

**State of Illinois**  
Illinois Workforce Innovation Board

# **Request for Approval – LWIB to Provide WIOA Adult and/or Dislocated Worker Training Services**

**Local Workforce Innovation Board**

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**Local Workforce Innovation Area**

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## **Request for Approval – LWIB to Provide WIOA Adult and/or Dislocated Worker Training Services**

**Instructions** – The Workforce Innovation and Opportunity Act (WIOA) allows Local Workforce Innovation Boards (LWIBs) to provide WIOA Adult and/or Dislocated Worker training services with a waiver from the Governor.

This application will serve as the LWIB's or administrative entity's request for the Governor to waive the prohibition against the LWIB providing Adult and/or Dislocated Worker training services within a Local Workforce Innovation Area (Local Area) under WIOA. The LWIB chair and CEO(s) must sign and date the last page.

The application and required supporting documentation must be submitted electronically by May 31, 2017 to Tamika Chism at [tamika.chism@illinois.gov](mailto:tamika.chism@illinois.gov).

If it is determined the request is incomplete, it will either be returned or held until the necessary documentation is submitted.

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Name of LWIB

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Mailing Address

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City, State

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Zip

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Contact Person

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Contact Person's Phone Number

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Date of Submission

## **Request for Approval – LWIB to Provide WIOA Adult and/or Dislocated Worker Training Services**

Please indicate the program(s) for which the waiver request is being submitted (check all that apply):

☐ Adult Program

☐ Dislocated Worker Program

The LWIB must provide the following information.

Adult Program (if applicable):

1. Describe the circumstances that led the LWIB to determine that there were insufficient eligible providers with expertise in providing training services to Adult participants to meet local demand. LWIBs must have come to this determination after having either received response to a Request for Qualifications (RFQ) or Request for Interest (RFI) or received response to a Request for Proposal (RFP) or conducted a competitive procurement in which no bidders met the minimum criteria. Attach supporting documentation.
2. Describe how the LWIB meets the requirements of an eligible training provider under WIOA Section 122.
3. Describe how the LWIB's proposed training services prepare Adult participants for in-demand industry sectors or occupations in the local area.
4. Describe the means by which the LWIB made its waiver determination and request available to eligible providers of training services and other interested members of the public for a public comment period of not less than 30 days. Attach supporting documentation, including all comments received during the comment period.
5. A copy of the executed agreement between the CEO(s) and LWIB that demonstrates compliance with WIOA and corresponding regulations, relevant OMB circulars, and the state's conflict of interest policy per 20 CFR 679.430.
6. LWIB contact information to request additional information if necessary.
7. Attach documentation (signed and dated letter) that members of the LWIB reviewed the information prepared for the waiver request (items 1 through 6 above) and approved the waiver request in a public meeting.
8. Attach documentation (signed and dated letter) that the local Chief Elected Official reviewed the information prepared for the waiver request (items 1 through 7 above) and approved the waiver request.
9. A review and response to the request will occur within twenty-one (21) business days of its receipt.

## **Request for Approval – LWIB to Provide WIOA Adult and/or Dislocated Worker Training Services**

10. A waiver received allowing the LWIB to provide training services spans two years, the duration of the local plan. An LWIB can only renew a waiver for the duration of subsequent plans by repeating the above public comment period and by submitting another request to the Governor.
11. The waiver may be revoked if it has been determined that it is no longer needed or that the LWIB involved has engaged in a pattern of inappropriate referrals to training services operated by the LWIB.

### Dislocated Worker Program (if applicable):

1. Describe the circumstances that led the LWIB to determine that there were insufficient eligible providers with expertise in providing training services to Dislocated Worker participants to meet local demand. LWIBs must have come to this determination after having either received no response to a Request for Qualifications (RFQ) or Request for Interest (RFI) or received no response to a Request for Proposal (RFP) or conducted a competitive procurement in which no bidders met the minimum criteria. Attach supporting documentation.
2. Describe how the LWIB meets the requirements of an eligible training provider under WIOA Section 122.
3. Describe how the LWIB's proposed training services prepare Dislocated Worker participants for in-demand industry sectors or occupations in the local area.
4. Describe the means by which the LWIB subjected its waiver determination and request to a minimum 30-day public comment period. Attach supporting documentation, including all comments received during the comment period.
5. A copy of the executed agreement between the CEO(s) and LWIB that demonstrates compliance with WIOA and corresponding regulations, relevant OMB circulars, and the state's conflict of interest policy per 20 CFR 679.430.
6. LWIB contact information to request additional information if necessary.
7. Attach documentation (signed and dated letter) that members of the LWIB reviewed the information prepared for the waiver request (items 1 through 6 above) and approved the waiver request in a public meeting.
8. Attach documentation (signed and dated letter) that the local Chief Elected Official reviewed the information prepared for the waiver request (items 1 through 7 above) and approved the waiver request.
9. A review and response to the request will occur within twenty-one (21) business days of its receipt.

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**Signature Page**

By signing below, the local CEO and LWIB chair request approval from the Governor to provide WIOA Adult and/or Dislocated Worker training services. Each party certifies that this application submission was reviewed and demonstrates that the LWIB meets all the requirements to be the provider of Adult and/or Dislocated Worker training services in the local area under WIOA law and regulations.

**Instructions** – The LWIB chair and local CEO must sign and date this form.

**Local Workforce Innovation Board Chair**

**Local Chief Elected Official**

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Signature

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Signature

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Name

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Name

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Title

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Title

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Date

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Date