

## Standardization of Tools and Services Waiver Request

**Name of Local Workforce Development Board:**

**Date Of Submission:**

**Contact Person Name:**

**Phone:**

**Email Address:**

Describe existing and alternative tools and services in use, the function(s) performed by the resource(s), and the business/customer groups served by them.

Describe how existing tools, services, or items impact local and/or statewide performance measurement and management.

List assumptions and constraints associated with implementing acquired or developed statewide tool(s).

Describe how existing resources differ in specific, key respects from state-provided resource(s) and why those in use or desired are (un)necessary.

Describe anticipated cost savings, economies of scale, or other fiscal and/or functional efficiencies including estimated local/statewide return on investment.

**BY SIGNING BELOW, THE LOCAL WORKFORCE DEVELOPMENT BOARD EXECUTIVE DIRECTOR CERTIFIES THAT THE LOCAL WORKFORCE DEVELOPMENT BOARD REQUESTS TO OPT OUT OF THE TOOLS AND/OR SERVICES ACQUIRED OR DEVELOPED FOR IMPLEMENTATION STATEWIDE. THE LOCAL WORKFORCE DEVELOPMENT BOARD'S REQUEST INCLUDES DETAILED INFORMATION TO SATISFY THIS REQUEST AS OUTLINED IN ADMINISTRATIVE POLICY TBD.**

**EXECUTIVE DIRECTOR**

**Name:**

**Signature:**

**Date:**