VIA ELECTRONIC MAIL

TO: Local Workforce Innovation Board Staff

FROM: WIOA Interagency Technical Assistance Team

SUBJECT: Final submission of amended MOUs and PY 2018 one-stop operating budgets

DATE: April 26, 2018

The Interagency Technical Assistance Team for the Workforce Innovation and Opportunity Act (WIOA) in Illinois provides the following clarification regarding the submission of amended MOUs and Program Year (PY) 2018 one-stop operating budgets.

Specifically, this letter provides the following information.

1. An explanation of a new requirement for the MOU Section 12 narrative about Costs and Cost Sharing of Services that requires an amendment to the MOU for PY 2018.
2. Reminders about specific documentation that must be included with the final submission by July 2, 2018 of PY 2018 budgets and MOU amendments that take effect July 2, 2018.

More information about each item follows.

1. **New MOU Section 12 Narrative Requirement**

New for PY 2018, the MOU Section 12 Cost and Cost Sharing of Services narrative must include the following additional financial information for each required program partner:

* 1. Each required program partner’s total *cash* contribution toward its proportionate share of infrastructure and local service delivery system costs for PY 2018; and
  2. The dollar amount of a 10% variance from each partner’s total cash contribution in case actual costs exceed budgeted costs.

The purpose of listing all partners’ total *cash* contributions is required to process payments from State agencies through the Illinois State Comptroller.

The purpose of setting the cash contribution amounts at 10% above the agreed upon amount by partners is to provide a buffer to obviate the need for Illinois State Comptroller-required amendments if payments from a State agency exceed the originally agreed-upon cash contribution by any amount. Note that no partner will be required to make a cash contribution in any excess of that amount to which it originally agreed without its explicit approval.

A reformatted Section 12 of the MOU is provided as Attachment 2 to this letter and available in a fillable format on the WIOA Implementation portal at the following link:

<https://www.illinoisworknet.com/WIOA/Resources/Pages/Public-Documents.aspx>

1. **Required Submissions by July 2, 2018**

While MOUs are effective for up to three years, the one-stop operating budget must be negotiated annually and constitutes an amendment to the MOU each year. **All MOU amendments, including agreed-upon annual budgets, require new signatures by all parties to the MOU**. New, blank signature pages are included as attachment 3 to this letter.

The annual one-stop operating budget must be explained as described in the MOU Section 12 template included in Attachment 2 of this letter.

If the one-stop operating budget and revised Section 12 budget narrative are the only amendments to the MOU for PY 2018, then the entire MOU does not need to be resubmitted with the July 2, 2018 submission. An attestation statement is included in Attachment 1 to this letter and is to be completed and included in the July 2nd submission. New signatures by all parties to the MOU are required with this submission.

However, if other sections of the MOU were amended and are to take effect July 2, 2018, then all amended sections of the MOU must be submitted by July 2, 2018 along with the new Section 12, the one-stop operating budget spreadsheet and new signatures by all parties to the MOU.

In summary, the following items are required to be submitted **by** **July 2, 2018**:

1. Attestation that only the one-stop operating budget and Section 12 of the MOU was amended for PY 2018;
2. Revised Section 12 of the MOU narrative, including the total contribution by partner and a 10% variance provision;
3. Any other MOU sections that also were amended with new content clearly identified, if applicable;
4. Required partner signatures that were newly obtained for the one-stop operating budget and amended MOU for PY 2018; and
5. The complete One-Stop Operating Budget spreadsheet for PY 2018.

Please submit all required material **by July 2, 2018** to the following:

Michael Baker

Manager – Strategic Planning & Innovation

Office of Employment & Training

Illinois Department of Commerce and Economic Opportunity

[wioaplans-mous@illinoisworknet.com](mailto:wioaplans-mous@illinoisworknet.com)

O: 217-558-6423

You may request technical assistance at any time by contacting Michael Baker at [michael.baker@illinois.gov](mailto:michael.baker@illinois.gov).

Any section of the MOU that was amended to take effect for PY 2018 must be re-submitted by July 2, 2018 as directed. Please check either of the following boxes as applicable for your PY 2018 submission.

**Attestation that only Section 12 and one-stop operating budget were amended:**

If no MOU amendments other than to the Section 12 budget narrative and the one-stop operating budget were made, please check the box immediately below.

This MOU amendment encompasses only the required changes to Section 12 for Costs and Cost Sharing of Services and the one-stop operating budget. Therefore, the revised Section 12 budget narrative is submitted with newly obtained signatures by all parties to the MOU.

OR

**Notice of Additional MOU Amendments:**

If other sections of the MOU were amended, include those amended sections with the new content clearly indicated in the final submission by July 2, 2018 and check the box immediately below.

Additional sections of the MOU were amended and are included with this submission to take effect July 2, 2018 and are agreed upon by all required partners in our local workforce area as indicated by their submitted signatures.

**Revised Section 12 of the MOU Template**

|  |
| --- |
| **12. Costs and Cost Sharing of Services (Sec. 121(c)(2)(ii) (§678.755 and §678.760) (Governor’s Guidelines, Section 1, Items 1(c), 10-19; Section 2, Section 3)** |
| *Using the Infrastructure Funding Agreement (fillable spreadsheet)*   1. *Complete the FTE Calculations tab of the Infrastructure Funding Agreement for each comprehensive one-stop center, as well as for each affiliate or specialized center designated by the local workforce board and at which required partners agree to provide services.*    1. *For partners whose staff will be cross-trained to provide services of another partner’s program:*       1. *Identify the FTE commitments being made to provide services on behalf of another required partner at the comprehensive one-stop center or affiliate or specialized center.*       2. *Enter that FTE commitment into the “FTE Calculations” tab specific to that service location.*    2. *For partners whose services are being provided by another partner’s cross-trained staff:*       1. *Identify an FTE commitment that corresponds with the required partner providing the services on your behalf.*       2. *Enter that FTE commitment into the “FTE Calculations” tab specific to that service location.* 2. *Complete a “Cost Allocation” tab for each service location. Note that infrastructure costs will be completed for each service location, including comprehensive one-stop centers and any affiliated or specialized center designated by the local workforce board. Shared local service delivery costs will be completed only once for the entire local system, encompassing all comprehensive one-stop centers and other service locations in the local area.*    1. *For each service location, identify the agreed-upon amount that each required partner will contribute toward infrastructure costs to operate that service location. (Infrastructure costs must be negotiated on an annual basis.)*    2. *For the entire local service delivery system, specify the agreed-upon amount of the shared local system costs that each required partner will contribute. (Shared local system costs must be negotiated on an annual basis.)*    3. *In the Shared Delivery System Costs section of the spreadsheet, identify the cost of the one-stop operator in the designated line item.*       1. *If required partners have selected either a single entity or a consortium to perform one-stop operator functions, then enter the cost of the competitively procured one-stop operator in the designated cell of Column B and each partner’s share of the total cost in that row.*       2. *If required partners have opted not to share the cost of the one-stop operator and instead will provide in-kind personnel to perform the one-stop-operator functions, then enter the total agreed-upon value of the in-kind personnel in the designated line item of Column B, and each partner’s share of the total cost in the row for “less in-kind staffing.”*       3. *Explain the in-kind staffing contribution in the “Notes” section of the spreadsheet (which must align with Section 12 of the MOU narrative).* 3. *Approve the agreed-upon, annual Infrastructure Funding Agreement through the MOU amendment procedures described in this MOU, Section 13, including signatures.*   *In the space below and following the Governor’s Guidelines – Revision 2 and Supplemental Guidance for PY18, provide the following narrative:*   1. *Affirm in the narrative that required partners negotiated infrastructure and shared local service delivery system costs specific to the applicable program year for both comprehensive one-stop centers and any affiliate or specialized centers designated by the local workforce board.* 2. *Clearly identify in the narrative the time period for which the Infrastructure Funding Agreement is effective; e.g., July 1, 2018 through June 30, 2019.* 3. *Specify in the narrative whether the budget submitted represents and interim or final budget agreement.* 4. *Describe in the narrative the agreed-upon method that each partner will contribute as a proportionate share of costs to support the services and operations of the local service delivery system.* 5. *Pending additional State or Federal policy or guidance about affiliate centers, affirm in the narrative that each required partner meets the minimum FTE commitment of .25 FTEs in each comprehensive one-stop center and if agreed upon by all partners each designated affiliate site.*    1. *If a required partner commits to less than .25 FTEs in any service location, then provide a rationale in the narrative and state the agreed-upon FTE commitment, which will be reviewed at the State level on a case-by-case basis.* 6. *Describe in the narrative whether and which staff will be cross-trained to provide services on behalf of another required partner.*    1. *For each required partner providing cross-trained staff to deliver services on behalf of another partner, confirm how the contributing partner’s infrastructure cost allocations will be reduced in correlation with the number of FTEs that will be cross-trained to provide another partner’s programs.* 7. *Affirm in the narrative that the local workforce board will ensure that a designated entity will reconcile budgeted to actual shared costs in the Infrastructure Funding Agreement at least semi-annually.*    1. *Specify the entity designated by the local workforce board responsible for conducting the reconciliation, and*    2. *Specify how frequently the reconciliation of budgeted to actual costs will occur.* 8. *Complete an “Outcome Report for Annual Budget Negotiations for PY18,” and submit the completed form with a draft Infrastructure Funding Agreement to the individual designated by the Governor by April 15, 2018.* 9. *Submit a signed version of this amended Section 12 of the MOU with an agreed-upon one-stop operating budget to the individual designated by the governor by June 30, 2018.* 10. *Using the table provided below, include the following additional financial information for each required program partner:*     1. *Each required program partner’s total cash contribution toward its proportionate share of infrastructure and local service delivery system costs for PY 2018; and*     2. *The dollar amount of a 10% variance from each partner’s total cash contribution in the case that actual costs exceed budgeted costs.* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Partner's Total Cash Contribution** | **Dollar Amount of 10% Variance from Total Cash Contribution (if applicable)** |
| **Commerce** | **Title IB - Adult, Youth, & Dis. Workers** |  |  |
| **TAA** |  |  |
| **CSBG** |  |  |
| **IDES** | **Title III - Wagner-Peyser** |  |  |
| **Title III - MSFW** |  |  |
| **Veterans Services** |  |  |
| **UI Comp Programs** |  |  |
| **TRA** |  |  |
| **ICCB** | **Title II - Adult Education** |  |  |
| **Career & Tech Ed - Perkins** |  |  |
| **DHS** | **Title IV - Vocational Rehab** |  |  |
| **TANF - DHS** |  |  |
| **Aging** | **SCSEP** |  |  |
| **DOC** | **Second Chance** |  |  |
| **HUD** | |  |  |
| **Title IC - Job Corp** | |  |  |
| **Title ID - National Farmworkers** | |  |  |
| **Title ID - YouthBuild** | |  |  |
| **Other 1** | |  |  |
| **Other 2** | |  |  |
| **Other 3** | |  |  |
| **Other 4** | |  |  |

Blank signature page for each required partner’s signature for PY 2018 MOU amendments and one-stop operating budgets are included on pages 9-36 of this document.

|  |  |  |
| --- | --- | --- |
| **Local Workforce Innovation Board Chair** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Local Workforce Innovation Board Chair** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Chief Elected Official** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Chief Elected Official** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Chief Elected Official** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Chief Elected Official** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Title IB – Adult, Dislocated Worker, Youth** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Title IB**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Title II – Adult Education and Family Literacy** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Title II**  **If Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Title III – Employment Programs under Wagner-Peyser,**  **Illinois Department of Employment Security** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Title III – Wagner-Peyser**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Title IV – Rehabilitation Services,**  **Illinois Department of Human Services** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Title IV – Rehabilitation Services if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Post-Secondary Career and Technical Education under Perkins** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Post-Secondary Perkins**  **If Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Unemployment Insurance,**  **Illinois Department of Employment Security** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Unemployment Insurance**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Job Counseling, Training and Placement Services for Veterans,**  **Illinois Department of Employment Security** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Veterans Activities**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Trade Readjustment Allowance (TRA),**  **Illinois Department of Employment Security** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Trade Readjustment Act**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Trade Adjustment Assistance (TAA)** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Trade Adjustment Assistance**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Migrant and Seasonal Farmworker Program,**  **Illinois Department of Employment Security** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Migrant and Seasonal Farmworker Program if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **National Farmworker Jobs Program** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for National Farmworker Jobs Program if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Community Services Block Grant (CSBG) Program** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for CSBG Program**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Senior Community Services Employment Program (SCSEP)** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for SCSEP**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Temporary Assistance for Needy Families (TANF),**  **Illinois Department of Human Services** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for TANF**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Second Chance Program,**  **Illinois Department of Corrections** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Second Chance Program**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Housing and Urban Development Employment and Training Activities** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for HUD Employment & Training**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Job Corps** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for Job Corps**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **YouthBuild** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Individual Who Negotiated the Local MOU for YouthBuild**  **if Different than the Signatory Above** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Other Party to the MOU:** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Other Party to the MOU:** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Other Party to the MOU:** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |

|  |  |  |
| --- | --- | --- |
| **Other Party to the MOU:** | | |
|  |  |  |
| Signature |  | Printed Name |
|  |  |  |
| Title |  | Date |
|  | | |
| Organization | | |