



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex

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Donald L. Carcieri  
Governor  
Sandra M. Powell  
Director

## WORKFORCE INVESTMENT NOTICE: 10-05

**TO:** WORKFORCE INVESTMENT AREAS

**FROM:** David Tremblay, Acting Administrator - Workforce Investment Office

**SUBJECT:** Local Plan Modification

**DATE:** September 28, 2010

**Purpose:** To provide guidance to the local Areas in the preparation of the Program Year 2010 / Fiscal Year 2011 Budget and Service Level Plans

**Background:** The Governor must establish procedures governing the modification of local plans. Situations in which modifications may be required by the Governor include significant changes in local economic conditions, changes in the financing available to support WIA title I and partner-provided WIA services, changes in programs delivery strategies, changes to the Local Board structure (Inc. Committee Structures) , or a need to revise strategies to meet performance goals. **{Regs. Sec. 661.355}**

**References:** Workforce Investment Act; WIA final Regulations dated August 11, 2000; Training and Employment Guidance Letter (TEGL) 17-05; TEGL 14-08; Workforce Investment Notices # 09-16; 09-17 and 09-22.

**Discussion:** The attached charts and procedures will allow the Local Areas to prepare the changes for Program Year 2010. Charts provided are Budget Summaries and Participant Service Levels for Adult, Dislocated Worker and Youth Programs and a Performance Level chart. A Question and Answer Sheet has been included that identifies the major areas for which updated information may have to be provided.

The Local Area should include a fairly detailed Executive Summary of the planned activities as part of the modification package. Changes in governance structure or program design should be noted and explained in the modification. Prior to an anticipated scheduled meeting of the State Workforce Investment Board, the SWIO will forward the Executive Summary to the members in lieu of the entire Modification package.

**Action:** Upon receipt, Locals should begin preparing the Adult, Youth and Dislocated Worker modification for Program Year 2010.

**Inquiries:** Questions concerning this subject may be directed to [Mavis McGetrick](#) at 462-8791 or [Bob Garofano](#) at 462-8149.

## PLAN MODIFICATION FORMAT AND PROCEDURES

### I. LOCAL PLAN MODIFICATION SUBMISSION

Section 661.355 of the Workforce Investment Act (WIA) requires the Local Workforce Investment Board of each Local Workforce Investment Area to submit a modification to its local plan when certain conditions exist.

These formats and procedures will provide Local Areas the opportunity to modify and submit Plan Modifications for the new PY 2010 availability.

Local areas are requested to adhere to the following procedures when submitting their local plans:

- Organize the modification by sections in the following order:
  - Cover page
  - Executive Summary
  - Q & A
  - Performance Levels for PY2010
  - Budget Summaries; Adult, DW, Youth **for both formula and Recovery Act funds**
  - Participant Service Levels; Adult, DW, Youth
- Pages of original and copies should be stapled in the top left corner
- Type text with a font size of 12

Two copies of the modification, with both copies having original signatures, must be submitted no later than **November 1, 2008**.

The modification should be clearly identified and submitted to the following address:

Sandra M. Powell  
Director/WIA Liaison  
Department of Labor & Training  
1511 Pontiac Ave.  
Cranston, RI 02920

In addition, the modification document should be e-mailed to [Mavis McGetrick](#) by November 1, 2010.

## **II. PLAN DEVELOPMENT PROCESS**

Plan Modifications must be submitted in accordance with these instructions.

The plan development process will be completed under the guidance of the Local Workforce Investment Board with subsequent review and approval.

## **III. LOCAL PLAN MODIFICATION APPROVAL PROCESS**

The State will begin reviewing draft Modifications upon receipt in an effort to assist those areas that may have any difficulties in the preparation of the Modification. Technical assistance will be provided to all local areas upon request.

Final Plan Modifications submitted to the State will be presented to the Governor's Workforce Board, acting in its capacity as the State Workforce Investment Board, for review and approval.

#### IV. MODIFICATION CONTENT

1. **[Ref. WIA Sec. 118(b)(1)(B)]** Have the current and projected employment opportunities in the local area changed from the previous plan?  
 YES  NO Describe if yes.
2. **[Ref. WIA Sec. 118(b)(1)(C)]** Have the job skills necessary to obtain such employment opportunities changed from the previous plan?  
 YES  NO Describe if yes.
3. **[Ref. WIA Sec. 118(b)(2)]** Has the one-stop delivery system designated in the local area changed?  
 YES  NO Describe if yes.
4. **[Ref. WIA Sec. 118(b)(2)(B)]** Are all memoranda of understanding signed between the local board and each of the one-stop partners.  
 YES  NO Describe if no.
5. **[Ref. WIA Sec. 118 (b)(4)]** Have the type and availability of adult and dislocated worker employment and training activities in the local area changed from the previous plan?  
 YES  NO Describe if yes.
6. **[Ref. WIA Sec. 134(d)(4)(G)(ii), Regs. Sec. 663.430]** Has the local Individual Training Account (ITA) system and the procedures for ensuring that exceptions to the use of ITAs changed from the previous plan?  
 YES  NO Describe if yes.
7. **[Ref. WIA Sec. 134 (d)(4)(G)]** Has the process to procure contracts for training services, if exceptions to the ITA process are made, changed from the previous? Specifically, note OJTs and Customized Training.  
 YES  NO Describe if yes.
8. **[Ref. WIA Sec. 118 (b)(6)]** Has the type and availability of youth activities in the local area changed from the previous plan?  
 YES  NO Describe if yes.

9. **[Ref. WIA Sec. 117(d)(3)(B)(i)(III), 118(b)(8)]** Has the fiscal agent responsible for the disbursement of grant funds changed from the entity identified in the previous plan?  
 YES  NO Describe if yes.
10. **[Ref. WIA Sec.118 (b)(9)]** Has the competitive process used to award the grants and contracts for activities carried out under this plan changed from the previous plan?  
 YES  NO Describe if yes.
11. **[Ref. WIA Sec. 134(d)(4)(E) Regs. 663.600, 661.350(a)(11)]** Are funds allocated to the local area for adult employment and training activities limited and are the priorities the same as projected previous?  
 YES  NO Describe if no.

## **V. ASSURANCES**

1) The Local Workforce Investment Board, including the chief elected official of the area, and providers receiving funds under Title I of the WIA, will all maintain fiscal controls and fund accounting procedures to ensure the proper disbursement of, and accounting for all funds received through the Workforce Investment Act.

2) The Local Workforce Investment Board will assure that it shall keep records that are sufficient to permit the preparation of reports required by the Act and shall maintain such records, including standardized records for all individual participants, and submit such reports as the State may require.

3) The Local Workforce Investment Board assures that it will collect and maintain data necessary to show compliance with the nondiscrimination provisions of the Act. The Board assures compliance with Section 504 of the Rehabilitation Act of 1973 and the American's with Disabilities Act of 1990.

4) The Local Workforce Investment Board assures that funds will be spent in accordance with the Workforce Investment Act, regulations, written Department of Labor guidance, State guidance, and all other applicable Federal and State laws.

5) The Local Workforce Investment Board assures that veterans will be afforded employment and training activities authorized in the Workforce Investment Act in compliance with the Jobs for Veterans Act.

6) The Local Workforce Investment Board assures that no funds received under WIA will be used to assist, promote, or deter union organizing.

7) The Local Workforce Investment Board assures that it developed this plan in consultation with the business community, labor organizations, and required partners.

8) Local Workforce Investment Board will assure it will comply with any grant procedures prescribed by the Secretary which are necessary to enter into contracts for the use of funds under WIA; including, but not limited to the following:

**General Administrative Requirements**

29 CFR part 97(OMB Circular A-102) --Uniform Administrative Requirements for State and Local Governments (as amended by the Act)

29 CFR part 95 (OMB Circular A-110) as applicable -- Uniform Administrative Requirements for Institutions of Higher Education

**Audit Regulations and Requirements**

29 CFR part 96 (as amended by OMB Circular A-133) -Single Audit Act;

29 CFR part 99 (OMB Circular A-133) Audit Requirements for recipients of Federal Financial Assistance

**Cost Principles**

OMB Circular A-87 -- (as amended by the Act), Cost Principles for State, Local, and Indian Tribal Governments

OMB Circular A-122 and A-22 Cost Principles for Non-Profit Organizations as applicable.

**Assurances and Certifications**

SF 424 B – Assurances for Nonconstruction Programs;

29 CFR part 31, 32 – Nondiscrimination and Equal Opportunity Assurance (and Regulation);

**Miscellaneous Provisions**

CFR part 93 – Certification Regarding Lobbying (and Regulation);

29-CFR part 98 –Drug Free Workplace and Debarment and suspension;

Certifications (and regulation)

**VI. SIGNATURE PAGE**

This Plan Modification is submitted for the period of July 1, 2010 through June 30, 2011 in accordance with the provisions of the Workforce Investment Act. We further certify that we will operate the Workforce Investment Act Program in accordance with this Modification, the previous approved Plan and applicable federal and state laws and regulations.

**Local Board Chair:**

\_\_\_\_\_  
Original Signature                      Name (printed or typed)                      \_\_\_\_\_ Date

**Executive Director**

\_\_\_\_\_  
Original Signature                      Name (printed or typed)                      \_\_\_\_\_ Date

**WORKFORCE INVESTMENT ACT  
CHART OF PERFORMANCE EXPECTATIONS**

<b>PROGRAM GROUP</b>	<b>MEASURE</b>	<b>PERFORMANCE GOALS</b>
		<b>PY 2010</b>
<b>ADULT</b>	<b>Entered Employment Rate</b>	81.5%
	<b>Employment Retention Rate</b>	80.5%
	<b>Average Earnings</b>	\$10,250
	<b>Employment and Credential/Certificate Rate</b>	64.3%
<b>DISLOCATED WORKERS</b>	<b>Entered Employment Rate</b>	84.1%
	<b>Employment Retention Rate</b>	88.1%
	<b>Average Earnings</b>	\$12,716
	<b>Employment and Credential/Certificate Rate</b>	73%
<b>YOUTH AGES 19 - 21</b>	<b>Entered Employment Rate</b>	73.6%
	<b>Employment Retention at Six Months Rate</b>	76.8%
	<b>Earnings Change in Six Months</b>	\$2,550
	<b>Credential/Certificate Rate</b>	56.4%
<b>YOUTH 14 - 18</b>	<b>Skill Attainment Rate</b>	93.8%
	<b>Diploma or Equivalent Attainment Rate</b>	71.7%
	<b>Retention Rate</b>	66.4%
<b>EMPLOYERS</b>	<b>Customer Satisfaction</b>	76%
<b>PARTICIPANTS</b>	<b>Customer Satisfaction</b>	79%

<b>WORKFORCE INVESTMENT ACT</b>  <b>ADULT</b>  <b>BUDGET SUMMARY</b> <b>AND</b> <b>EXPENDITURE PLAN</b>	WIA NAME:	PY2010/FY2011
		MOD.NO.
		DATE:

<b>ADULT ALLOCATION SUMMARY</b>				
		PY2008	FY2009	TOTAL
1	ALLOCATION			
2	TRANSFER - ADULT/DW (+/-)			
3	REALLOCATION (+/-)			
4	CARRY-IN			
5	<b>TOTAL ADJUSTED ALLOCATION</b>			

<b>ADULT BUDGET SUMMARY</b>						
	ALLOCATION	ADMIN.	PROGRAM			
			WIB SUPPORT	ONE STOP	CORE INTENSIVE	TRAINING
PY 2008/FY2009						

<b>ADULT EXPENDITURE PLAN</b>					
		9/30/07	12/31/07	3/31/08	6/30/08
1	ADMIN.				
2	WIB SUPPORT				
3	ONE-STOP				
4	CORE/INTENSIVE				
5	TRAINING				
a	ITA				
b	OJT				
c	CUSTOMIZED				
6	TOTAL				

  

		9/30/08	12/31/08	3/31/09	6/30/09
1	ADMIN.				
2	WIB SUPPORT				
3	ONE-STOP				
4	CORE/INTENSIVE				
5	TRAINING				
a	ITA				
b	OJT				
c	CUSTOMIZED				
6	TOTAL				

<b>WORKFORCE INVESTMENT ACT</b> <b>DISLOCATED WORKER</b> <b>BUDGET SUMMARY</b> <b>AND</b> <b>EXPENDITURE PLAN</b>	<b>WIA NAME</b>	PY2008/FY2009  MOD.NO.  DATE:
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<b>DISLOCATED WORKER ALLOCATION SUMMARY</b>				
		PY2008	FY2009	TOTAL
1	ALLOCATION			
2	TRANSFER - DW/ADULT (+/-)			
3	REALLOCATION (+/-)			
4	SUPPLEMENTAL ALLOCATION			
5	CARRY-IN			
6	<b>TOTAL ADJUSTED ALLOCATION</b>			

<b>DISLOCATED WORKER BUDGET SUMMARY</b>						
	ALLOCATION	ADMIN.	PROGRAM			
			WIB SUPPORT	ONE STOP	CORE INTENSIVE	TRAINING
PY 2008/FY2009						

<b>DISLOCATED WORKER EXPENDITURE PLAN</b>					
		9/30/07	12/31/07	3/31/08	6/30/08
1	ADMIN.				
2	WIB SUPPORT				
3	ONE-STOP				
4	CORE/INTENSIVE				
5	TRAINING				
a	ITA				
b	OJT				
c	CUSTOMIZED				
6	<b>TOTAL</b>				
		9/30/08	12/31/08	3/31/09	6/30/09
1	ADMIN.				
2	WIB SUPPORT				
3	ONE-STOP				
4	CORE/INTENSIVE				
5	TRAINING				
a	ITA				
b	OJT				
c	CUSTOMIZED				
6	<b>TOTAL</b>				

<b>WORKFORCE INVESTMENT ACT</b>  <b>YOUTH</b>  <b>BUDGET SUMMARY</b> <b>AND</b> <b>EXPENDITURE PLAN</b>	<b>WIA NAME</b>	PY2008  MOD.NO.  DATE:
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		PY2008
1	ALLOCATION	
2	REALLOCATION (+/-)	
3	CARRY-IN	
4	<b>TOTAL ADJUSTED ALLOCATION</b>	

<b>YOUTH BUDGET SUMMARY</b>						
	ALLOCATION	ADMIN.	PROGRAM			
			WIB SUPPORT	ONE STOP	CORE INTENSIVE	TRAINING
PY 2008						

<b>YOUTH EXPENDITURE PLAN</b>					
		9/30/07	12/31/07	3/31/08	6/30/08
1	ADMIN.				
2	WIB SUPPORT				
3	ONE-STOP				
4	CORE/INTENSIVE				
5	CONTRACTED SERVICES				
a	IN SCHOOL				
b	OUT OF SCHOOL				
6	TOTAL				
		9/30/08	12/31/08	3/31/09	6/30/09
1	ADMIN.				
2	WIB SUPPORT				
3	ONE-STOP				
4	CORE/INTENSIVE				
5	CONTRACTED SERVICES				
a	IN SCHOOL				
b	OUT OF SCHOOL				
6	TOTAL				



<b>WORKFORCE INVESTMENT ACT</b> <b>ADULT</b> <b>PARTICIPANT</b> <b>SERVICES</b> <b>PLAN</b>	<b>WIA NAME</b>	<b>PY2010</b>  <b>MOD.NO.</b>  <b>DATE:</b>
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<b>ADULT PARTICIPANT SERVICES PLAN</b>					
		<b>9/30/10</b>	<b>12/31/10</b>	<b>3/31/11</b>	<b>6/30/11</b>
<b>1</b>	<b>CORE</b>				
<b>2</b>	<b>INTENSIVE</b>				
<b>3</b>	<b>TRAINING</b>				
<b>a</b>	<b>ITA</b>				
<b>b</b>	<b>OJT</b>				
<b>c</b>	<b>CONTEXTUALIZED</b>				
<b>d</b>	<b>CUSTOMIZED</b>				
<b>4</b>	<b>TOTAL</b>				

<b>WORKFORCE INVESTMENT ACT</b> <b>DISLOCATED WORKER</b> <b>PARTICIPANT</b> <b>SERVICES</b>	<b>WIA NAME</b>	<b>PY2010</b>  <b>MOD.NO.</b>
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PLAN		DATE:
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<b>DISLOCATED WORKER PARTICIPANT SERVICES PLAN</b>					
		9/30/10	12/31/10	3/31/11	6/30/11
1	CORE				
2	INTENSIVE				
3	TRAINING				
a	ITA				
b	OJT				
c	CONTEXTUALIZED				
d	CUSTOMIZED				
4	TOTAL				

<p>WORKFORCE INVESTMENT ACT</p> <p><b>YOUTH</b></p> <p>PARTICIPANT SERVICES PLAN</p>	<p>WIA NAME</p>	<p>PY2010</p> <p>MOD.NO.</p> <p>DATE:</p>
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<b>YOUTH PARTICIPANT SERVICES PLAN</b>					
		9/30/10	12/31/10	3/31/11	6/30/11
1	CONTRACTED SERVICES				
a	IN SCHOOL				
b	OUT OF SCHOOL				
2	TOTAL				