

Mark Sanford  
Governor

**SOUTH CAROLINA**  
DEPARTMENT OF COMMERCE

Joe E. Taylor, Jr.  
Secretary

STATE WIA INSTRUCTION NUMBER: 06-03

TO: Local Workforce Investment Areas  
SUBJECT: PY 2007 Plan Modification Instructions  
ISSUANCE DATE: April 9, 2007  
EFFECTIVE DATE: Immediately  
EXPIRATION DATE: June 30, 2008

#### PURPOSE

The purpose of this issuance is to transmit instructions for the preparation and submission of the Program Year 2007 modifications to the local plan. As has been done in the past, instructions for the negotiation of performance goals will be addressed in a separate issuance.

#### INSTRUCTION

According to Section 117(d)(1) of the Act and 661.300(d) of the Regulations, the Local Board, in partnership with the Chief Elected Officials (CEOs), develops the plan modification. The Local Board takes the lead in plan development. Consequently, the Board reviews, approves and signs the plan modification prior to the CEOs' review, approval and signing.

As outlined in Section 118(c) of the Act and 661.345 of the Regulations, the Local Board must provide an opportunity for public comment on and input into the development of the plan prior to its submission to the State. Plan modifications are subject to the same public review and comment requirements that apply to the original plan. Therefore, local areas must provide an opportunity for public comment on the modification prior to submission to the State.

Please number each page of your plan modification and use a size 12 font or larger. Submit an **original and seven (7) copies** as well as an electronic copy on diskette, CD or by e-mail to your assigned Grants Manager. Please label the original. Include a cover page which displays the name of the local area. List attachments and place at the end of the plan. **Plan modifications must be received in the Workforce Development Division by June 8, 2007.**

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Submit your plan modification and copies to:

SC Department of Commerce  
Workforce Development Division  
1201 Main Street, Suite 1600  
Columbia, SC 29201  
**Attention: (Assigned Grants Manager)**

Staff will review plans for compliance with the Act, Regulations and Instructions and work with LWIAs to remedy any identified deficiencies. Plan modifications will be approved unless it is determined that:

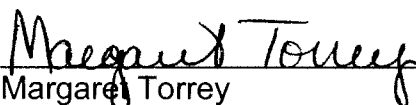
- There are deficiencies identified in local workforce investment activities that have not been sufficiently addressed; or
- The plan modifications do not comply with Title I of WIA and the Regulations.

ACTION

Local Workforce Investment Areas must prepare and submit modifications in accordance with this State WIA Instruction.

INQUIRY

Questions regarding this Instruction should be directed to Ms. Jessie C. Byrd at (803) 737-2670 or [jbyrd@scommerce.com](mailto:jbyrd@scommerce.com) or Ms. Pat Sherlock at (803) 737-2601 or [psherlock@scommerce.com](mailto:psherlock@scommerce.com).

  
Margaret Torrey  
Deputy Secretary  
Workforce Development

MT/jcb

Enclosure- Program Year 2007 LWIA Plan Modifications with Attachments



## **WORKFORCE INVESTMENT ACT**

**Instructions for Program Year 2007 Modification  
to the  
Local Strategic Plan**

# Program Year 2007 LWIA Plan Modification Instructions

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## I. Identifying Information

Workforce Investment Area \_\_\_\_\_

Submission Date \_\_\_\_\_

<b>Name(s) and Title(s) of Chief Elected Official(s)</b>
<b>Mailing Address(es) of Chief Elected Official(s)</b>
<b>Name of Local Workforce Investment Board</b>
<b>Name of WIB Chairperson</b>
<b>Mailing Address of WIB Chairperson</b>
<b>Telephone Number:</b> <b>Facsimile Number:</b> <b>E-mail Address:</b>
<b>Name and Title of Signatory for the Administrative Entity</b>
<b>Mailing Address of Signatory</b>
<b>Telephone Number:</b> <b>Facsimile Number:</b> <b>E-mail Address:</b>

## II. Assessment

- A. Describe the key factors that have shaped the local area's economic environment over the past year. What is the economic outlook for the local area?
- B. Identify the current and projected employment opportunities in your local area and describe the associated job skill requirements.
- C. Describe the job skill and educational characteristics of the workforce in your local area.

## III. Local Area Goals

- A. Evaluate your local area's progress towards reaching its PY 2006 economic and workforce goals. Highlight the local area's major accomplishments during PY 2006. *(Please limit your response to two [2] pages or less.)*
- B. Describe the economic and workforce goals your local area has established for Program Year 2007. *(Please limit your response to one [1] page.)*

## IV. Systems and Programmatic Updates

- A. Provide a listing of the one-stop centers in your local area. Indicate whether these one-stops are comprehensive or satellite centers. Describe any changes in management, configuration or naming of your area's one-stop centers that occurred in PY 2006 or are planned in PY 2007. Include the addition and/or deletion of one-stop centers.
- B. Provide the current status of the Workforce Investment Board (WIB).
  - If your Board is a WIB, complete section A of the Board Composition Form and WIB Membership Form A.
  - If your Board is an alternative entity, complete section B of the Board Composition Form and WIB Membership Form B.
- C. For each current Board vacancy, indicate how long the seat has been vacant, what is being done to fill it and when the vacancy is anticipated to be filled. Specify any special problems you are having in filling the vacancies.
- D. Using the Youth Council Membership Form, provide the current status of the Council.
- E. For each current Youth Council vacancy, indicate how long the seat has been vacant, what is being done to fill it and when the vacancy is anticipated to be filled.

- F. Provide a copy of your local area's **Priority of Service Policy**.
- G. Provide the local area's self-sufficiency definition for adults and dislocated workers and submit the corresponding Self-Sufficiency Guidelines chart(s). Explain the rationale for selecting the percentage of the lower living standard income level (LLSIL) used in the local area's self-sufficiency definition.

**Section 663.230 of the Federal Regulation outlines the minimum criteria that must be used by local boards in establishing their self-sufficiency policies. While the methodology for adults utilizes the lower living standard income level (LLSIL), an exception to this requirement is included for dislocated workers. For this customer group, self-sufficiency may be defined in relation to a percentage of the lay-off wage (this approach is recommended).**

- H. Provide the definition and method of documentation for the sixth youth eligibility criterion in your local area.
- I. Up to five percent of youth may be individuals who do not meet the minimum income criterion to be considered an eligible youth, but who face serious barriers to employment. Provide the local area's list of additional barriers for youth.
- J. Describe the measures taken by your local area to ensure that eligible individuals who receive significant staff-assisted services will be registered.
- K. Describe the process that will be used to procure and award PY 2007 youth program contracts/grant.
- L. Describe the area's services to eligible youth, including those most in need. Include a breakdown of the mix of services between in-school and out-of-school youth.
- M. Describe any significant changes in services to adults and/or dislocated workers in your area.
- N. Describe how the local area ensures that services are provided promptly and efficiently to non-English speaking customers.
- O. Describe any faith-based activities your local area is involved in, including coordination and collaboration efforts.
- P. Describe any changes in the WIB's strategy for better alignment and increased coordination and collaboration between the local workforce investment area and economic development.

Q. Describe any changes in your area's plans to further enhance service integration and create a more seamless delivery system.

R. Describe any changes in your area's services to employers.

## V. Waivers

**In Items A-C, please address waivers granted to the state as they relate to specific programs, customized training, OJT, and IWT.**

A. Discuss how your local area has marketed and implemented a viable customized training initiative. How are the customized training needs of employers being identified? How has the approval of the customized training waiver impacted employers and customers seeking training?

B. How has the 75% OJT reimbursement for small businesses enhanced your area's OJT program? Identify and specify occupational areas or types of employers that will be targeted for OJT participation in PY 2007.

C. A waiver was granted to permit local areas to request the use of up to ten percent of local area formula funds for adults and dislocated workers to support incumbent worker training programs. If a percentage of the area's formula funds for adults and/or dislocated workers will be used for such training, please indicate the percentage; explain the rationale and the impact on the funding streams.

## VI. Fund Transfers

The state was granted a waiver to increase transfer authority of local boards from the current twenty percent (20%) to fifty percent (50%) for Adult and Dislocated Worker funds. If such a transfer is planned for PY 2007, indicate it here. Indicate the amount of the transfer in dollars and as a percentage of the Program Year 2007 allocation. Explain the rationale and indicate the impact of the transfer to both titles.

**NOTE: As per State Instruction 03-04, Local Boards requesting transfers here must submit the Fund Transfer Request Form to the Workforce Development Division after October 1.**

**NOTE: If the Local Board does not request a transfer of PY 2007 funds in this plan modification, but later decides to request a transfer, both the Fund Transfer Request Form and a plan modification must be submitted to the Workforce Development Division.**

## VII. WIB and Youth Council Meeting Schedules

Provide a copy of the PY 2007 meeting schedules for the Workforce Investment Board and Youth Council.

## VIII. Quarterly Service Plans

- A. Complete an Expenditure Plan for each fund stream and for the administration cost pool. Use the PY 2006 allocations. We anticipate PY 2007 allocations will be released in the near future.
- B. Complete the Registrant Plan with the appropriate information for each fund stream.

## IX. Public Review and Comment

Describe the process the local area used to give the public an opportunity for review and comment. Include a summary of comments received.

## X. Signatures

The local plan modification must bear the signatures of the Chairperson of the Local Board and the appropriate Chief Elected Official(s). The CEOs sign after the plan modification has been approved by the Board and signed by the chairperson. All required signatures must be included in the submitted plan modification to be accepted for review and approval by the Workforce Development Division. Use the enclosed signature sheet.

**NOTE: Revisions to your local plan modification must be submitted to the Workforce Development Division by June 08, 2007.**

## ATTACHMENTS

Board Composition Form  
WIB Membership Form A  
WIB Membership Form B  
Youth Council Membership Form

Quarterly Registrant Plan  
WIA Quarterly Expenditure Plan & Instructions  
Signature Sheet





## BOARD COMPOSITION FORM

Complete Section A or B to show composition of the Local Board  
Denote multiple representation with an asterisk (\*) and provide explanation.

LWIA Name: \_\_\_\_\_ Submission Date \_\_\_\_\_

**A. COMPOSITION OF THE LOCAL WORKFORCE INVESTMENT BOARD**

Complete Section A: Board originally established as a WIB.

Total Number of Seats \_\_\_\_\_

Number & Percent Representing Business                      # \_\_\_\_\_ % \_\_\_\_\_

Number Representing Education \_\_\_\_\_

Number Representing Labor \_\_\_\_\_

Number Representing Community Based Organizations \_\_\_\_\_

Number Representing Economic Development \_\_\_\_\_

Number Representing Mandatory One-Stop Partners \_\_\_\_\_

Number Representing Additional One-Stop Partners \_\_\_\_\_

**B. COMPOSITION OF THE PRIVATE INDUSTRY COUNCIL**

Complete Section B: Board is a Private Industry Council grandfathered as an alternative entity.

Total Number of Seats \_\_\_\_\_

Number & Percent Representing Business                      # \_\_\_\_\_ % \_\_\_\_\_

Number & Percent Representing Labor & CBOs                      # \_\_\_\_\_ % \_\_\_\_\_

Number Representing Labor \_\_\_\_\_

Number Representing Education \_\_\_\_\_

Number Representing Vocational Rehabilitation \_\_\_\_\_

Number Representing Public Assistance \_\_\_\_\_

Number Representing Economic Development \_\_\_\_\_

Number Representing Public Employment Service \_\_\_\_\_

Number Representing Other Entities \_\_\_\_\_

## WIB MEMBERSHIP FORM A

Complete Form A if your board was originally established as a WIB. Enter the name of each WIB member and the name of the business/agency/institution with which the member is affiliated. Indicate any vacancies. *Denote multiple representation with an asterisk (\*)*.

LWIA \_\_\_\_\_ Submission Date \_\_\_\_\_

TOTAL # OF SEATS \_\_\_\_\_ # OF SEATS OCCUPIED \_\_\_\_\_ # OF SEATS VACANT \_\_\_\_\_

BUSINESS		LABOR ORGANIZATIONS
WIB CHAIR NAME & AFFILIATION		NAME & AFFILIATION
		<b>EDUCATION</b>
		<b>COMMUNITY-BASED ORGANIZATIONS</b>
		<b>ECONOMIC DEVELOPMENT</b>
		<b>ONE-STOP PARTNERS</b>
	WIA TITLE I-B	
	WAGNER-PEYSER	
	ADULT EDUCATION	
	VOCATIONAL REHABILITATION	
	TANF	
	TITLE V--OLDER AMERICANS	
	VOCATIONAL EDUCATION	
	TAA, NAFTA	
	VETERANS E&T	
	CSBG E&T	
	HUD E&T	
	UI	
	OTHER	
	OTHER	

## WIB MEMBERSHIP FORM B

Complete Form B if your board was originally established as a Private Industry Council and was grandfathered as an alternative entity. Enter the name of each WIB member and the name of the business/agency/institution with which the member is affiliated. Indicate any vacancies. *Denote multiple representation with an asterisk (\*).*

LWIA \_\_\_\_\_ Submission Date \_\_\_\_\_

TOTAL # OF SEATS \_\_\_\_\_ # OF SEATS OCCUPIED \_\_\_\_\_ # OF SEATS VACANT \_\_\_\_\_

BUSINESS	LABOR & COMMUNITY-BASED ORGANIZATIONS (MUST COMPRISE AT LEAST 15% OF TOTAL MEMBERSHIP)
WIB CHAIR NAME & AFFILIATION	NAME & AFFILIATION
	<b>EDUCATION</b>
	<b>VOCATIONAL REHABILITATION</b>
	<b>PUBLIC ASSISTANCE</b>
	<b>ECONOMIC DEVELOPMENT</b>
	<b>EMPLOYMENT SERVICE</b>
	<b>OTHER</b>

**YOUTH COUNCIL MEMBERSHIP FORM**

Enter the name of each Youth Council member and the name of the business/agency/institution with which the member is affiliated. Indicate any vacancies. Place an asterisk (\*) beside the Youth Council Chairperson's name.

LWIA Name: \_\_\_\_\_

Submission Date \_\_\_\_\_

TOTAL # OF SEATS \_\_\_\_\_

# OF SEATS OCCUPIED \_\_\_\_\_

# OF SEATS VACANT \_\_\_\_\_

<b>WIB Members</b>	<b>Two Mandatory</b>	<b>Business/Agency/Institution</b>
<b>Youth Service</b>	<b>Two Mandatory</b>	<b>Business/Agency/Institution</b>
<b>Public Housing</b>	<b>Two Mandatory</b>	<b>Business/Agency/Institution</b>
<b>Parents of Eligible Youth</b>	<b>Two Mandatory</b>	<b>Business/Agency/Institution</b>
<b>Individuals with experience in youth activities, including former participants, and representatives of organizations</b>	<b>Two Mandatory</b>	<b>Business/Agency/Institution</b>
<b>Job Corps Representatives **</b>	<b>Two Mandatory**</b>	<b>Business/Agency/Institution</b>
<b>Others</b>		<b>Business/Agency/Institution</b>

\*\*Two Job Corps representatives are mandatory only if there is a center located in the Local Area.

## Program Year 2007 Annual WIA Registrant Plan

**Local Area** \_\_\_\_\_

**Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Submission Date** \_\_\_\_\_

	AD		DW		Y
A. Projected Carryovers from PY 2006					
B. Plan Number of New PY 2007 Registrants					
C. Total PY 2007 Registrants (A+B)					
D. Plan Number of Exits in PY 2007					
E. Projected Number On Board 6/30/08 (C-D)					

# WIA Quarterly Expenditure Plan

Local Area \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Submission Date \_\_\_\_\_

**Funding**

(check one)     Adult         Dislocated Worker         Youth         Administration

<b>Total Funds Available</b>					
New Allocation	\$				
	\$				
<b>+ Carry Over</b>	<b>\$</b>	<b>QUARTER 1</b>	<b>QUARTER 1</b>	<b>QUARTER 1</b>	<b>QUARTER 1</b>
<b>±Transfer</b>	<b>\$</b>	<b>Funds Obligated</b>	<b>% of Total Available</b>	<b>Funds Expended YTD</b>	<b>% of Total Available</b>
<b>Total Available</b>	<b>\$</b>	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>
		<b>QUARTER 2</b>	<b>QUARTER 2</b>	<b>QUARTER 2</b>	<b>QUARTER 2</b>
	<b>Funds Obligated</b>	<b>% of Total Available</b>		<b>Funds Expended YTD</b>	<b>% of Total Available</b>
	\$	%		\$	%
		<b>QUARTER 3</b>	<b>QUARTER 3</b>	<b>QUARTER 3</b>	<b>QUARTER 3</b>
	<b>Funds Obligated</b>	<b>% of Total Available</b>		<b>Funds Expended YTD</b>	<b>% of Total Available</b>
	\$	%		\$	%
		<b>QUARTER 4</b>	<b>QUARTER 4</b>	<b>QUARTER 4</b>	<b>QUARTER 4</b>
	<b>Funds Obligated</b>	<b>% of Total Available</b>		<b>Funds Expended YTD</b>	<b>% of Total Available</b>
	\$	%		\$	%

1. For each fund stream (Adult, Dislocated Workers and Youth), complete a Quarterly Expenditure Plan that addresses program funds only.
2. Complete a separate Quarterly Expenditure Plan that addresses administration funds only.
3. Use cumulative amounts for each quarter.
4. A transfer between Adult and Dislocated Worker fund streams will require a subtraction from the contributing program and an equivalent addition to the receiving program.

**ANNUAL PLAN MODIFICATION  
SIGNATURE SHEET**

LWIA Name: \_\_\_\_\_

Submission Date \_\_\_\_\_

_____ Typed Name of Board Chair	
_____ Board Chairperson Signature	_____ Date

_____ Typed Name of Chief Elected Official	
_____ Chief Elected Official Signature	_____ Date

_____ Typed Name of Chief Elected Official	
_____ Chief Elected Official Signature	_____ Date

_____ Typed Name of Chief Elected Official	
_____ Chief Elected Official Signature	_____ Date

_____ Typed Name of Chief Elected Official	
_____ Chief Elected Official Signature	_____ Date

_____ Typed Name of Chief Elected Official	
_____ Chief Elected Official Signature	_____ Date