.) Changes to number of students and courses must be relevant to the student's job. Changes to equipment and supplies must be relevant to approved training funded by IWTP.

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**Item 5: Costs per Course**— Course information listed based on the number of times the course will be offered.  
Note: If a course is to be taught by a company instructor, register an additional secondary training provider using the primary training provider's name followed by "using company instructor", i.e. "ABC School (using company instructor)" and category (i.e. public or private). This training is to be listed under the Cost Per Course category and the cost is limited to the company instructor's hourly salary plus fringe benefits times the number of course hours.

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**Item 6: Costs per Student**—Course information listed based upon the number of students registered.

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**Item 7: Equipment, Furniture & Classroom Fixtures**—Requests for funding for equipment—for public institutions only

(e.g. desks, computers, chalkboards, etc.), if an employer donates the “use of” equipment, furniture and classroom fixtures (“user of” should be included after item description).

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**Item 8: Explanations & Descriptions**—This section provides explanations of courses that use abbreviations or acronyms not readily recognizable to the general public.

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**Item 9: Facility Rental**—Requests for funding of rental training facilities, or “use of” employer’s facility in the case of contribution. (Note: Funding allowable only if the training provider or employer does not have training space available.)

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**Item 10: Justification of Training**—Primary Training Provider provides justification for students taking the course whose occupation is not clearly relevant to course topics.

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**Item 11: Materials & Supplies**—Requests for funding for Texts and Manuals, Audio Visuals, CBT Software, Raw Materials and Other Consumables.

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**Item 12: Training Provider Registration, Assessment, Testing & Certification Fees**—Other fees associated with course can be added/edited/deleted here.

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**Item 13: Travel-Lodging**—Requests for funding for trainee lodging. (Note: Lodging is allowed only for trainees who will be traveling 50 miles from employer’s worksite.)

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**Item 14: Travel-Meals**—Requests for funding for the trainee meals.

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**Item 15: Travel-Mileage**—Requests for funding for trainees’ mileage from employer’s worksite to training site.

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**Item 16: Administrative Costs Contribution/Summary Sheet**—Displays cost summary of items 5-15 and allows training provider to modify amount for employer’s Administrative Costs contribution.

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**Item 17: Scope of Training**—Lists primary employer and Primary Training Provider information and application data (i.e. amount of funds requested, average cost per participant, number of employees to be trained, etc.).

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**Item 18: Summary of Line Item Costs**—Displays grand totals of items 5-16.

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**Item 19: View/Print Entire Application** (Overview of entire application)

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**Item 20: Verify/Submit Application**

At this time the Primary Training Provider, employer(s), and consortium will be asked to verify certain eligibility questions.

On submission of an application, one or more of the following items is required before a contract can be executed:

- a. A copy of W-9 form – Request for Taxpayer Identification number and Certification. A sample form can be viewed at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

- b. Stamped copy of Disclosure of Ownership that has been properly filed with the Secretary of State's Office if the training provider is a for-profit corporation whose stock is not publicly traded. (Note: Employers are exempt from submitting this form if they are any of the following: non-profit, publicly traded, sole partnership, Louisiana medical corporation, Limited Liability Company (LLC), electric or gas service corporation, state chartered bank, or partnership. A blank copy of Disclosure of Ownership can be viewed at <http://www.sos.louisiana.gov/Portals/0/320DisclosureofOwnershipCorporation.pdf>
- c. Board Resolution authorizing signature for the corporation for contract purposes, if the employer is a corporation, profit or non-profit. (Note: Letter of exemption is required for employers if they are a partnership or an individual. Sample Board Resolution can be viewed at [doa.louisiana.gov/ocr/brdresol.htm](http://doa.louisiana.gov/ocr/brdresol.htm))

**After submission:**

Once IWTP staff receives a signed Customized Training application, an email message will be sent to the employer acknowledging receipt of the signed application. Submitted and signed Customized Training applications will be reviewed and verified by IWTP staff.

Upon determination that an application meets the eligibility criteria for the Customized Training program, a recommendation of approval/denial will be made to the Deputy Executive Director of the Louisiana Workforce Commission. The application will be reviewed for final approval/denial by the Executive Director of the Louisiana Workforce Commission. When the application receives final approval, IWTP staff will email a three-party contract out for signature. The employer and Primary Training Provider must sign the contract and return it to LWC's IWTP Unit.

**Refunds** – Training providers shall apply a refund policy approved by LWC for participants that have dropped or failed to complete classes/courses as scheduled. In the event, LWC has funded training for a participant that has dropped and a refund applies, the training provider must refund LWC.

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**Item 21: Reprint Signature Page** (Note: This will only be displayed after the application has been submitted)

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**Option E: Display Current Status & View Details** (Tracks status of application)

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**NOTE:** Items 1-16 include the following choices:

Click on the "Edit" button to change information **OR**

Click on the "Delete" button to erase the information from the application **OR**

Click on the "Post this line/Save Changes" button to add/save information to the application **OR**

Click on "Back to Application Maintenance" link to return to the Application Maintenance screen **OR**

Click on "Back to Main Menu" link.

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...End of Instructions...