Appendix Item 3

Local MOU Template

**MEMORANDUM OF UNDERSTANDING**

**between**

**and**

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| **Individual designated by the Local Board Chair to lead MOU negotiations** |  | **Email address** |
|  |  |  |
|  |  |  |
| **Impartial individual designated by the Local Board Chair to lead annual budget negotiations** |  | **Email address** |

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| * + 1. **PARTIES TO MOU (Sec. 121 (c)(1)) (Governor’s Guidelines, Section 1, Item (d))**
 |
| * *List the required partner providing services in the local area*
* *List the partner agency providing services of each required partner*
 |
|

| **Parties to MOU** | **Typed Name** |
| --- | --- |
| Local Workforce Innovation Board Chair |       |
| Chief Elected Official |       |
| Chief Elected Official |       |
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| Chief Elected Official |       |
| **Required Partners as Parties to MOU** | **Entity Administering Program****Typed Name** |
| Title I: Adult, Dislocated Worker, Youth |       |
| Title II: Adult Education and Family Literacy |       |
| Title III: Employment Programs under Wagner-Peyser |       |
| Title IV: Rehabilitation Services |       |
| Perkins/Post-secondary Career & Technical Education |       |
| Unemployment Insurance |       |
| Job Counseling, Training, Placement Services for Veterans |       |
| Trade Readjustment Assistance (TRA) |       |
| Trade Adjustment Assistance (TAA) |       |
| Migrant and Seasonal Farmworkers |       |
| Community Services Block Grant (CSBG) |       |
| Senior Community Services Employment Program (SCSEP) |       |
| TANF |       |
| Second Chance |       |
| **Other Required Programs Offered****in this Local Area as Parties to MOU** | **if Marked Yes,** **Entity Administering Program**  |
| National Farmworker Jobs Program | [ ]  Yes [ ] No |  |
| Housing and Urban Development Employment and Training Activities | [ ] Yes [ ] No |  |
| Job Corps | [ ] Yes [ ] No |  |
| Youth Build | [ ] Yes [ ] No |  |
| **Additional Partners as Parties to MOU** | **Entity Administering Program** |
|       |       |
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| * + 1. **PURPOSE AND SCOPE OF MOU**
 |
| * *Describe the general purpose and scope of the umbrella MOU*
 |
|       |
| * + 1. **VISION FOR THE SYSTEM (Governor’s Guidelines, Section 1, Item 1(b))**
 |
| * *Describe the shared vision and commitment of the local board and required partners to a high-quality local workforce delivery system (vision must be consistent with Federal, State, regional, and local planning priorities, as well as the Governor’s Guidelines)*
* *Describe which aspects of the vision are currently in place*
* *Outline the steps to be taken and the general timeline for how required partners will implement any aspects of the vision that are not yet in place*
 |
|       |
| * + 1. **MOU DEVELOPMENT (Governor’s Guidelines, Section 1, Items 1(e)-(g), 2 and 14)**
 |
| * *Fully describe the process and efforts of the Local Workforce Innovation Board and required partners to negotiate the MOU*
* *Confirm whether all required partners participated in negotiations*
* *Explain the process to be used if consensus on the MOU is not reached by partners*
 |
|       |
| * + 1. **NAME AND LOCATION OF COMPREHENSIVE ONE-STOP CENTER(S) (Governor’s Guidelines, Section 1, Item 2) (§ 678.310, § 678.315 and § 678.320)**
 |
| * *Provide the name and address of the comprehensive one-stop center(s) in the local service delivery system*
* *Where applicable list the designated affiliated sites or specialized centers*
* *Define any other operating titles that the local area assigns to each center*

*Note: The information provided in this section must match the Illinois Workforce Development System (IWDS) and Illinois workNet listings* |
|       |
| * + 1. **DESCRIPTION OF COMPREHENSIVE ONE-STOP SERVICES (Sec. 121 (c)(2)(i)) (§ 678.500(b)(1)) (Governor’s Guidelines, Section 1, Items 2 and 5)**
 |
| * *Complete a local service matrix (template attached) illustrating local methods of service delivery, which includes:*
	+ *Career services to be provided by each required partner in each comprehensive one-stop center*
	+ *Other programs and activities to be provided by each required partner*
	+ *Method of delivery for each service provided by each required partner (e.g., staff physically present, cross-trained staff, direct linkage technology)*
* *In the spaces provided below:*
	+ *In the introductory paragraph of this section, describe the required partners’ combined commitment to integration and “manner in which the services will be coordinated and delivered through the system” (§ 678.500(b)(1))*
	+ *In the spaces below designated for each required partner, describe each partner’s commitment to coordinated service delivery and explain how the local service matrices illustrate that commitment*
	+ *For each required partner below, describe the location(s) at which services of each required partner will be accessible*
 |
|      **Title I (Adult, Dislocated Worker and Youth)** –      **Title II (Adult Education and Family Literacy)** –      **Title III (Employment Services under Wager-Peyser)** –      **Title IV (Rehabilitation Services)** –      **Perkins/Post-Secondary Career and Technical Education** –      **IDES/Unemployment Insurance** **(UI)** –      **IDES/Job Counseling, Training and Placement Services for Veterans** –      **IDES/Trade Readjustment Assistance** –      **Trade Adjustment Assistance (TAA)** –      **IDES/ Migrant & Seasonal Farmworkers (MSFW)** –      **National Farmworker Jobs Program** **(NFJP)** –      **Community Service Block Grant (CSBG)** –      **Senior Community Services Employment Program (SCSEP)** –      **DHS/TANF** –      **IDOC Second Chance** –      **HUD Employment and Training Activities** –      **Job Corps** –      **YouthBuild** –       |
| * + 1. **PROCUREMENT OF ONE-STOP OPERATOR (Governor’s Guidelines, Section 1, Item 8) (§ 678.600-635)**
 |
| * *Name the procured one-stop operator*
* *Describe the functions and scope of work of the one-stop operator as defined in the Request for Proposal or as planned for the competitive procurement process*
* *Assure that the one-stop operator will not perform any of the proscribed functions (§ 678.620(b)) to avoid a conflict of interest*

*Note: One-stop operator designation takes effect July 1, 2017 (§ 678.635)* |
|       |
| * + 1. **REFERRAL PROCESS (Sec. 121 (c)(2)(iii)) (Governor’s Guidelines, Section 1, Items 3 and 8) (§678.500(b)(3)-(4))**
 |
| * *In the spaces provided below, address all of the following:*
* *In the introductory paragraph of this section, describe local one-stop operator’s role and responsibilities for coordinating referrals among required partners (§678.500(b)(3))*
* *In the spaces below designated for each required partner, each partner must list the other programs to which it will make referrals and the method(s) of referral to each partner; for example, in the Title I box, Title I will list all other programs to which it will refer clients and the method(s) of referral for each*
* *Identify the method of tracking referrals*

*Note: Local areas must be as specific as possible when describing the differences in referral methods between partner programs. DOL has expressed concern about this area in the past.*  |
|      **Title I (Adult, Dislocated Worker and Youth)** –      **Title II (Adult Education and Family Literacy)** –      **Title III (Employment Services under Wager-Peyser)** –      **Title IV (Rehabilitation Services)** –      **Perkins/Post-Secondary Career and Technical Education** –      **IDES/Unemployment Insurance** **(UI)** –      **IDES/Job Counseling, Training and Placement Services for Veterans** –      **IDES/Trade Readjustment Assistance** –      **Trade Adjustment Assistance (TAA)** –      **IDES/ Migrant & Seasonal Farmworkers (MSFW)** –      **National Farmworker Jobs Program** **(NFJP)** –      **Community Service Block Grant (CSBG)** –      **Senior Community Services Employment Program (SCSEP)** –      **DHS/TANF** –      **IDOC Second Chance** –      **HUD Employment and Training Activities** –      **Job Corps** –      **YouthBuild** –       |
| * + 1. **PHYSICAL ACCESSIBILITY (Sec. 121 (c)(2)(iv)) (§678.500(b)(4))**
 |
| *Describe how—through specific examples and commitments—required partners will assure the physical accessibility of the comprehensive one-stop center(s), including the following:** *The comprehensive one-stop center’s layout supports a culture of inclusiveness*
* *The location of the comprehensive one-stop center is recognizable in a high-traffic area*
* *Access to public transportation is available within reasonable walking distance*
* *The location of a dedicated parking lot, with parking lot spaces closest to the door designated for individuals with disabilities*
 |
|       |
| * + 1. **PROGRAMMATIC ACCESSIBLITY (Sec. 121 (c)(2)(iv)) (§ 678.500(b)(4))**
 |
| * *Describe how the comprehensive one-stop center provides access to all required career services in the most inclusive and appropriate settings for each individual participant*
* *Describe specific arrangements and resources available to assure that individuals with barriers to employment, including individuals with disabilities, can access available services (§678.500(b)(4))*
* *Explain how services will be provided using technology that is actually available and in accordance with the “direct linkage” requirement under WIOA*

*Note: Provide as much specificity as possible for each partner program* |
|       |
| * + 1. **DATA SHARING (Governor’s Guidelines, Section I, Item 9)**
 |
| * *Describe how core program partners will share data and information and will collaborate to assure that all common primary indicators of performance for the core program partners in the local area will be collectively achieved*
* *Provide assurances that participants’ Personally Identifiable Information (PII) will be kept confidential*
* *In each description, cite specific examples of required partners demonstrating a commitment to integration in the local area*

*NOTE: Partners are encouraged to seek clarification from their respective core partner state agency and/or data staff* |
|       |
| * + 1. **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 Appendix Item 8 in the Governor’s Guidelines:** *Identify the agreed-upon amount that each partner will contribute toward infrastructure costs to operate each comprehensive one-stop center (infrastructure costs must be negotiated on an annual basis)*
* *Specify the agreed-upon amount of the shared system costs that each required partner will contribute (shared costs must be negotiated on an annual basis)*
* *Complete all fields of the FTE Calculations and Cost Allocation sections of the standard budget spreadsheet*
	+ *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*
		2. *Enter that FTE commitment in the “FTE Calculations – Center 1PY17” tab of the budget spreadsheet.*
	+ *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 this FTE commitment in the “FTE Calculations – Center 1PY17” tab of the budget spreadsheet.*

*In the space below and following the Governor’s Guidelines, provide the following narrative:** *Confirm that required program partners annually negotiate infrastructure costs of the comprehensive one-stop center(s) and other shared costs*
* *Clearly identify the time period for which the shared cost funding agreement is effective; e.g., July 1, 2017 through June 30, 2018*
* *Specify whether the budget submitted represents an interim or final budget agreement*
* *Describe the agreed-upon method that each partner will contribute as a proportionate share of costs to support the services and operations of the local one-stop delivery system*
* *Specify which staff will be cross-trained to provide services on behalf of other required partners*
	+ *For each required partner providing cross-trained staff to provide 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*
	+ *For each required partner whose program services will be provided by cross-trained staff of another partner, confirm how the receiving partner’s infrastructure cost allocations will cover the cost of the FTEs that will be cross-trained to provide the program services*
* *Outline steps the local board, chief elected officials, and required partners used to reach consensus on shared costs*
* *Describe the process to be used to resolve issues during the term of the MOU when consensus cannot be reached specific to infrastructure costs*
* *Describe the procedures that will be used to reconcile budgeted infrastructure costs to actual costs to assure each local partner pays its proportionate share in accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*
* *Acknowledge that the agreements are made contingent on the availability of Federal funding for each required program*
 |
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| * + 1. **AMENDMENT PROCEDURES (Sec. 121 (c)(2)(v)) (§ 678.500(b)(5)) (Governor’s Guidelines, Section 2, Item 16)**
 |
| *Describe amendment procedures, including annual negotiation of infrastructure and shared system costs to address the following:** *The amount of notice a partner agency must provide the other partners to make amendments*
* *The procedures for informing other partners of the pending amendment*
* *The circumstances under which the local partners agree the MOU must be amended*
* *The procedures for amending the MOU to incorporate the final approved budget on an annual basis*
* *The procedures for terminating the MOU or a specific partner’s participation in the MOU*
* *The process for resolving any disputes that evolve after the agreement is reached*

*NOTE: Ensure the MOU reflects the most recent date as amendments are approved* |
|       |
| * + 1. **RENEWAL PROVISIONS (Sec. 121(c)(2)(v)) (Governor’s Guidelines, Section 1, Item 13-15) (§ 678.500(b)(6))**
 |
| *Provide the process and timeline in which MOU will be reviewed, including:** *Explain the renewal process, which must occur at a minimum of every three years*
* *Describe the required renewal process if substantial changes occur before the MOU’s three-year expiration date*

*NOTE: Ensure the MOU reflects the most recent date as renewals are approved* |
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| * + 1. **ADDITIONAL LOCAL PROVISIONS (OPTIONAL) (Sec. 121(c)(2)(B)) (§678.500(c))**
 |
|       |
| * + 1. **ADDITIONAL PARTNERS (Sec. 121 (b)(2))**
 |
|       |
| * + 1. **DURATION OF AGREEMENT (Sec. 121(c)(2)(v)) (§ 678.500(b)(5)) (Governor’s Guidelines, Section 1, Item 15)**
 |
| * *Provide the effective date of the MOU*
* *List the agreed upon expiration date (cannot exceed three years)*
 |
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| * + 1. **AUTHORITY AND SIGNATURES (§678.500(d)) (Governor’s Guidelines, Section 1, Items 1(d)-(e) and Item 12)**
 |
| * *Include a statement that the individuals signing the MOU have authority to represent and sign on behalf of their program under WIOA*
 |
|       |
| * + 1. **ATTACHMENTS**
 |
| **Local Service Matrix for Comprehensive One-Stop Centers [ ]** Includes:* Career Services Available Through The Local Comprehensive One-Stop Center(S)
* Other Programs And Activities Available Through The Local Comprehensive One-Stop Center(S)
* Service Delivery Method Through The Local Comprehensive One-Stop Center(S)

**Standard Budget for Shared Costs** [ ] **Other**       |

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

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| **Local Workforce Innovation Board Chair** |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| **Chief Elected Official**  |
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| **Chief Elected Official**  |
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| **Chief Elected Official**  |
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| **Chief Elected Official**  |
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| Signature |  | Printed Name |
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| Title |  | Date |
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| Organization |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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| --- |
| **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 |

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

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

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

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

**Career Services Available through the Local Comprehensive One-Stop Center(s)**

| **Basic Career Services** |
| --- |
| **Required Partners** | **Eligibility for Title IB** | **Outreach, intake, orientation** | **Initial Skills Assessment** | **Labor exchange services, including job search and placement assistance** | **Referral and coordination with other programs** | **Workforce and labor market information and statistics** | **Performance and cost information on providers of education, training and workforce services** | **Performance info for the local area as a whole** | **Information on the availability of supportive services** | **Information and meaningful assistance with UI claims** | **Assistance establishing eligibility for financial aid for non-WIOA training and education** |  |
| Title I: Adult, Dislocated Worker, Youth |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Title II: Adult Education and Family Literacy  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Title III: Employment Programs under Wagner-Peyser |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Title IV: Rehabilitation Services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Post-secondary Career and Technical Education under Perkins |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Unemployment Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Job Counseling, Training and Placement Services for Veterans  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Trade Readjustment Allowance (TRA) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Trade Adjustment Assistance (TAA) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Migrant and Seasonal Farmworkers  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| National Farmworker Jobs Program |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Community Services Block Grant (CSBG) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Senior Community Services Employment Program (SCSEP) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| TANF |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Second Chance  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Housing and Urban Development Employment and Training Activities |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Job Corps |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| YouthBuild |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Other (specify):      |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Other (specify):      |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Other (specify):      |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |

| **Individualized and Follow-up Career Services** |
| --- |
| **Required Partners** | **Comprehensive and specialized assessments** | **Development of an individual employment plan** | **Group counseling** | **Individual counseling** | **Career planning** | **Short-term pre-vocational services** | **Internships and work experience** | **Workforce preparation activities** | **Financial literacy services** | **Out-of-area job search assistance** | **English language acquisition** | **Follow-up services for participants in adult and dislocated worker programs** |
| Title I: Adult, Dislocated Worker, Youth |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Title II: Adult Education and Family Literacy  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Title III: Employment Programs under Wagner-Peyser |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Title IV: Rehabilitation Services |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Post-secondary Career and Technical Education under Perkins |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Unemployment Insurance |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Job Counseling, Training and Placement Services for Veterans  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Trade Readjustment Allowance (TRA) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Trade Adjustment Assistance (TAA) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Migrant and Seasonal Farmworkers  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| National Farmworker Jobs Program |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Community Services Block Grant (CSBG) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Senior Community Services Employment Program (SCSEP) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| TANF |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Second Chance  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Housing and Urban Development Employment and Training Activities |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Job Corps |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| YouthBuild |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other (specify):      |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other (specify):      |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Other (specify):      |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Other Programs and Activities Available through the Local Comprehensive One-Stop Center(s)**

| **Required Partner** | **Other Programs and Activities Provided** |
| --- | --- |
| Title I (Adult, Dislocated Worker, Youth) |       |
| Title II: Adult Education and Family Literacy  |       |
| Title III: Employment Programs under Wagner-Peyser |       |
| Title IV: Rehabilitation Services |       |
| Post-secondary Career and Technical Education under Perkins |       |
| Unemployment Insurance |       |
| Job Counseling, Training and Placement Services for Veterans |       |
| Trade Readjustment Allowance (TRA) |       |
| Trade Adjustment Assistance (TAA) |       |
| Migrant and Seasonal Farmworkers |       |
| National Farmworker Jobs Program |       |
| Community Services Block Grant (CSBG) |       |
| Senior Community Services Employment Program (SCSEP) |       |
| TANF |       |
| Second Chance  |       |
| Housing and Urban Development Employment and Training Activities |       |
| Job Corps |       |
| YouthBuild |       |

**Service Delivery Method through the Local Comprehensive One-Stop Center(s)**

| **Program** | **Services Provided through*****Own Staff*** | **Services Provided Through*****Cross-Trained Partner Staff*** | **Services Provided through *Contractor Provider*** | **Services Provided through*****Direct Linkage*** |
| --- | --- | --- | --- | --- |
| Title I (Adult, Dislocated Worker, Youth) |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Title II: Adult Education and Family Literacy |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Title III: Employment Programs under Wagner-Peyser |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Title IV: Rehabilitation Services |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Post-secondary Career and Technical Education under Perkins |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Unemployment Insurance |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Job Counseling, Training and Placement Services for Veterans |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Trade Readjustment Allowance (TRA) |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Trade Adjustment Assistance (TAA) |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Migrant and Seasonal Farmworkers |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| National Farmworker Jobs Program |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Community Services Block Grant (CSBG) |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Senior Community Services Employment Program (SCSEP) |       | Services:       | Services:       | Services:       |
|       | Partner:       | Provider:       | Method:       |
| TANF |       | Services:       | Services:       | Services:       |
|       | Partner:       | Provider:       | Method:       |
| Second Chance |       | Services:       | Services:       | Services:       |
|       | Partner:       | Provider:       | Method:       |
| Housing and Urban Development Employment and Training Activities |       | Services:       | Services:       | Services:       |
|       | Partner:       | Provider:       | Method:       |
| Job Corps |       | Services:       | Services:       | Services:       |
|       | Partner:       | Provider:       | Method:       |
| YouthBuild |       | Services:       | Services:       | Services:       |
|       | Partner:       | Provider:       | Method:       |
| Other (specify):      |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Other (specify):      |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |
| Other (specify):      |       | Services:       | Services:       | Services:       |
| Partner:       | Provider:       | Method:       |