

Request for Subsequent Local Workforce Development Area Designation

Name of Local Workforce Development Area:

Name of Contact Person:

Phone Number:

Title:

Email Address:

Date of Request:

Local workforce development areas that receive an initial designation will be granted a subsequent designation if, for the two most recent program years, the local workforce development area performed successfully and sustained fiscal integrity.

Performed Successfully

The term “Performed Successfully” means the local workforce development area met or exceeded the adjusted levels of performance for primary indicators of performance for the last two consecutive years for which data are available, and the local area has not failed the same individual measure for the last two consecutive program years.

Sustained Fiscal Integrity

The term “Sustained Fiscal Integrity” means that the Secretary of Labor has not made a formal determination, during either of the last two consecutive years preceding the determination regarding such integrity, that either the grant recipient or the administrative entity of the local workforce development area has mis-expended funds provided.

LOCAL AREA LEVELS OF PERFORMANCE

For subsequent designation of local workforce development areas, the local area must include the local negotiated levels of performance and actual levels of performance for the two program years (PY) for which data are available prior to the program year for which designation is requested.

Name of Local Workforce Development Area:				
Measures	Negotiated	Actual	Negotiated	Actual
	PY: _____	PY: _____	PY: _____	PY: _____
Adult				
Employed 2 nd Quarter After Exit				
Median Wages 2 nd Quarter After Exit				
Employed 4 th Quarter After Exit				
Credential Attainment Rate				
Measurable Skill Gains				
Dislocated Worker				
Employed 2 nd Quarter After Exit				
Median Wages 2 nd Quarter After Exit				
Employed 4 th Quarter After Exit				
Credential Attainment Rate				
Measurable Skill Gains				
Youth				
Employed 2 nd Quarter After Exit				
Median Wages 2 nd Quarter After Exit				
Employed 4 th Quarter After Exit				
Credential Attainment Rate				
Measurable Skill Gains				
Wagner-Peyser				
Employed 2 nd Quarter After Exit				
Median Wages 2 nd Quarter After Exit				
Employed 4 th Quarter After Exit				

CERTIFICATION AND APPROVAL OF REQUEST

By signing below, the local workforce board chairperson and chief local elected official certify that the local area has performed successfully and sustained fiscal integrity for subsequent designation of the existing local area.

Local Workforce Development Board Chairperson	
Name:	
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

The completed request and certification page(s) must be submitted to: LWDBGovernance@commerce.fl.gov.