



ALEXANDRIA | ARLINGTON REGION

**Alexandria/Arlington Regional Workforce Council  
Executive Committee Meeting Agenda  
December 3, 2021  
8:30 am to 9:30 am  
Via MS Teams**

<b>Welcome Message</b>	<i>Alberto Marino</i>
<b>Review December Meeting Agenda</b>	<i>David Remick</i>
<b>Review &amp; Approve Consent Agenda Package</b>	<i>David Remick</i>
<b>Adjourn</b>	<i>Alberto Marino</i>

**UPCOMING MEETINGS**

<b>Meeting</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>
Regional Workforce Council Meeting	December 16, 2021	8:30am – 9:30am	MS Teams
One-Stop Operations Committee Meeting	December 16, 2021	9:30am – 10:30am	MS Teams
Executive Committee Meeting	April 8, 2022	8:30am – 9:30am	MS Teams
Regional Workforce Council Meeting	April 21, 2022	8:30am – 9:30am	MS Teams
One-Stop Operations Committee Meeting	April 21, 2022	9:30am – 10:30am	MS Teams
Executive Committee Meeting	June 10, 2022	8:30am – 9:30am	MS Teams
Regional Workforce Council Meeting	June 23, 2022	8:30am – 9:30am	MS Teams
One-Stop Operations Committee Meeting	June 23, 2022	9:30am – 10:30am	MS Teams



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**Alexandria/Arlington Regional Workforce Council  
Quarterly Meeting  
Agenda**

**December 16, 2021  
8:30 am to 9:30 am**

**Via MS Teams**

<b>Welcome Message</b>	<i>Alberto Marino</i>
<b>Consent Agenda &amp; WIOA 101</b>	<i>David Remick</i>
<b>Regional Labor Market Update</b>	<i>Tucker Plumlee</i>
<b>Economic Development/Workforce System Updates</b>	<i>System Partners</i>
<b>Public Comment Period</b>	<i>David Remick</i>
<b>Adjourn</b>	<i>Alberto Marino</i>

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REGIONAL WORKFORCE COUNCIL

### **Consent Agenda Notes**

- September 23, 2021 Meeting Minutes – Recommendation: Approval
- December 3, 2021 Executive Committee Meeting Minutes – Recommendation: Approval
- One-Stop Operator Quarterly Report – For Your Information Only

## **Consent Agenda Begins**

## **September 23, 2021 Meeting Minutes**



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**Alexandria/Arlington Regional Workforce Council  
Quarterly Meeting Minutes  
September 23, 2021  
8:30 am to 9:30 am  
Virtual Meeting via MS Teams**

**Rollcall:**

Kate	Bates	Present
Lisa	Bauer	Present
Joel	Bernstein	Proxy
Patrick	Brennan	Present
Karen	Brown	Proxy
Dottie	Brown	Present
John	Burczak	Present
Stacey	Butler	Absent
Dennis	Desmond	Present
Twanita	Dozier	Absent
James	Egenrieder	Present
John	Gallagher	Absent
Lesa	Gilbert	Proxy
Daniel	Gomez	Present
Annette	Haggray	Absent
Ellen	Harpel	Present
Tricia	Jacobs	Present
Alberto	Marino	Present
Kris	Martini	Proxy
Erik	Pages	Present
Catherine	Pasqualoni	Present
Kiersten	Portlock	Absent
Cynthia	Richmond	Present
Sean	Steele	Present
Brian	Stout	Absent
Fernando	Torrez	Present
Ryan	Touhill	Present
Jennifer	Van Buren	Present
Monica	West	Present
Ricardo	Wright	Present

Staff: Alamelu Dev, Daniel Mekibib, David Remick



ALEXANDRIA | ARLINGTON REGION

Meeting commenced at 8:30 am.

- Alberto Mario (Chair) and Ellen Harpel (Vice Chair) were unanimously elected to two-year leadership terms.
- The September 23, 2021 Consent Agenda was unanimously approved.
- Tucker Plumlee of Northern Virginia Community College provided a regional labor market update.
- Economic and Workforce Development Partners provided updates.

The meeting adjourned at 9:30 a.m.

## **December 3, 2021 Executive Committee Meeting Minutes**



**One-Stop Operator Quarterly Report**

## **December 3, 2021 Executive Committee Meeting Minutes**

## Incumbent Worker Training Program

Local Workforce Innovation and Opportunity Act (WIOA) funds can be made available through a process designed to assist Alexandria City and Arlington County businesses, which could include a single firm or a group of firms that share similar workforce needs, using a sector strategy approach to meet the skills training needs of their incumbent workforce.

### Employer Eligibility

- Private for profit or non-profit businesses operating in Virginia for entire twelve-month period prior to application date;
- Current on all Virginia tax obligations;
- Proposing training for employees in a Virginia facility;
- Demonstration of linkages of the training activity to demand occupations and/or regionally targeted industries;
- The positive relationship of the training to the competitiveness of a participant and the employer;
- The relative wage and benefit levels of those employees (pre-training and anticipated upon completion of the training);
- The potential state, regional, and local economic impact, if any, of the training project.
- A non-eligible employer is a business with a history of failing to provide WIOA participants with continued employment or/and a recently relocated business that has resulted in employee separations.

### Incumbent Worker Employee Eligibility

All employees participating in incumbent worker training must meet the eligibility below. An incumbent worker is:

- At least 18 years of age;
- A citizen of the United States or a non-citizen whose status permits employment in the United States;
- Males born on or after January 1, 1960 must register with the selective service system within 30 days after their 18th birthday or at least before they reach the age of 26;
- Must be a full-time employee of the participating employer for at least 6 months;
- Needs skills upgrading or retraining, completion of GED or High School Degree, basic skills upgrade, to retain or be successful in current employment;
- An employee to be trained that works at a facility located in Virginia or working for a staffing agency and placed at a Virginia facility.

### Grant Availability

Applications will be accepted as funds become available. All applications will be approved during quarterly Alexandria/Arlington Regional Workforce Council Meetings. Employers participating in the program are required to pay for a share of the training cost. The employer's share shall not be less than:

- 10 percent of the cost, for employers with not more than 50 employees;
- 25 percent of the cost, for employers with more than 50 employees but not more than 100 employees; and
- 50 percent of the cost, for employers with more than 100 employees.

Process

- Employer completes Incumbent Worker Application, including quote for services from Northern Virginia Community College or other training provider, Employee Participation Spreadsheet, W-9 Form, and Supplier Form. The employer must also provide a copy of their business license, DUNS number, and copies of the participating employees' Driver's License, Social Security Card, and Selective Service Card. A copy of an employee's I-9 Form can be used as a substitute for their Social Security Card and Driver's License. All completed forms and documents should be submitted to [dremick@arlingtonva.us](mailto:dremick@arlingtonva.us).
- Applications are then presented during quarterly Alexandria/Arlington Regional Workforce Council Meetings for review and approval.
- Upon approval, a contract and purchase order will be provided to the employer for signature. Once signed, the employer may enter into agreement with the training provider for the training services. The employer pays 100% of the cost of the training services. All training includes course work, course materials, and credential testing.
- Once the employees have received their certifications, the employer can submit the invoice for reimbursement for a portion of the actual training expenses (50% - 90%) to [dremick@arlingtonva.us](mailto:dremick@arlingtonva.us). The invoice must reference the contract and purchase order as well as include copies of the employees' certification. Please note, the Council will not reimburse employers for employees who do not complete the training and/or fail to pass the certification test.
- Employer will be reimbursed 30 days after final paperwork is successfully submitted.
- The Council will check-in with employer every quarter for a year after the employees earn their certifications to determine if they a) are still employed with the company, b) have been promoted, and c) have earned a raise.



ALEXANDRIA/ARLINGTON  
REGIONAL WORKFORCE COUNCIL

## Incumbent Worker Training Program

### Funding Application

#### GENERAL INFORMATION

Please check the industry that your company falls under:

- Healthcare
- Manufacturing
- Construction/Trades
- Transportation & Warehousing
- Financial Services
- Food & Beverage Manufacturing
- Life Sciences
- Information Technology
- Other: \_\_\_\_\_

**Company Name:** Infolock Technologies

**Physical Address:** 2900 S Quincy Street Suite 330

**City:** Arlington **State:** VA **Zip:** 22206

**County:**  City of Alexandria  Arlington County  
 Other: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
*(if different)*

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent or Corporate Name (if applicable – as listed on IRS W-9 Form):** \_\_\_\_\_

**Address**  
\_\_\_\_\_  
\_\_\_\_\_

**Company Contact:** Jill Speisman **Title:** Director, HR

**Phone:** 202-745-3372 **Email:** jspeisman@infolock.com

**Federal I.D. Number:** 73-1724401 **Date Established:** 2005

**Number of Full-Time Workers:** 42 **Number of Part-Time Workers:** n/a



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REGIONAL WORKFORCE COUNCIL

**Tax Status of Business:**  For-Profit  Not-For-Profit (Designation)  
 Other: \_\_\_\_\_

**Legal Structure of Business:**  Sole Proprietor  Partnership  
 Limited Liability Company  Corporation

**Is your company current on all Federal, State of Virginia, County, City and Local Tax Obligations?**  Yes  No

**Is your company receiving and/or applying for other public training funds?**  Yes  No

**If yes, explain:** \_\_\_\_\_

**Does your company have an equal opportunity/non-discrimination policy in place?**  Yes  No

**Is your company subject to a collective bargaining agreement?**  Yes  No

*If yes, and if union represented employees will be participating in the training activities of this program, it is required that consent be obtained from the representing union to collect the eligibility data from the employees PRIOR to funding approval.*

**This company is (check all applicable):**  Native-American Owned  Asian-American Owned  
 African-American Owned  Woman Owned  
 Hispanic-American Owned

**Please provide a brief description of your business, product(s), and/or service(s):**

Infolock is a data security consulting firm. We provide services to customers as well as resell software.

### **NEEDS IDENTIFICATION**

**Indicate which challenge(s) your company/organization is currently facing that potential training would address.**

*(Check all that apply; at least one must be identified for funding consideration)*

- Declining sales
- Supply chain issues
- Adverse industry market trends
- Changes in management behavior or ownership
- Phasing out certain functions, introducing new functions/lines that require worker retraining
- Required skill changes that would otherwise result in downsizing and layoffs if not addressed
- New technology and/or equipment implementation that increase economic competitiveness
- Creation of new employment opportunities that require advance skills and knowledge
- Other: \_\_\_\_\_



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REGIONAL WORKFORCE COUNCIL

**Please describe the challenges that would be addressed by the proposed training.**

Our staff is learning a new technology that will be necessary for our employees to know in order for us to expand our product offerings to customers and sell more software and services.

**How will this training make the employees more competitive in this economy and/or retain their employment?**

These trainings will help booster the skills set of employees making them eligible for promotions, cross-departmental job changes, and pay increases making them more likely to stay with the company.

**How will this training make your company/organization more competitive in this economy?**

Infolock will be able to sell more Microsoft product, as well as manage those products for customers. The attainment of the industry certifications will make our staff more knowledgeable of these cybersecurity aspects, and will be more prepared to address our customer's needs.

**What is the potential for wage increases at the completion of training and/or within one year of training?**

There is a high probability all participants will receive a promotion and/or pay raise within one year of completing training.

**TRAINING INFORMATION**

*Please describe the training needed for your employees.*

**PLEASE ATTACH QUOTE SHEET DETAILING REQUESTED TRAINING PROGRAM**

**Provider Name:** \_\_\_\_\_

**Provider Status:**  Public Training Institution  Private Training Institution  
 Company Instructor  Community College

**Provider Contact:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_



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REGIONAL WORKFORCE COUNCIL

Curriculum Name: \_\_\_\_\_

Total Training Hours: \_\_\_\_\_

Proposed Training Start Date: \_\_\_\_\_ Anticipated Training End Date: \_\_\_\_\_

# of Employees to be Trained: \_\_\_\_\_

Training will be delivered:  On-site at the Business  At the Training Institution  
 At a Remote Location  Other: \_\_\_\_\_

Will employees be paid for the time they attend training?  Yes  No

Is this training for current employees or new employees?  Current  New

Will employees receive an industry recognized credential at the end of training?  Yes  No

**FUNDING REQUEST**

*This section must be completed to show use of proposed training funds.*

Tuition Costs: \$ 4,041 \_\_\_\_\_

Textbooks: \$ \_\_\_\_\_

Certification Fees: \$ 905 \_\_\_\_\_

TOTAL COST \$ 4,946 \_\_\_\_\_

SHARE OF COST PROVIDED BY WIOA \$ 4,451.40 \_\_\_\_\_

**SIGNATURE AND CERTIFICATION**

*By my signature, I verify the information in this application is accurate to the best of my knowledge and I have the authority to submit this application on behalf of the named employer.*

Signature: Jill Speisman Date: 11/16/2021

Printed Name: Jill Speisman

Email Address: jspeisman@infolock.com

Phone Number: 202-745-3372



Provider Name	Provider Status	Provider Contact	Physical Address	City	State	Zip	Curriculum Name	Total Training Hours	Proposed Training Start	Anticipated Training End	# of employees	Training will be delivered
ISC2	Private Training Institution	<a href="https://www.isc2.org/Certifications/CISSP">https://www.isc2.org/Certifications/CISSP</a>	311 Park Place Blvd Suite 400	Clearwater	FL	33759	CISSP – Certified Information Systems Security Professional	60 hours	Jan-22	Mar-22	1	At a remote location
CompTIA	Private Training Institution	<a href="https://www.comptia.org/certifications/security">https://www.comptia.org/certifications/security</a>	3500 Lacey Rd, Suite 100	Downers Grove	IL	60515	CompTIA Security+	40 hours	Jan-22	Mar-22	2	At a remote location
Microsoft	Private Training Institution	<a href="https://docs.microsoft.com/en-us/learn/certifications/exams/sc-400">https://docs.microsoft.com/en-us/learn/certifications/exams/sc-400</a>					SC-400 - Microsoft Information Protection Administrator	30 hours	Jan-22	Mar-22	1	At a remote location

## **Consent Agenda Begins**