

2007 Update

Local Planning Guidance

For Minnesota's

INTEGRATED LOCAL WORKFORCE INVESTMENT SYSTEM

Program Year 2007
Checklist

– Submitted by –
Workforce Investment Board

Name: _____

Table of Contents

Table of Contents

Background and Instructions

Planning Timetable

I. Vision

II. Local Governance

III. Operations

- Accessibility
- Service Delivery
- Services to Business – Business Outreach Plan
- Services to Job Seekers
- Coordination/ Integration of Business and Job Seeker Services Management

IV. Statewide Performance Standards

V. Program-Specific Planning Requirements

- Workforce Investment Act Title I-B and State Dislocated Worker Program
- Rehabilitation Services / State Services for the Blind
- Senior Community Service Employment Program (SCSEP)

VI. Cost Category Detail

- VI. – A. Employment and Training Services Cost Category Detail
- VI. – B. Infrastructure (Physical Sites) Cost Category Detail
- VI. – C. Cost Category Detail (General)

VII. Funding and Staffing

- VII. - A. Staffing
- VII. - B. Business Services Staffing
- VII. - C. Job Seeker Core Services Staffing
- VII. - D. Funding
- VII. - E. 2007 Allocations

Certifications and Assurances

ATTACHMENTS:

- A. Workforce Investment Board/Council Membership List
(RESPONSE REQUIRED)**
- B. Budget / Participant / Activities and Services / Work Plan Information Summaries
(RESPONSE NOT REQUIRED AT THIS TIME)
- C. Occupations in Demand Methodology
(RESPONSE NOT REQUIRED AT THIS TIME UNLESS CHANGES HAVE BEEN MADE)
- D. Budget Sheets for Section VI. – Cost Category Detail
(RESPONSE NOT REQUIRED AT THIS TIME)

Background and Instructions

The Minnesota Department of Employment and Economic Development (DEED) is issuing these instructions for Workforce Investment Boards (WIBs) to submit their “Plan for the Integrated Local Workforce Investment System” for Program Year 2007 (July 1, 2007 – June 30, 2008).

These instructions call for each WIB to review its Program Year 2006 plan for any changes that have occurred since its submittal to DEED, and/or for any changes planned for Program Year 2007. We have simplified the process this year by providing a "checklist" that updates your 2006 plan. Rather than requiring that you write a new plan, we are asking that you submit the checklist along with your 2006 plan with changes highlighted in a ***bold italic*** font.

In examining the plan, the WIB is to ensure that it has the comments of all its core partners of the workforce investment system that, at a minimum, include partners representing the Workforce Investment Act (WIA) Title I-B (Adult, Dislocated Worker, and Youth), WIA Title III (Business Services, Job Seeker Services and Veterans), WIA Title IV (Vocational Rehabilitation delivered by Rehabilitation Services and State Services for the Blind), and Title V of the Older Americans Act – SCSEP

As stated in the PY-2006 instructions, “The system will provide a trained labor force meeting the needs of high-growth/high-wage industries and/or occupations, of occupations with high demand, and of occupations with well-defined career ladders.” Program Year 2007 Plan Updates are to continue to reflect this mission, as well as describe the WIB’s role in the use and management of WIA Title I funds and other resources.

The 2007 plan will not require the submittal of an updated Attachment B program and budget forms introduced in PY-2006. These forms will be required to be submitted with grant applications at a later time once final allocations have been released. Attachment C will not be required unless changes have been necessary. Attachment D will also not be required to be updated for the 2007 plan.

In submitting the Program Year 2007 plan, WIBs are to do the following:

- Complete the checklist, indicating a change or no change in the given checkbox.
- If a change has occurred, highlight the relevant text in your 2006 Plan with a ***bold italic*** font. **Be sure to update your cover sheet or heading on the 2006 plan to indicate the year 2007.**
- Obtain the appropriate signatures for the signature pages;
- Complete Attachment A, “Workforce Investment Board/ Council Membership List” including current members and vacancies;
- Arrange for a notice to be published in the area’s legal publication of the opportunity to comment on the amended plan;
- Send by regular mail, at least one (1) **original** copy of the signature page and a copy of the Affidavit(s) of Publication for each of the county(ies) in your local WIB area;

Send electronically:

- Completed 2007 Update Checklist;
- Completed 2007 Plan (i.e. the revised 2006 plan with changes in a ***bold italic*** font; and with a new cover sheet indicating program year 2007);
- Completed Attachment A;
- Any revised or updated attachments from your 2006 plan submittal.

To ensure that funding for Program Year 2007 is distributed by July 1, 2007, the deadline for submittal to DEED is no later than May 31, 2007. If extenuating circumstances make the May 31, 2007 deadline unworkable, DEED will consider an extension. Local WIB chairs are to contact the following individual and provide information on why an extension is needed and the duration of the requested extension:

Kyle Temme (Kyle.Temme@state.mn.us) 651 284-3400

No request for an extension will be approved after May 1, 2007.

Planning materials are to be sent to:

Kyle Temme
Minnesota Department of Employment and Economic Development
Workforce Development Division – Location #036
1st National Bank Building
332 Minnesota Street
Suite E200
St. Paul, Minnesota 55101
Kyle.Temme@state.mn.us

Technical assistance concerning the use of the checklist, the budget forms, participant forms, and activity forms can be obtained from Kyle Temme at 651-284-3400. If Kyle is unavailable, please contact Shelley Landgraf (Shelley.Landgraf@state.mn.us) at 651-282-6923.

DEED staff will review the updated material no later than June 30, 2007.

Questions about the planning process are to be directed to:

David Niermann (David.Niermann@state.mn.us) at 651-296-3505

Planning Timetable

January 29, 2007:	Draft Update Guidelines Sent to Workforce Service Areas for review and comment
February 12, 2007:	Deadline for receipt of comments
February 16, 2007:	Issuance of final Update Guidelines
Early April, 2007:	WIA and Wagner-Peyser Allocations issued to States
Early April, 2007:	WSA WIA Allocations issued
April, 2007:	Technical Assistance Workshop – to be conducted only if a need is indicated by the WIBs / WSAs
May 31, 2007:	Updates are due at DEED. Beginning of 30 Day Public Comment Period (evidenced by submittal of Affidavit of Publication)
June 30, 2007:	End of 30 Day Public Comment Period; Submittal of Comments and System Responses to DEED
June 30, 2007:	Approval of Local Plans
July 1, 2007:	Beginning of PY 2007

List of Acronyms used:

DW – Dislocated Worker Program
DVOP – Disabled Veterans Outreach Program
FSET – Food Support Employment & Training Program
LVER – Local Veterans Employment Representative
MFIP/TANF – Minnesota Family Investment Program/ Temporary Assistance for Needy Families
MYP – Minnesota Youth Program
RS – Rehabilitation Services
SCSEP – Senior Community Service Employment Program
SSB – State Services for the Blind
WIA – Workforce Investment Act
WP – Wagner-Peyser
WSA – Workforce Service Area

I. Vision

- A. What is the local Workforce Investment Board's (WIB's) vision for a **demand-driven** integrated one-stop delivery system?

No Change _____ Change **X**

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- B. Given what is known about the region's economy and labor force, what are the ramifications for the region's workforce development system?

No Change _____ Change **X**

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- C. What do the economic development organizations in your labor market region identify as your area's economic development goals for attracting, retaining and growing business and industry?

No Change **X** Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- D. What high-growth and high-wage industries, demand driven occupations, and/or career laddering occupations are being targeted for services in your WIB's local Workforce Service Area (WSA)? Have the strategies changed?

No Change **X** Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

(If Attachment C from 2006 Local Planning Guidance has changes, please provide an updated listing with the 2007 plan)

- E. Describe the WIB's strategies to coordinate a systemic approach to developing a skilled regional workforce by involving economic development, education, faith and community-based organizations.

No Change **X** Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

II. Local Governance

- A.** Please complete **Attachment A**, “Workforce Investment Board/ Council Membership List” and provide current contact information for the members of the local workforce investment board, **including any vacancies**, and the organizations that are represented on the board. Please indicate whether the business representatives come from “targeted high-growth / high wage” industries, and/or provide demand driven occupations, and/or provide career laddering occupations. (See either Minnesota Statute. §116L.666, Subdivision 3 or the Workforce Investment Act for required composition.)
- B. (If applicable)** Is there a revised joint powers agreement since last year’s plan submittal? If so, please submit it, and the signature pages, with this plan.
 No Change _____ Change _____ Not Applicable X
- C.** If the Memorandum of Understanding as described in the Workforce Investment Act has changed since last year’s plan submittal, please submit it, along with signature pages, with this plan.(1)
 No Change X Change _____

(1) For more information on Memoranda of Understanding (MOUs), including a MOU template, see: www.deed.state.mn.us/wia/mou.htm .

III. Operations

Accessibility

- A. Have there been any changes or enhancements in service accessibility within your workforce development programs in the last year?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Service Delivery

Definition of Integration: Integration is the process of incorporating equally similar functions in a single location. This creates a unified structure eliminating the need for partner and agency separation by uniting them in the provision of seamless customer service.

Definition of Co-location: Co-location is the process of placing two or more entities or agencies in a single location for the purpose of providing better customer access while continuing to provide related but independent services.

- B. Have there been any changes in services integration in the local workforce service area or policies and procedures governing these changes?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- C. Have there been any changes in the coordination of non-integrated services?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- D. Have there been any changes in the location of WorkForce Centers or other service delivery locations? Has the WIB considered any changes in locations for the future?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- E. Have there been any changes in the hours that services are available to the public at each of the WorkForce Centers?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

- F. Have there been any changes in alternative service delivery methods?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Services to Business – Business Outreach Plan

G. Have there been any changes in the WIB's business outreach efforts?

No Change _____ Change X

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

H. Have there been any changes in how the business services representatives interact with the local WIB?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

I. Have there been any changes in how the WIB evaluates its success in meeting the goals in its Business Outreach Plan?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

J. Are there any changes in the WIB's plans to provide any business services for a fee?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

K. Is there any change in how the Business Services Initiative supports your local system's transition to or success as a demand-driven workforce development system?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

L. Are there any changes in what resources, outside of the DEED Business Services Initiative, deliver integrated services to businesses?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

M. Are there any changes in the list of regional organizations with which business services must coordinate work within the region?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

N. Are there any changes in the partners that make up your business services outreach team? Any changes in the representatives from these partners? Any changes in the coordination mechanism?

No Change _____ Change X

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

O. Are there any changes in the individuals in the business services team who are responsible for the following activities?

- a. Recruitment:
- b. Retention:
- c. Downsizing:
- d. Expansion:
- e. Financing:
- f. Trade/ New Markets:
- g. Zoning:
- h. Taxation:
- i. Other:

No Change _____ Change X

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

P. Are there any changes in how you are segmenting your target market with your business services team? Any changes in your strategies?

No Change _____ Change X

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Q. Are there changes in your process for researching your target market?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Are there changes in your competition or environmental issues?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

R. Are there any changes in your “key marketing message” to be used by all business services team members?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

S. Are there any changes in how you are disseminating your “key message”?

No Change _____ Change X

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

T. Response not required for the Program Year 2007 Update.

U. Are there any changes in how the business services staff will report monthly on the tracking of key issues identified by businesses?

No Change _____ Change X

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

V. Are there any changes in the information that will be collected in order to evaluate the effectiveness of the WIB business outreach plan?

No Change X Change _____

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

W. Are there any changes in the methods that will be used to evaluate the outreach activities?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

X. Are there any changes in how the WIB will analyze the return on investment and/or determine when a change in strategy is needed?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Y. Are there any changes in the resources available to conduct marketing activities within your local area?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Z. Are there any changes in your description of how you will measure success of the marketing efforts?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Services to Job Seekers

AA. Are there any changes in how the local system will prepare job seekers for high-growth, high-wage industries, demand-driven occupations, and/or career laddering occupations?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Are there changes in your local goals or in how the local system will measure success?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

BB. Are there changes in how the WIB has integrated core service delivery to the area's special population and/or strategies for ensuring that these individuals use the services?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

CC. Are there any changes in your efforts, resources, or partners involved to train incumbent workers?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

DD. Are there changes in the strategies for providing Priority Service for Veterans or changes in the strategies to implement the Governor’s Executive Order 06-02 with regards to addressing the barriers to the training and employment of veterans?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Coordination/ Integration of Business and Job Seeker Services

Too frequently, business services and worker services are two separate and different entities within the WorkForce Center; yet, the result for business and job seekers is dependent on the “coming together” of business and job seeker services. The “disconnect” can result in losing sight of the end goal of all our services, which is strong businesses and good jobs.

The need for coordination of business services with job seeker services must occur in identifying specific job requirements, making appropriate job referrals, providing job seeker information on careers, and making training referrals.

EE. Are there any changes in how the local area coordinates Business Services with Job Seeker Services?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Any changes in how business services and outreach strategies impact the design and delivery of Job Seeker Services?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Any changes in how business services impact counselor/ job seeker decisions?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Management

FF. Are there any changes for the designated Workforce Center Site Manager(s) in each of your WorkForce Center (WFC) locations?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

GG. Are there any changes for the Americans with Disabilities Act (ADA) coordinator for all partner programs in your local area?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

HH. Are there any changes for the local Equal Opportunity Officer?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

II. Are there any changes for the English as a Second Language (ESL) coordinator for all partner programs in the local area?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

JJ. Are there any changes for the local program complaint officer?

No Change Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

KK. (New Question)

Who is the local data practices compliance official? To whom does the individual report?

(Please copy & paste this question & response into your 2006 Local Plan.)

Name: Craig Steiner

Title: City Clerk

Phone: (612) 673-3282

TTY: (612) 673-2157

E-mail: Craig.steiner@ci.minneapolis.mn.us

Reports To: Steven Ristuben

IV. Statewide Performance Standards

A. The tables below indicate the local area’s target level of performance for the common measures for the core partner programs. **These are the minimum standards for which each locality will be held responsible.** Upon notification to DEED, local areas can set higher standards for which they will be held responsible.

Statewide Performance Measures <i>(TBD = To Be Determined)</i> Program Year 2007 July 1, 2007 to June 30, 2008	Core Services (Wagner-Peyser and WIA Title I-B)	Adult (WIA Title I-B)	Dislocated Worker (WIA Title I-B and State)	Senior Community Service Employment Program (SCSEP)
Entered Employment Rate: Of those not employed at registration: Number of adults who have entered employment by the end of the first quarter after the exit quarter <i>divided by</i> Number of adults who exit during the quarter.	TBD	TBD	TBD	TBD
Employment Retention Rate: Of those employed in the first quarter after the exit quarter: Number of adults who are employed in the second and third quarter following the exit quarter <i>divided by</i> Number of adults who exit during the quarter.	TBD	TBD	TBD	TBD
This new performance measure was developed to replace the “Six Month Earnings Change”. The effective date was 7-1-2006. <i>(Please copy and paste this new definition in your 2006 Plan)</i> Average Earnings: Of those employed in the first, second, and third quarter after the exit quarter: Total post-program earnings (earnings in quarter 2 + quarter 3 after exit quarter) <i>divided by</i> Number of adults who exit during the quarter.	TBD	TBD	TBD	TBD
Employment and Credential Rate: Of adults who received training services: Number of adults who were employed in the first quarter after the exit quarter and received a credential by the end of the third quarter after the exit quarter <i>divided by</i> Number of adults who exit during the quarter.	TBD	TBD	TBD	N/A

Customer Satisfaction Standards	Program Year – 2007
Participant: (WIA Title I-B)	To Be Determined
Employer: (WIA Title I-B)	To Be Determined

Statewide Performance Measures Federal Fiscal Year 2007 October 1, 2006 to September 30, 2007	Rehabilita- tion Services	State Services for the Blind
<u>Employment Outcomes:</u> Performance Indicator 1.1 – Comparison of Employment Outcomes The number of individuals exiting the VR program with an employment outcome during the current program year compared to the number of individuals exiting the VR program with an employment outcome during the preceding program year.	2,524	105
Performance Indicator 1.2 – Entered Employment Rate Of all of the individuals who exited the VR program after receiving services, the percentage of those who achieved an employment outcome.	55.8%	68.9%
Performance Indicator 1.3 – Wage at Placement Of all the individuals determined to have achieved an employment outcome, the percentage who exit the VR program in competitive, self-, or business enterprise program (BEP) employment with earnings equivalent to at least the minimum wage.	72.6%	35.4%
Performance Indicator 1.4 – Wages at Placement for Those with Significant Disabilities Of all individuals who exit the VR program in competitive, self-, or business enterprise program (BEP) employment with earnings equivalent to at least the minimum wage, the percentage who are individuals with significant disabilities.	62.4%	89.0%
Performance Indicator 1.5 – Comparison of Wages of VR Placements as Compared to the Overall Wage Level The average hourly earnings of all individuals who exit the VR program in competitive, self-, or business enterprise program (BEP) employment with earnings equivalent to at least the minimum wage as a ratio to the State's average hourly earnings for all individuals in the State who are employed.	.52 (Ratio)	.59 (Ratio)
Performance Indicator 1.6 – Enhancement of Self-Sufficiency Of all individuals who exit the VR program in competitive self-, or business enterprise program (BEP) employment with earnings equivalent to at least the minimum wage, the difference between the percentage who report their own income as the largest single source of economic support at the time they exit the VR program and the percentage who report their own income as the largest single source at the time they apply for VR services.	53.0 (Math Difference)	30.4 (Math Difference)
<u>Equal Access to Services:</u> Performance Indicator 2.1 The service rate for all individuals with disabilities from minority backgrounds as a ratio to the service rate for all non-minority individuals with disabilities.	.80 (Ratio)	.80 (Ratio)

NOTE: These percentages are national standards set by the Rehabilitation Services Administration. There is a formula for the general agency and a different formula for the agency serving the Blind to determine whether the standard was met.

B. Are there any changes in the percentage of the people in training (not pre-vocational services) programs that lead to targeted high-growth and high-wage industries, demand driven occupations, and/or career laddering occupations?

(Note: There is a recommended state benchmark level of 60 percent.)

No Change **X** Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

Any changes in your rationale for choosing this target or your time frame for achieving it?

No Change **X** Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

C. Are there changes in the steps your local level will take to improve customer satisfaction?

No Change **X** Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

V. Program-Specific Planning Requirements

Workforce Investment Act Title I-B and State Dislocated Worker Program

- A.** Are there any planned changes since the submission of your Program Year 2006 plan in the priorities of service for the WIA Title I-B Adult / Dislocated Worker or the State Dislocated Worker programs? If so, please describe.
 No Change Change
*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*
- B. Attachment B will not be required for the Program Year 2007 Update.** Forms required for Budget, Participant Information, and Activity Summaries for WIA Title I-B Adult, WIA Title I-B Dislocated Worker, and State Dislocated Worker programs will be sent out with grant applications when final allocations are released. All grant application forms will then be required to be submitted to DEED at that time.
- C. (If applicable)** If the needs-related payment system has changed since last year's plan submittal, please describe the new needs-related payment system. Please include a copy of the needs-related payment system describing the procedures to be used, what is covered by the system and how the need is determined and documented. (PLEASE NOTE: Needs-related payments are NOT allowed for either State funded or WIA funded Dislocated Worker Programs.)
 No Change Change
*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*
- D.** Are there any planned changes in the general project description of services to those affected by mass layoffs?
 No Change Change
*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*
- E.** Are there any planned changes in how your services are provided to those affected by a mass layoff that is certified under the Trade Act and eligible for assistance under the Trade Adjustment Assistance (TAA) program?
 No Change Change
*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*
- F.** Are there any changes for the rapid response liaison for mass layoffs in your local area?
 No Change Change
*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*
- G.** Are there any changes in your Individual Training Account methodology?
 No Change Change
*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

H. Are there changes in who will be required to sign off on an ITA?

No Change Change _____

(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)

I. Are there changes in the payment mechanism for the ITA?

No Change Change _____

(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)

Rehabilitation Services / State Services for the Blind

J. Are there changes in the efforts and strategies by Rehabilitation Services and State Services for the Blind to move customers to high growth/high wage jobs and/or industries, to jobs in demand, and/or to jobs with career laddering?

No Change Change _____

(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)

Senior Community Service Employment Program (SCSEP)

K. Are there any changes planned in the SCSEP priority of service, in addition to those already required by law and/or by regulations? If so, please describe.

No Change Change _____

(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)

L. **Attachment B will not be required for the Program Year 2007 Update.** Forms required for Budget, Participant Information, and Work Plan for the SCSEP will be sent out with grant applications when final allocations are released. All grant application forms will then be required to be submitted to DEED at that time.

M. Are there changes in any strategic planning for future activities in SCSEP that will ensure better services to the 55 and older population?

No Change Change _____

(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)

Are there any changes in how SCSEP will coordinate with other programs in the local workforce area for PY 2007?

No Change Change _____

(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)

N. **Response not required for the Program Year 2007 Update.**

O. **Response not required for the Program Year 2007 Update.**

P. **Response not required for the Program Year 2007 Update.**

VI. Cost Category Detail

VI. – A. Employment and Training Services Cost Category Detail

Employment and Training Services Cost Category Detail
Listed by Program

Attachment D worksheet response not required for the Program Year 2007 Update.

VI. – B. Infrastructure (Physical Sites) Cost Category Detail

Infrastructure (Physical Sites) Cost Category Detail
Listed by Partner

Attachment D worksheet response not required for the Program Year 2007 Update.

VI. – C. Cost Category Detail (General)

A. Are there any changes to policies that are in place within subgrantee agreements to assure coordination and non-duplication of services within your local area?

No Change X Change

*(If a change has occurred, highlight the relevant text in your 2006 Plan with a **bold italic** font.)*

B. Response not required for the Program Year 2007 Update.

VII. Funding and Staffing

VII. - A. Staffing

Workforce Service Area: Minneapolis (10)

A. Please provide the **TOTAL** number staff for each WFC. Each partner is to complete the information. Please indicate your full-time and part-time equivalents* as of April 1, 2007. Do not include vacancies.

A	B	C	D	E	F	G	H	I	J	K	L	M
WorkForce Center	WSA Suprvsr	WSA Staff	WP Suprvsr	WP Staff	RS Suprvsr	RS Staff	SSB Staff	LVER and/or DVOP	Non-Profit Staff	(Non-Profit) Name of Agency	Other Staff	(Other) Name of Agency
North Minneapolis		3	.5	5	1	15			2	Goodwill/Easter Seals	4	Hennepin County
									35	HIRED		
									1	Job Corps		
									2	UI		
South Minneapolis		8	.5	5	1	17		3	3	Goodwill/Easter Seals	2	Hennepin County
									1	TRIO		
									1	UI		

Column headings A – M corresponding definitions on the following page.

Column A – WorkForce Center: List each WFC in your WIB’s local WSA.

Column B – WSA Supervisors: Please identify the number of WSA managers located in each WFC. Do not include vacancies. Identify how the manager splits their time between WFCs (i.e., if the majority of a manager’s time is split between two WorkForce Centers, the table would indicate .50 for each of the two sites).

Column C – WSA Staff: Indicate number of WSA staff in the WFC. Do not include vacancies. If staff split their time between several sites, please indicate that in the table (i.e., .33 for each of three WFCs, etc). If staff are part-time, please indicate that also (i.e., .50, etc).

Column D – Wagner-Peyser Supervisor: Indicate the number of Wagner-Peyser manager(s) located in each WFC. Identify how the manager splits their time between WFCs (i.e., if the majority of a manager’s time is split between two WFCs, the tables would indicate .50 for each WFC).

Column E – Wagner-Peyser Staff: Indicate number of Wagner-Peyser staff in the WFC. If staff split their time between several sites, please indicate that in the table (i.e., .33 for each of three WFCs, etc). If staff are part-time, please indicate that also (i.e., .50, etc).

Column F – Rehabilitation Services Supervisor: Indicate the number of Rehabilitation Services manager(s) located in each WFC. Identify how the manager splits their time between WFCs (i.e., if the majority of a manager’s time is split between two WFCs, the tables would indicate .50 for each WFC).

Column G – Rehabilitation Services Staff: Indicate number of Rehabilitation Services staff in the WFC. If staff split their time between several sites, please indicate that in the table (i.e., .33 for each of three WFCs, etc). If staff are part-time, please indicate that also (i.e., .50, etc).

Column H – State Services for the Blind Staff: Indicate number of State Services for the Blind staff in the WFC. If staff split their time between several sites, please indicate that in the table (i.e., .33 for each of three WFCs, etc). If staff are part-time, please indicate that also (i.e., .50, etc).

Columns I – Veterans (LVERs and/or DVOPs): Indicate the number of LVERs and/or DVOPs located in each WFC. Identify how the LVER and/or DVOP splits their time between WFCs (i.e., if the majority of the manager’s time is split between two WFCs, the tables would indicate .50 for each WFC).

Columns J and K – Non-Profit Staff and Agency Name: Identify the number of non-profit staff (who are not WSA staff) in the WFC. Include the name of their agency in Column J.

Columns L and M – Other Staff and Agency Name: Identify the number of full-time or part-time staff who are Field Audit, BCD Reps, non DEED, or non WSA in your WFC. List their agency in Column L.

**Full-time equivalent is a staff person who works more than 32 hours a week, receives benefits, etc. To separate out part-time from full-time, use the respective fraction of full-time. For instance, if one staff person works 40 hours a week and another works 20 hours a week part-time, the total would be 1.5 FTEs.*

VII. - B. Business Services Staffing

Business Services Staffing

B. Response not required for the Program Year 2007 Update.

C. Response not required for the Program Year 2007 Update.

VII. - C. Job Seeker Core Services Staffing

Job Seeker Core Services Staffing

D. Response not required for the Program Year 2007 Update.

E. Response not required for the Program Year 2007 Update.

VII. - D. Funding

F. Response not required for the Program Year 2007 Update.

VII. - E. 2007 Allocations

Response not required for the Program Year 2007 Update.

Certifications and Assurances

By signing and submitting this plan, the local workforce investment board is certifying on behalf of itself and the grant recipient, where applicable :

- A. that this *Program Year 2007 Update to Local Planning Guidance for the Workforce Investment Act* was prepared and is in accordance with all applicable titles of the Workforce Investment Act of 1998 (WIA), Title V of the Older Americans Act, applicable Minnesota state statutes and that it is consistent with the Minnesota Unified State Plan.(2)
- B. that members of the local board and the public including representatives of business and labor organizations have been allowed at least a thirty day period for comment and that any comments representing disagreement with the plan are included with the local plan forwarded to DEED (as the Governor's representative) by the local board and that available copies of a proposed local plan are made available to the public through such means as public hearings and local news media. (WIA, Section §118 (c)).
- C. that the public (including individuals with disabilities) have access to the workforce investment board's meetings and information regarding the board's activities, including membership and meeting minutes.
- D. that fiscal control and fund accounting procedures necessary to ensure the proper disbursement of, and accounting for, funds paid through the allotments under WIA Title I-B, Title V of the Older Americans Act, and the State Dislocated Worker program have been established.
- E. that veterans will be afforded employment and training activities authorized in WIA, Section §134, and the activities authorized in Chapters 41 and 42 of Title 38 US code, and compliance with the veterans priority established in the Jobs for Veterans Act. (38 USC 4215.)
- F. that it is a certifiable local Workforce Investment Board (WIB) and it will maintain a certifiable local Youth Council.
- G. that it will comply with the confidentiality requirements of WIA, Section §136 (f)(3).
- H. that the WIA master grant and all assurances will be followed.
- I. that it will ensure that no WIA Title I-B funds are used to assist, promote, or deter union organizing. (WIA, Section §181(b)(7)).
- J. that collection and maintenance of data necessary to show compliance with the nondiscrimination provisions of WIA, Section §188, as provided in the regulations implementing that section, will be completed.
- K. that this plan was developed in consultation with local elected officials, the local business community, labor organizations and appropriate other agencies.

(2) The State Unified Plan is available on the DEED website <http://www.deed.state.mn.us/wia/unifiedplan/>.

- L. that there will be compliance with the Architectural Barriers Act of 1968, Sections §503 and §504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990.(3)
- M. that WIB members will not act in a manner that would create a conflict of interest as identified in Regulations 20 CFR, Section §667.200(a)(4), including voting on any matter regarding the provision of service by that member or the entity that s/he represents and any matter that would provide a financial benefit to that member or to his or her immediate family.
- N. that a Cost Allocation Plan is in place and available upon request for each WorkForce Center within the WIB's local workforce service area.
- O. that the required voter registration procedures described in Minnesota Statutes §201.162 are enacted without the use of federal funds.
- P. that insurance coverage be provided for injuries suffered by participants in WIA Title I-B work-related activities where Minnesota's workers' compensation law is not applicable as required under Regulations 20 CFR, Section §667.274.
- Q. that the local policies on fraud and abuse adheres to DEED's Chapter 2.9 of WIA Title I-B and Related Activities Manual as required under Regulations 20 CFR, Section §667.630 (The local policy is to be in accordance with State requirements.(4))
- R. that it has provided an opportunity for public comment and input into the development of plan by persons with disabilities and has provided information regarding the plan and the planning process, including the plan and supporting documentation, in alternative formats when requested.
- S. that core services are integrated such that all WorkForce Center partners provide the same high level and quality of core services to job seeking customers.
- T. that all staff are provided the opportunity to participate in appropriate staff training.
- U. that an acceptable WIA program complaint procedure will be established and will be maintained.
- V. that an acceptable WIA discrimination complaint procedure will be established and will be maintained.

(3) See WIA Title I-B Related Activities Manual at Chapter 5: Complaints and Grievances, Section 5.3: Discrimination Complaint Handling Procedures, http://www.deed.state.mn.us/wpd/policy/titleIB/5.0_complaints/complaints5.3.htm

(4) See Chapter 2.9 of WIA Title I-B Related Activities Manual at:
http://www.deed.state.mn.us/wpd/policy/titleIB/2.0_fiscal_mngmnt/fiscal_mngmnt2.9.htm

W. that it will comply with the nondiscrimination provisions of WIA, Section §188 and it's implementing Regulations at 29 CFR, Part 37. Each grant applicant for financial assistance as defined in Regulations 29 CFR, Part 37.4 must include in the grant application the exact language as is in the following (29 CFR, Part 37.20):

ASSURANCES

As a condition to the award of financial assistance from the Department of Labor under Title I of the Workforce Investment Act of 1998 (WIA), the grant applicant assures that it will comply fully with the nondiscrimination and equal opportunity provisions of the following laws:

- *WIA, Section §188, which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIA Title I financially assisted program or activity;*
- *Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color, religion, national origin; and sex;*
- *Section §504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;*
- *The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and*
- *Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs;*
- *The Minnesota Human Rights Act of 1973, Minnesota Statutes, Chapter 363A, which prohibits discrimination on the bases of race, color, creed, religion, natural origin, marital status, disability, status with regard to public assistance, sexual orientation, and age.*

The grant applicant also assures that it will comply with Regulations 29 CFR, Part 37 and all other regulations implementing the laws listed above. This assurance applies to the grant applicant's operation of the WIA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIA Title I-financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

Effective Date: _____

Workforce Service Area Name: _____

Workforce Investment Board Name: _____

Name and Contact Information for the Board:

Name and Contact Information for WIA Title I-B: Adults and Dislocated Workers:

Name and Contact Information for WIA Title III: Wagner-Peyser:

Name and Contact Information for WIA Title IV: State Services for the Blind:

Name and Contact Information for WIA Title IV: Vocational Rehabilitation:

Name and Contact Information for Title V of the Older Americans Act:

Name and Contact Information for MFIP/TANF:

Name and Contact Information for FSET:

Name and Contact Information for any other partners included in this plan:

For the Workforce Investment Board

For the Local Elected Officials

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

Workforce Investment Board/Council Membership List

Program Year 2007

WIB: Minneapolis

Date Submitted: _____

WSA: 10

Please indicate any **vacant** positions or other constituency represented as well. (Add or delete rows in each category as needed for members)

* The targeted industries for the Minneapolis WSA are: transportation, financial services, professional services, manufacturing, health care, and construction.

<u>Name / Address / E-mail / Phone / Fax</u>	<u>Organization / Position</u>	<u>Business/ Industry Represented</u> (Private Sector Only)	<u>Business Representation From Targeted Industry/ Occupation</u> (Private Sector Only)	<u>Term Start and Term End</u>
<u>A. Private Sector:</u>				
(Chair): Carolyn Roby / Wells Fargo Center N9305-192, Sixth Street and Marquette Avenue, Minneapolis, MN 55479, Carolyn.H.Roby@wellsfargo.com (612) 667-8847 (p), (612) 667-8283 (f)	Wells Fargo Foundation Minnesota Vice President	Financial Services	Yes	7/1/06 – 6/30/08
Ann Eilbracht Thompson / 720 Washington Av SE, Minneapolis, MN 55414, anneilbracht@earthlink.net (612) 884-0721 (p),	University of Minnesota Physicians Vice President – Human Resources	Health Care	Yes	7/1/06 – 6/30/08
Andre Lewis / 60 South 6 th Street, Minneapolis, MN 55402, Andre.Lewis@rbcdain.com , (612) 371-7875 (p), (612) 371-7933 (f)	RBC Dain Rauscher Director of Community Affairs	Financial Services	Yes	7/1/05 – 6/30/07

Jennie Carlson / 800 Nicollet Mall, BC-MN-H17A, Minneapolis, MN 55402, jennie.carlson@usbank.com , (612) 303-7621 (p), (612) 303-0900 (f)	U.S. Bancorp Executive Vice President, Human Resources	Financial Services	Yes	4/10/06 – 6/30/07
Laurie Rice / 3M Center, Building 275-06-E02, St. Paul, MN 55144, lrice@mmm.com , (651) 733-0182 (p)	3M Director of Information Technology – Medical Division	Manufacturing	Yes	7/1/06 – 6/30/08
Candice Fieldman / 1400 Washington Ave N, Minneapolis, MN 55411, cef@ambpress.com , (612) 521-0123 (p), (612) 521-4587 (f)	Ambassador Press, Inc. Operations	Printing	No	7/1/06 – 6/30/08
Susan Mackay / 1235 Yale Place, Suite 404, Minneapolis, MN 55403, spmackay@msn.com , (612) 333-1212 (p), (612) 397-8904 (f)	Mackay & Associates President	Professional Services	Yes	7/1/06 – 6/30/08
Joe Werner / 1320 12 th Av N, Minneapolis, MN 55411, jiwerner@engunl.com , (612) 522-4040 (p), (612) 522-2829 (f)	Engineering Unlimited, Inc. President	Manufacturing	Yes	7/1/05 – 6/30/07
Sharon Bredeson / 27 Greenway Gables, Minneapolis, MN 55403, sharonb@staff-plus.com , (612) 868-1754 (p)	Staff-Plus, Inc. President & CEO	Professional Services	Yes	7/1/05 – 6/30/07
Todd Wood / 1154 N 5th St, Minneapolis, MN 55411, transitteam@earthlink.net, (612) 332-3323 (p), (612) 332-7075 (f)	Transit Team, Inc. Human Resources Manager	Transportation	Yes	2/27/07 – 6/30/07
<u>B. Public Assistance Agency:</u>				
Joseph Gaspard / 330 South 6th St, Minneapolis, MN 55487, joe.gaspard@co.hennepin.mn.us , (612) 348-8188 (p), (612) 677-6096 (f)	Hennepin County Human Services Area Manager			7/1/06 – 6/30/08
<u>C. Organized Labor:</u>				
William McCarthy / 312 Central Avenue, Suite 542, Minneapolis, MN	Minneapolis Central Labor Union Council			7/1/06– 6/30/08

55414, bmccarthy@mplsclucl.com , (612) 379-4206 (p), (612) 379-1307 (f)	President			
Javier Morillo-Alicea / 312 Central Avenue, Suite 356, Minneapolis, MN 55114, jmorillo@qwest.net , (612) 331-8336 (p)	Service Employees International Union Local 26 President			7/1/05 – 6/30/07
<u>D. Rehabilitation Agency:</u>				
Obie Kipper / 1200 Plymouth Av N, Minneapolis, MN 55411 obie.kipper@state.mn.us , (612) 302-7068 (p), (612) 302-7062 (f)	MN – DEED Rehabilitation Area Manager Rehabilitation Services			7/1/05 – 6/30/07
<u>E. Community-based Organization:</u>				
Harvey Rucker / 4728 Portland Av S, Minneapolis, MN 55407, (612) 822-1383 (p)				7/1/05 – 6/30/07
<u>F. Economic Development Agency:</u>				
Jim Roth / 3137 Chicago Av S, Minneapolis, MN 55407, jroth@mccdmn.org , (612) 789-7337 (p), (612) 789-8448 (f)	Minneapolis Consortium of Community Developers Director			7/1/06 – 6/30/08
<u>G. Public Employment Service:</u>				
Manuel Garcia / 1200 Plymouth Av N, Minneapolis, MN 55411, manuel.garcia@state.mn.us , (612) 520-3505 (p), (612) 520-3530 (f)	MN – DEED Area Manager			7/1/06 – 6/30/08
<u>H. Educational Agency:</u>				
Jon Westby / 1501 Hennepin Ave, Minneapolis, MN 55403, jon.westby@minneapolis.edu , (612) 659-6590 (p), (612) 659-6544 (f)	Minneapolis Community and Technical College Associate Dean			7/1/05 – 6/30/07
Craig Vana / 1006 West Lake Street, Room 166, Minneapolis, MN 55408, cvana@mpls.k12.mn.us , (612) 668-	Minneapolis Public Schools Executive Director of Teacher and Instructional Services			7/1/05 – 6/30/07

3961 (p), (612) 317-6135 (f)				
<u>I. Chief Elected Official:</u>				
RT Rybak / 350 South 5 th Street, Room 331, Minneapolis, MN 55415, mayor@ci.minneapolis.mn.us , (612) 673-2100 (p), (612) 673-2305	City of Minneapolis Mayor			1/1/06 - 12/31/09
<u>J. Other Category:</u>				
Add or delete as necessary				
<u>K. Youth Council Chairperson:</u>				
Craig Vana / 1006 West Lake Street, Room 166, Minneapolis, MN 55408, cvana@mpls.k12.mn.us , (612) 668- 3961 (p), (612) 317-6135 (f)	Minneapolis Public Schools Executive Director of Teacher and Instructional Services			7/1/05 – 6/30/07