



Customized Training Application

SECTION 1: GENERAL INFORMATION

Organization Name:	City of Key West		
Street Address:	1300 White Street		
City & County:	Key West - Monroe County	Zip Code:	33040-0000
Authorized Contact Person:	Jim Scholl	Title:	City Manager
Telephone Number:	305-809-3888	Fax Number:	(305) 809-3886
Email Address:	jscholl@cityofkeywest-fl.gov	Website Address:	www.cityofkeywest-fl.gov

Date of Establishment:	1/8/1828	Years in Business:	189	# FT Employees:	498
Are you current on all Federal, State, and Local Taxes?	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> TAX EXEMPT				
What is the legal structure of your organization?	Incorporated				
What is your organization's primary SIC Code?	9199	Check your SIC Codes here: Miami-Dade			
What are your organization's other SIC Codes?	7374-9531-9111	Monroe			
What is your Federal Employer Identification Number (EIN)?	59-6000346	Learn about EINs here: EIN			
What is your Unemployment Compensation (UC) ID#?	Self Insured	Learn about UC here: UC			
What is your Florida Sales & Use Tax (FSUT) number?	Exempt	Learn about FSUT here: FSUT			

Please describe your business, its products and/or services, and your customer base:
 Municipal agency providing services to a city population of 25,755 residents and estimated 2,662,500 visitors on an annual basis. Services provided include public works, utilities, parks and recreation, building, planning, engineering, port operations, with internal support services including finance, human resources and information technology.

Please describe in detail need for training current workforce:
 The City of Key West has a continuous need for Police Officers. Per the State of Florida Chapter 943, Police Officers must possess a certificate of compliance for Law Enforcement Officers. Due to the high cost of housing, hiring already trained police officers from the mainland has proven to be unsuccessful. The training for this certificate requires 770 hours of training and spans over 21 weeks. The ability of the City of Key West to sponsor the requisite training to a select and limited pool of qualified candidates is crucial to attracting and retaining police officers at the Key West Police Department. All employees/recruits receive wages paid for by the City of Key West during the training. Upon successful completion of certification recruits receive a 33% increase in salary. This training will allow other officers to advance in the law enforcement field while those at retiring age could do so without creating a shortage of officers. Graduates from a locally sponsored Police officer training program have proven to be a vital part of the Key West Police Department's ability to successfully provide public safety services to the community. It is rigorous training that, quite frankly, not everyone is capable of completing. With a population of approximately 25,755 and a median age of 41, it is a challenge to keep the police department fully staffed. Also presenting recruiting challenges are Key West's high cost of living with housing being a large part of that cost. The median list price of housing in Key West is in the \$500 thousands and median rent prices are \$1,500. The cost of living index is 40% higher in Key West than the national average. The reimbursement of tuition costs by CareerSource South Florida is paramount to the City's ability to sponsor local candidates in a locally administered academy. Thanking your organization in advance for your dedication to assisting the adult sector of the Key West community acquire the necessary professional skills which allow them to live and contribute to our wonderful island. Key West has over 2,662,500 visitors annually with 91 certified police officers. The ratio of visitors and Key West residents to police officers is 1 police officer for 29,541 visitors and Key West residents.

Training Start Date:	07/01/2017	Training End Date:	09/19/17
(a) Grant Request Dollars:	\$ 18,478.80	(e) Total Number of Trainees:	6
(b) Your Matching Funds:	\$ 56,703.24	(f) CSSF Cost Per Trainee:	\$ 3,079.80
(c) Total Cost:	\$ 75,182.04	(g) Current Employee Average Hourly Wage:	\$ 18.00
(d) Matching Fund %:	75.4%	(h) Post Training Average Hourly Wage:	\$ 24.04

Will this training avert any lay-offs at this location?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES, how many?	
Will this training create any vacancies that CSSF can help fill?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If YES, how many?	N/A
Will improve long-term wage levels of trainees	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Will improve short-term wage levels of trainees	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Critical to long-term viability of our organization	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Critical to short-term viability of our organization	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Will help prevent organization having to relocate operations	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Will lower employee turnover	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Is your organization receiving State or Federal funding for this training request	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes Please Explain	
Will this training lead to an immediate wage increase?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Wages review a commensurate with training and competence	

We have identified 0 employees that meet the definition of self-sufficiency as defined by SFWIB but will not be retained unless additional training or services are received.

CERTIFICATION BY CAREER CENTER DIRECTOR OR AUTHORIZED MANAGEMENT REPRESENTATIVE (FOR INTERNAL USE ONLY)

Contract Number	Funding Source
NAME: <u>Jorge Costas</u>	TITLE: <u>Business Consultant</u>
SIGNATURE:	DATE: <u>6/8/17</u>



Customized Training Agreement

SECTION 2: TRAINING PROJECT DETAIL														
Last Name	First Name	Department	Job Title (Current)	Job Title (Post Training)	Type of Training	Cost per trainee	Incumbent Worker (Yes or No)	Certification	Total Hours Paid During Training	Is Employee Skill Sufficient as defined by SFWB (Yes or No)	Employee(s) Current Wage	Employee(s) Post Training Wage	% of Employee Fringe Benefit	Employer Match Wage & Benefits
1	Dantu	Law Enforcement	Police Academy Recruit	Police Officer	Basic Law Enforcement Academy (BLE 64)	\$3,079.80	No	Officer Certification	407	No	\$18.00	\$ 24.04	29%	\$ 9,450.54
2	Grassi	Law Enforcement	Police Academy Recruit	Police Officer	Basic Law Enforcement Academy (BLE 64)	\$3,079.80	No	Officer Certification	407	No	\$18.00	\$ 24.04	29%	\$ 9,450.54
3	Kouri	Law Enforcement	Police Academy Recruit	Police Officer	Basic Law Enforcement Academy (BLE 64)	\$3,079.80	No	Officer Certification	407	No	\$18.00	\$ 24.04	29%	\$ 9,450.54
4	Perez	Law Enforcement	Police Academy Recruit	Police Officer	Basic Law Enforcement Academy (BLE 64)	\$3,079.80	No	Officer Certification	407	No	\$18.00	\$ 24.04	29%	\$ 9,450.54
5	Haynie	Law Enforcement	Police Academy Recruit	Police Officer	Basic Law Enforcement Academy (BLE 64)	\$3,079.80	No	Officer Certification	407	No	\$18.00	\$ 24.04	29%	\$ 9,450.54
6	Johnston	Law Enforcement	Police Academy Recruit	Police Officer	Basic Law Enforcement Academy (BLE 64)	\$3,079.80	No	Officer Certification	407	No	\$18.00	\$ 24.04	29%	\$ 9,450.54
7						\$0.00			0					
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Customized Training Agreement

SECTION 3: TRAINING PROGRAM BUDGET				
Category	Grant Request	Employer Match	Total	
1 Trainee Wages & Benefits	Cannot Fund with Grant Dollars	\$ 56,703.24	\$ 56,703.24	
2 Training Equipment Purchase		\$ -	\$ -	
3 Facility Usage		\$ -	\$ -	
a		\$ -	\$ -	
b		\$ -	\$ -	
c		\$ -	\$ -	
d		\$ -	\$ -	
4 Travel, Food, & Lodging		\$ -	\$ -	
a		\$ -	\$ -	
b		\$ -	\$ -	
c		\$ -	\$ -	
d		\$ -	\$ -	
5 Instructor Wages/Tuition				
Basic Law Enforcement Training (6) Trainees 770 total Hours with remaining 407 training hours to be from July 1 through Sept 19, 2017 a cost per trainee of \$3079.80		\$ 18,478.80		\$ 18,478.80
a			\$ -	
b			\$ -	
c			\$ -	
d			\$ -	
e			\$ -	
f			\$ -	
g			\$ -	
6 Curriculum Development				
a			\$ -	
b			\$ -	
c			\$ -	
d			\$ -	
7 Materials, Supplies, & Textbooks				
a			\$ -	
b			\$ -	
c			\$ -	
d			\$ -	
e			\$ -	
f			\$ -	
8 Other Cost				
a			\$ -	
b			\$ -	
c			\$ -	
d			\$ -	
Sub Total			\$ -	
9 Indirect Costs				
a <i>Relevant description</i>			\$ -	
b			\$ -	
TOTALS	\$ 18,478.80	\$ 56,703.24	\$ 75,182.04	



Customized Training Agreement

SECTION 4: TRAINING PROVIDER INFORMATION

Training Provider Name (1):		Florida Keys Community College	
Street Address:		5901 College Road	Type of Trainer: Community College
City & County:		Key West - Monroe County	Zip Code: 33040-0000
Authorized Contact Person		Cathy Torres	Title: Director of Public Safety
Telephone Number:		305-809-3520	Fax Number: 305-292-5163
#	Training Description	Training Location	
1	Basic Law Enforcement Training	5901 College Road , Key West, FL 33040	
2			
3			

Training Provider Name (2):			
Street Address:		Type of Trainer:	
City & County:		Zip Code:	
Authorized Contact Person		Title:	
Telephone Number:		Fax Number:	
#	Training Description	Training Location	
1			
2			
3			

Attach Curriculum Outline and Identify Certificate or Credential Received

SECTION 5: BUSINESS FINANCIAL VIABILITY

Local Business Tax Receipt
 Proof of State of Florida Registration www.sunbiz.org
 Proof of Workers Compensation

Attach a completed Request for Taxpayer Identification Number & Certification [W-9 Form](#)

SECTION 6: CERTIFICATION BY AUTHORIZED BUSINESS REPRESENTATIVE

As an authorized representative of the organization applying for the "Customize Training Award", 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.

NAME:	Jim Scholl	TITLE:	City Manager
SIGNATURE:		DATE:	06/08/17

MEMORANDUM OF UNDERSTANDING
Employed Worker Training (EWT)

This Memorandum of Understanding is made by and between Youth Co-Op, Inc. and City of Key West, for the purpose of coordinating employed worker training services that are subsidized through the South Florida Workforce. This MOU is to establish an efficient method for the coordination of trainee eligibility, collection of required documentation and delivery of approved training program to employees certified eligible. The focus of this agreement is to provide City of Key West employees the training required to maintain and upgrade the skills of the workforce.

(Youth Co-Op, Inc) will provide:

1. Staff to coordinate & determine eligibility and enrollment of trainees in WIOA
2. Collect I-9 forms with supporting documents to verify work eligibility
3. Verify Selective Service registration
4. Complete aptitudes and interest for each trainee
5. Data enter clients into Employ Florida Marketplace (EFM)
6. Collect Certificates of training Completion
7. Payment of training upon completion (See Attachment A)
8. Follow Up services for One Year after completion of training (Quarterly)

City of Key West will provide:


1. Facilities to train employees
2. Collect attendance records for trainees (Daily Logs)
3. Collect certificates from trainer and deliver to Youth Co-Op, Inc
4. Coordinate all training with training provider
5. Provide follow-up verification status of all trainees for One Year(Quarterly)
6. Invoice (Youth Co-Op, Inc) upon completion of Individual trainees (See Attachment A)

Terms and Termination:

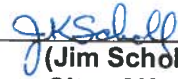
It is understood that no fees will be charged to any participants by either party. Enrollment in the programs offered by either party is subject to WIOA eligibility requirements. Both parties agree to serve participants without regard to race, color, religion, sex, national origin, or disability and to make auxiliary aids and services available upon request to individuals with disabilities.

The terms of this Memorandum of Understanding shall be from July 1, 2017 through September 30, 2017. This Memorandum of Understanding may be terminated by either party upon 30 days written notice. No other agreements between the parties shall be valid unless specified in writing.

This Memorandum of Understanding has been executed this **(8)** day of **June, 2017**:



Maleidy Acedo
Youth Co-Op, Inc Monroe County Career Center
1111 12 Street Suite 308
Key West, FL 33304



(Jim Scholl)
City of Key West
1300 White Street
Key West, FL 33040

Grievance/Discrimination Complaint Procedures Equal Opportunity



I. EQUAL OPPORTUNITY IS THE LAW:

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: (1) Against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and (2) Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his/her participation in any WIA Title I-financially assisted program or activity.

The recipient must not discriminate in any of the following areas: (1) Deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; (2) Providing opportunities in, or treating any person with regard to, such a program or activity; or (3) Making employment decisions in the administration of, or in connection with, such a program or activity.

II. DISCRIMINATION COMPLAINT:

What to Do If the Trainee Believes to Have Experienced Discrimination

If the trainee thinks that s/he has been subjected to discrimination under a WIA Title I-financially assisted program or activity, s/he may file a complaint within 180 days from the date of the alleged violation by obtaining a copy of AWI's Discrimination Complaint Processing Procedures by visiting AWI's website at: http://www.floridajobs.org/civilrights/ocr_compaint.html. You may send your complaint to either of the following:

Peter de Haan, Equal Opportunity Officer
Office for Civil Rights (OCR) - Agency for Workforce Innovation
Caldwell Building – MSC 150
107 East Madison Street, Tallahassee, Florida 32399-4129
Phone: 850-921-3205 • Fax: 850-921-3122
E-mail: Civil.Rights@awi.state.fl.us
TTY via the Florida Relay Service (FRS): 711

or

The Director
Civil Rights Center (CRC)
U.S. Department of Labor
200 Constitution Avenue
NW Room N-4123
Washington, DC 20210

III. GRIEVANCE/COMPLAINT PROCEDURE:

1. Grievances/complaints that do not allege unlawful discrimination shall be filed with South Florida Workforce's (SFW) Customer Service Unit, 7300 Corporate Center Drive, Suite 500, Miami, Florida 33126-1234.
2. All grievances/complaints must be put in writing, signed and dated by the grievant/complainant or his/her representative.
3. All grievances/complaints should include the grievant/complainant's name, a contact address, and a contact telephone number.
4. All grievances/complaints should include a statement regarding the law the grievant/complainant thinks was violated and/or the reasons s/he thinks is entitled to the service or benefit which has been denied, delayed, reduced, changed, or terminated.
5. The grievance/complaint should state the remedy the grievant/complainant is seeking.
6. The SFW's Customer Service Unit shall review, and attempt to informally resolve the initial grievance/complaint. If the grievance/complaint cannot be resolved informally, then a hearing shall be held and a decision issued within the required 60 calendar days from receipt of the grievance/complaint.
7. If SFW has: a) conducted a hearing the grievant/complainant is dissatisfied with or has been adversely affected by the Hearing Officer's decision; b) not conducted a hearing within the 60 calendar days from receipt of the grievance/complaint; or c) conducted the hearing but has not issued a decision within the mandated 60 calendar day timeframe, then the grievant/complainant may file an appeal with AWI. The appeal must be filed with AWI within 30 calendar days of receipt of SFW Hearing Officer's decision or within 30 calendar days after the required 60-calendar day timeframe for SFW to act has elapsed.
8. The appeal shall be sent certified mail, return receipt, to the Agency for Workforce Innovation, Office of General Counsel, Caldwell Building-Suite 150, 107 East Madison Street, Tallahassee, Florida 32399-4128.
9. If SFW or AWI has not issued a decision within the required 60 calendar-day timeframe, the grievant/complainant can file an appeal to the United States Department of Labor (USDOL) no later than 120 calendar days of the filing with AWI. In cases where a decision has been reached and the party to which such a decision is adversely impacted wishes to appeal to the Secretary, an appeal must be filed within 60 days of the receipt of the decision being appealed. A copy of the appeal must be simultaneously provided to the appropriate USDOL Regional Administrator and the opposing party.
10. The Request for Review/Appeal must be submitted by certified mail, return receipt to: Secretary, U.S. Department of Labor, Washington, D.C. 20210, Attention ASET.

IV. RETALIATION PROHIBITED:

No person or agency may discharge, or in any other manner discriminate or retaliate against any person, or deny any person a benefit to which that person is entitled under the provisions or the Act or the regulations because such person has filed any complaint, instituted or caused to institute any proceedings under or related to the Act has testified or is about to testify in any such proceedings or investigation or has provided information or assisted in an investigation.

As a participating employer City of Key West (Employer Name) under contract with the Career Center Operator, I certify that I have read the above statement and understand my responsibilities as enumerated in this statement. I further certify that a copy of this statement has been provided to me and that each employee will be provided a copy of these procedures.

Jim Scholl



Employer's Name and Signature

6/8/2017

Date

As a representative the Service Provider funded by SFW, I verify that the above-signed employer read the above statement of the WIA grievance/complaint procedures and indicated an understanding of the procedures.



Service Provider Representative's Name and Signature

6/9/17

Date