

**ALABAMA WORKFORCE DEVELOPMENT SYSTEM**

**Department of Commerce  
Workforce Development Division  
401 Adams Avenue  
Post Office Box 304103  
Montgomery, Alabama 36130-4103**

**December 21, 2021**

**Alabama Workforce Stabilization Human Capital Development Fund Guidelines**

**GOVERNOR'S WORKFORCE INNOVATION DIRECTIVE NO. PY2021-06**

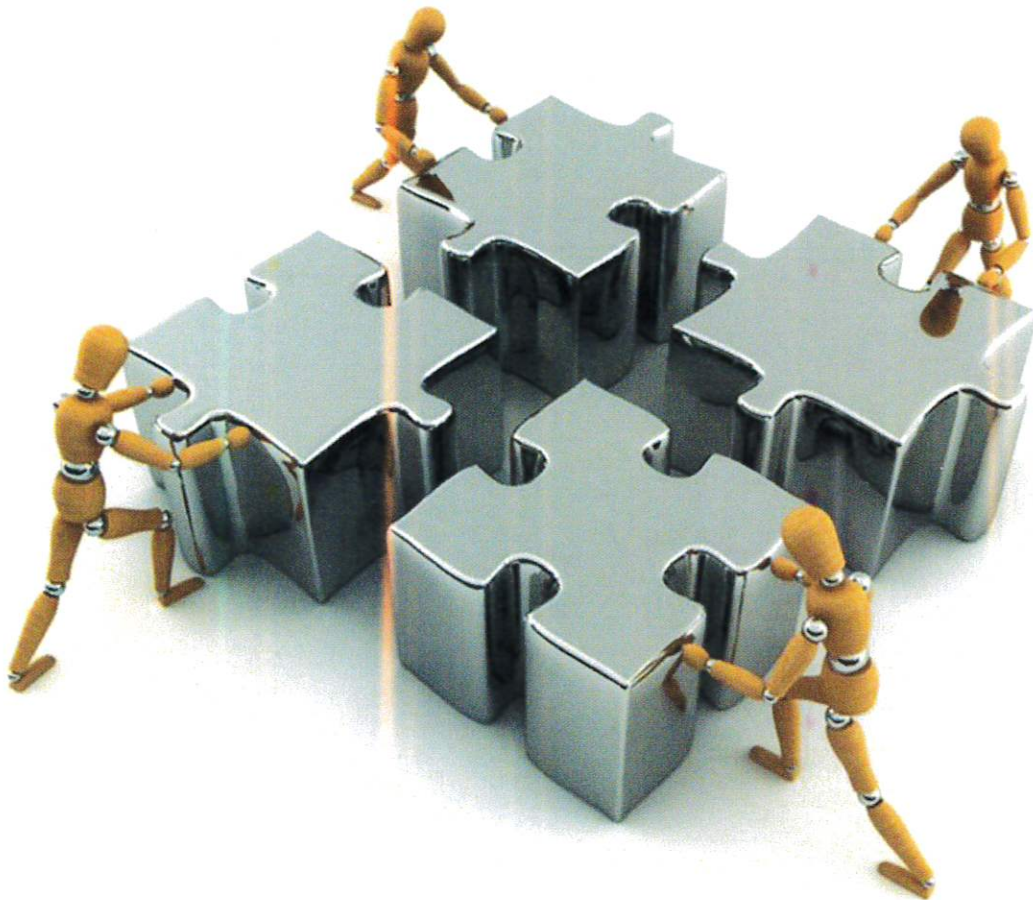
1. Purpose. This directive transmits the State's guidelines for the Alabama Workforce Stabilization Program (AWSP) the Human Capital Development Fund. These are new guidelines for the administration of this program.
2. Discussion. The Human Capital Development Fund (HCDF) is a major component of the AWSP program. The HCDF will provide reimbursement for supportive services needed to complete training and/or attain employment. The guidelines provide the process for an individual to obtain reimbursement. These guidelines are effective October 1, 2021.
3. Action. It is the responsibility of the local workforce development areas to review the attached guidelines. These guidelines will also be posted on the website, [www.wioa-alabama.org](http://www.wioa-alabama.org), under the Governor's Workforce Innovation Directives.
4. Contact. Any questions regarding the AWSP program should be addressed to Terry Comer, Program Manager, at 334.242.5168 or by email at [terry.comer@commerce.alabama.gov](mailto:terry.comer@commerce.alabama.gov). Any questions regarding the HCDF should be addressed to [HCDF@commerce.alabama.gov](mailto:HCDF@commerce.alabama.gov).



Tammy Wilkinson, Division Director  
Workforce Development Division

# Alabama Workforce Stabilization Program

## Human Capital Development Fund Guidelines



Alabama Department of Commerce  
Workforce Development Division

January 2022

# Human Capital Development Fund Guidelines

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## Human Capital Development Fund Guidelines

### General

These guidelines are designed to assist the local One-Stop Operators and Career Center staff in providing supportive services to those who are eligible for and seeking such services. These guidelines are effective January 1, 2022.

#### I. Authority

This project is funded 100% with Federal Funds made available to the State of Alabama Department of Commerce by the U.S. Department of Education as the Grantor and is an Equal Opportunity Employer/Program. In accordance with the Reimagine Workforce Preparation Grant award, the Human Capital Development Fund supportive services is one of the allowable career services for Workforce Innovation and Opportunity Act (WIOA) eligible adults and dislocated workers, who are co-enrolled in the Alabama Workforce Stabilization Program (AWSP).

According to WIOA, to be eligible to receive career services as an adult, an individual must be 18 years of age or older, a U.S. citizen or eligible to work in the U.S. Males 18 years or older born after December 31, 1959, must have registered for Selective Service.

Human Capital Development Fund Supportive Services is provided through the Reimagine Workforce Preparation Grant funding for participants in need of supportive services and assistance to enter and complete training and accept employment. It is intended to serve those eligible adults and dislocated workers who are unable to obtain the necessary tools, uniforms, transportation assistance, childcare assistance, or other supports needed. At a minimum, the supports should lead to the completion of training and attaining self-sufficient employment. This assistance is not a participant entitlement and will be reviewed on a case by case basis to ensure the supports are reasonable and necessary for training completion and obtaining employment. Career Services will have resulted in the participant entering training, receiving case management services that will assist the participant in completing the training and attaining employment. This Human Capital Development Fund will not pay for relocation assistance. The WIOA eligible participant may be able to apply to the WIOA Relocation Assistance Project for relocation needs.

The participant must be eligible and enrolled in the Alabama Workforce Stabilization Program and WIOA and enrolled in training services. Services should be recorded in the AlabamaWorks case management system. Individuals should be encouraged to seek assistance from other sources (such as community-based organizations) before applying for the Human Capital Development Fund assistance. The maximum assistance allowance for an individual is \$500 from this fund.

The Fund will not pay any third-party entities for supportive services. The program participant will be reimbursed after applying and providing receipts and documentation to support their request.

## II. Qualifications

To qualify for this supportive services assistance, the participant must meet all of the following criteria. Written documentation must be maintained and submitted by the enrolling agency:

Must be eligible for WIOA Title I – funded Adult and Dislocated Worker services and be enrolled in the Alabama Workforce Stabilization Program as evidenced by registration in the AlabamaWorks system and receipt of services from the Wagner-Peyser and WIOA programs.

Participant is participating in occupational skills training and is in need of the necessary tools or supportive services to continue and complete the training program. This program will also provide the required tools or needed supports in order to retain the employment. Documentation will be required to support the request. A service must be entered into the AlabamaWorks system to reflect the requested supports.

## III. Assistance Request

The Career Center staff will submit the request form for assistance, (*Attachment B*) that will be accompanied by documentation of need. Documentation should also include enrollment in the training program or verification of employment.

There is no standard form for documentation of need since each individual situation will vary.

Examples of documentation include:

- a syllabus/curriculum from a trainer listing tools or other training materials necessary to complete the course;

- an email or letter from an employer that employees must obtain certain tools or uniforms to secure employment or remain employed; and
- a signed statement from a participant stating a need for assistance with transportation costs; in which an estimate of the cost should be included in the documentation.

A participant may request assistance multiple times according to their needs until the \$500 maximum is met, but only one request will be accepted each month per participant.

Every effort will be made to provide an approval or disapproval of the request within ten (10) working days of submission of the request. A written response will be provided by email to the Career Center staff person.

#### IV. Payment Authorization

Once the participant has been determined eligible for the program and the assistance request has been approved, the following forms should be submitted to the Alabama Department of Commerce, Workforce Development Division, State Programs section for the participant to receive reimbursement:

- Subrecipient's Invoice Form (Attachment C)
- Documentation of payment for tools, uniforms, or supportive services
- Federal W-9 Taxpayer Identification Number and Certification Form for the first request. The most current version of this form can be found at [www.irs.gov](http://www.irs.gov).

Reimbursement will be mailed directly to the participant at the address listed on the forms. Electronic signatures are acceptable.

Forms can be scanned and emailed to [HCDF@commerce.alabama.gov](mailto:HCDF@commerce.alabama.gov). Please include "AWSP Supportive Services" in the subject line.

### General WIOA Eligibility Criteria for All Applicants

- **Citizenship/Eligible Non-Citizen** (U.S. national, lawfully admitted permanent resident alien or other immigrant authorized by the Department of Homeland Security to work in the U.S.) Identity and Employment Authorization must be verified.
- **Age/Date of Birth**
- **Selective Service Registration** – Males, age 18 through 25, must register with the Selective Service System. Register at the Selective Service website: [www.sss.gov](http://www.sss.gov).

### ADULTS

- Must meet the general eligibility criteria **and**
- Is an individual who is 18 years of age or older.

\* NOTE: WIOA eligible Adults must meet income criteria to receive training services. Income criteria may vary by local area.

### DISLOCATED WORKER (There are **five** categories of Dislocated Worker)

All categories (A-E) must meet the general eligibility criteria **and** is an individual who:

- A.** has been laid off, or who has received a notice of lay off from employment;  
is eligible for or has exhausted entitlement to unemployment compensation; **or**  
has been employed for a duration sufficient to demonstrate an attachment to the workforce but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer not covered by the state unemployment compensation law **and**  
is unlikely to return to previous industry or occupation.

**B.** has been laid off, or has received a notice of layoff from employment as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise;

is employed at a facility where the employer has made a general announcement that such facility will close within 180 days; **or**

for purposes of eligibility to receive services other than training services in Section 134(c)(3), career services described in section 134(c)(2), or supportive services, is employed at a facility at which the employer has made a general announcement that such facility will close.

**C.** was **self-employed** (including employment as a farmer, a rancher, or a fisherman) but is presently unemployed as a result of general economic conditions in the community where the individual resides or because of natural disasters.

**D.** is a **displaced homemaker** which means an individual who has been providing unpaid services to family members in the home and who:

1) has been dependent on the income of another family member but is no longer supported by that income; **or**

2) is the dependent spouse of a member of the Armed Forces on active duty **and** whose family income is significantly reduced because of deployment;

a call or order to active duty,

a permanent change of station, **or**

the service-connected death or disability of the member **and**

is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

**E.** is the **spouse of a member of the Armed Forces on active duty** (as defined in section 101(d)(1) of title 10, United States Code \*), and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member; **or**

is the spouse of a member of the Armed Forces on active duty and who is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.



HUMAN CAPITAL DEVELOPMENT FUND (HCDF) ASSISTANCE  
REQUEST FORM  
Alabama Workforce Stabilization Grant

DATE \_\_\_\_\_

PROJECT NUMBER \_\_\_\_\_

SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_

Person Receiving Assistance

**ENROLLING AGENCY:**

I hereby certify that this participant meets the criteria listed below and that written documentation is being submitted to verify each eligibility criterion:

1. Meets all WIOA Title I Dislocated Worker or Adult eligibility criteria as documented in Attachment A of the HCDF Guidelines. Participant is enrolled in the Alabama Workforce Stabilization Program and has received services from the Wagner-Peyser and WIOA Programs as shown in AlabamaWorks!
2. Documentation of participation in occupational skills training or employment.
3. Documentation of need for necessary tools, uniforms, transportation assistance, childcare assistance or other supports needed.

SIGNED \_\_\_\_\_

Enrolling Agency Representative

Career Center

Date

APPROVAL \_\_\_\_\_

Division Director, WDD

Date

UPON APPROVAL, AN APPROVED COPY WILL BE RETURNED  
TO THE ENROLLING AGENCY WITH PROJECT NUMBER

**SUB-RECIPIENT'S INVOICE**

**Attachment C**

<b>1. Name and Address of Sub-recipient</b>		<b>3. Agreement No.</b>	
		<b>4. Invoice No.</b>	
		<b>2. Fed. I.D.#</b>	<b>5. Reporting Period of Invoice</b>
<b>6. Agreement Amount</b>	<b>7. Total Cash Requested through Previous Invoice</b>		<b>8. Balance Available</b>
			\$ -
			<b>Total Program Cost</b>
<b>9. Total Expenditures of Prior Periods</b>			\$ -
<b>10. Actual Expenditures This Period</b>			\$ -
<b>11. Total Expenditures To Date</b>			\$ -
<b>12. Total Cash Requested through Previous Invoice</b>			\$ -
<b>13. Amount Requested</b>			
<p>I HEREBY CERTIFY THAT (a) the Workforce Development Division has not been billed for the services covered by this invoice; (b) funds have not been received from the said WDD or expended for such services under any other agreement or grant; (c) the amount(s) claimed by this invoice constitute(s) allowable costs/expenditures under the terms of the agreement or grant; (d) all amounts for Federal Income, Unemployment, and FICA Taxes due through the end of the preceding quarter have been paid and; (e) that subcontractors have furnished evidence of attaining an Employer Identification (EI) number and are complying with applicable tax laws. Any advance of federal funds drawn down by either advance or a working capital advance and not disbursed with thirty days from the date of the advance must be refunded to the funding agency (State Policy).</p> <p align="center"><b>Please use blue ink to sign.</b></p>			
<b>14. Sub-recipient's Authorized Signature (Blue Ink Required)</b>		<b>15. Title</b>	<b>16. Date</b>
<b>17. Contact Person</b>		<b>18. Title</b>	<b>19. Telephone No.</b>

\_\_\_\_\_  
Workforce Development Division/Date

\_\_\_\_\_  
Administrative Division/Date

SUBMIT IN DUPLICATE TO:

Accounting Use Only:

Alabama Department of Commerce  
 Workforce Development Division  
 State Programs and Divisional Budget Mgt Section  
 Post Office Box 304103  
 Montgomery, Alabama 36130-4103

Warrant No. \_\_\_\_\_  
 Warrant Date \_\_\_\_\_  
 Voucher No. \_\_\_\_\_

Posted to Computer:  
 Initials: \_\_\_\_\_  
 Date: \_\_\_\_\_