**Report of Outcomes**

**Outcome Report of Annual Budget Negotiations for PY       (SFY      )**

|  |  |
| --- | --- |
| **Local Workforce Innovation Area:** | Click or tap here to enter text. |

**Notice is provided to the Governor as required by 20 CFR 678.725 that required partners in this local area have reached agreement on an annual one-stop operating budget, including how infrastructure costs will be funded for each service location for the year beginning July 1;**

OR

**Notice is provided to the Governor as required by 20 CFR 678.725 that, despite every effort, required partners in this local area did not reach agreement on an annual one-stop operating budget for the period beginning July 1.**

**Select which reason for disagreement applies.**

**Failure to agree for reasons *other* than infrastructure costs**

Listed below are the program partners that did not agree and a summary of the main reasons for their inability to agree.

| **Program Partner Name** | **Reasons** |
| --- | --- |
|  |  |
|  |  |

**Failure to agree on the Infrastructure Funding Agreement for a service location**

The inability to reach agreement is because one or more partners do not agree with the Infrastructure Funding Agreement specific to a service location for the program year beginning July 1. Listed below are the program partners that did not agree to the budget for shared infrastructure costs, the applicable service location, and a summary of the reasons for their inability to agree.

| **Program Partner Name** | **Reasons** |
| --- | --- |
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**Failure to agree on how infrastructure costs in the agreed-upon budget are allocated among partners**

The inability to reach agreement is because one or more partners does not agree with the infrastructure costs being allocated to them for a particular service location for the program year beginning July 1. Listed below are the program partners that did not agree to their allocation of infrastructure costs, the applicable service location, and a summary of the reasons for their inability to agree.

| **Program Partner Name** | **Reasons** |
| --- | --- |
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**Waiver Requests**

(If applicable) Described below is a request to be waived from specific provisions of the Governor’s Guidelines – Revision 4, as agreed upon by all required partners in the local area.

**If applicable, please describe the waiver request(s) below, including:**

* + The specific requirement (including relevant citations of the Governor’s Guidelines – Revision 4) the local area is requesting be waived for the current program year MOU and budget negotiations, and
  + Rationale for the State not holding the local area responsible for compliance with the specific requirement as described in the Governor’s Guidelines – Revision 4.

| **Requirement (including applicable citation(s) to specific provisions of the Governor’s Guidelines)** | **Rationale and Description**  **of Negative Consequences or Impact**  **in the Absence of a Waiver** |
| --- | --- |
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**Signatures:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Chair, Local Workforce Innovation Board |  |  |
|  |  |  |
| Chief Elected Official |  | Chief Elected Official |
|  |  |  |
| Chief Elected Official |  | Chief Elected Official |
|  |  |  |
|  |  |  |

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A completed and signed copy of this Report of Outcomes for PY \_\_\_ and a draft one-stop operating budget must be submitted by April 15 to:

Michael Baker

Manager – Strategic Planning & Innovation

Office of Employment & Training

Illinois Department of Commerce and Economic Opportunity

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