**Performance Goal Proposal Form for PY 2024/PY 2025 WIOA Performance Negotiations**

**Proposed Goals for WIOA Title I Adult, Dislocated Worker, and Youth Indicators of Performance**

|  |  |
| --- | --- |
| Local Workforce Innovation Board (LWIB) #: | LWIB Name: |

|  |  |  |
| --- | --- | --- |
| **Performance Measure** | **PY 202****4** | **PY 2025** |
| **WIOA Title I - Adults** | | |
| Employment Rate 2nd Quarter after Exit |  |  |
| Employment Rate 4th Quarter after Exit |  |  |
| Median Earnings 2nd Quarter |  |  |
| Credential Attainment Rate 4th Quarter after Exit |  |  |
| Measurable Skill Gains |  |  |
| **WIOA Title I – Dislocated Workers** | | |
| Employment Rate 2nd Quarter after Exit |  |  |
| Employment Rate 4th Quarter after Exit |  |  |
| Median Earnings 2nd Quarter |  |  |
| Credential Attainment Rate 4th Quarter after Exit |  |  |
| Measurable Skill Gains |  |  |
| **WIOA Title I - YOUTH** | | |
| Education/Employment Rate 2nd Quarter after Exit |  |  |
| Education/Employment Rate 4th Quarter after Exit |  |  |
| Median Earnings 2nd Quarter |  |  |
| Credential Attainment Rate 4th Quarter after Exit |  |  |
| Measurable Skill Gains |  |  |

**Performance Goal Proposal Form for PY 2024/PY 2025 WIOA Performance Negotiations**

**Proposed Levels for WIOA Title I Adult, Dislocated Worker, and Youth Performance Measures**

**Local Negotiation Team Members\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Title:** | **E-mail address:** | **Phone number:** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Primary Contact/Team member designated to submit proposed levels of performance on behalf of the LWIB and CEO(s)\*\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Title:** | **E-mail address:** | **Phone number:** |
|  |  |  |  |

\*Up to five (5) LWIB Negotiation Team Members may be designated to participate on the scheduled negotiations call with OET staff.

\*\*The primary contact is a single contact who will be responsible for performance goals being submitted on behalf of the LWIB and CEO(s); communication with OET staff to schedule the date and time of the negotiations phone call; and, coordinating and facilitating the call with other Local Negotiation Team members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| Signature | |  | Signature | |
|  | | | | |
|  | |  |  | |
| Printed Name | |  | Printed Name | |
| Chief Elected Official Chairperson | |  | Local Workforce Innovation Board Chair | |
|  | | | | |
| Date: | Click or tap to enter a date. |  | Date: | Click or tap to enter a date. |

**The completed form may be submitted via email beginning August 1, 2024, and no later than Friday, September 6, 2024, to:**

Mark Burgess: [mark.a.burgess@illinois.gov](mailto:mark.a.burgess@illinois.gov) and Cc: Paula Barry: [paula.barry@illinois.gov](mailto:paula.barry@illinois.gov)