**Pre-Program Year Planning Form for LWIA**

**Program Year 20**

In preparation for annual MOU and budget negotiations each program year, it is important to begin planning each fall to meet various WIOA benchmarks and deadlines. To help ensure each local area is in the best position to fulfill all WIOA requirements related to submission of MOUs and one-stop operating budgets within the allotted timeframe for the upcoming program year, please complete and submit the following form to CWD-wioaplan@siu.edu by December 31.

Included at the bottom of this form is a waiver request section that must be completed if the local workforce innovation board seeks a waiver from a specific provision of the Governor’s Guidelines – Revision 4 or PY 2024 Supplemental Guidance. If no waiver requests are known by December 31, then local areas should request any applicable waivers with the April 15 submittal of the preliminary budget and MOU negotiation Report of Outcomes.

For technical assistance in completing this form, please contact Mike Baker at Michael.Baker@illinois.gov. Additionally:

1. To ensure all required partners in the local area are aware of the submitted contents of this form, the form must be circulated to all required partners. Please indicate here the date by which the preliminary budget will be shared with all required partners: Click or tap to enter a date.
2. Please identify the lead negotiator for the MOU negotiations in your LWIA.

Enter name here

Enter email here

Enter phone number here

Enter organization name here

1. Please identify the impartial budget negotiator in your LWIA. If the local workforce board chair and required partners in the local area determine that the individual(s) designated by the local workforce board chair to lead annual budget negotiations is not impartial, please complete and submit a waiver request as provided at the bottom of this form and as described in Section 4 of the Governor’s Guidelines – Revision 4.

Enter name here

Enter email here

Enter phone number here

Enter organization name here

1. Please identify the individual responsible for conducting periodic reconciliation of budgeted to actual costs in your LWIA.

Enter name here

Enter email here

Enter phone number here

Enter phone number here

1. Please identify the frequency at which reconciliation of budgeted to actual costs will occur in your local area (must occur at least semi-annually).

Click or tap here to enter text.

1. Using the fillable table below, please submit the proposed schedule for Program Year MOU and Budget Negotiations, in alignment with the general timeline provided in Appendix A of the Governor’s Guidelines – Revision 4 (Use only the rows needed to fully describe your specific negotiations schedule). Please include:
	1. Title of the meeting;
	2. What is to be discussed and/or decided in accordance with the timeline below;
	3. Whether the meeting is slotted to be in-person or over the phone; and
	4. The week and year of the planned date of completion of task.

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| **Primary Activity in Negotiations** | **Planned Date of Completion (Week Ending on a Specific Calendar Date and Year)** |
| Please insert phone or in-person meeting information | enter date |
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1. [ ]  Please select this checkbox if there is a partner agency or individual new to the MOU negotiations process in your local that would benefit from a WIOA orientation.
2. [ ]  Please select this checkbox if the Local Workforce Innovation Area would benefit from technical assistance on enforcing safety protocols in American Job Centers.

**Service Locations**

1. Please list all designated comprehensive one-stop centers, designated affiliate sites or designated specialized centers, as well as non-designated connection (access) sites in the local area. The information provided in this section must match the Illinois workNet listings.

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| **COSCs** | **Designated Affiliate Sites** | **Designated Specialized centers** | **Non-Designated Connection (Access) Sites** |
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**Waiver Requests**

[ ]  Described below is a request to be waived from specific provisions of the Governor’s Guidelines – Revision 4 or PY 2024 Supplemental Guidance, as agreed upon by all required partners in the local area and the local workforce board chair.

**Please describe the waiver request(s) below, including:**

* + The specific requirement (including relevant citations of the Governor’s Guidelines – Revision 4 or PY 2024 Supplemental Guidance) 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 or PY 2024 Supplemental Guidance.

| **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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