**Single Local Area Regions may disregard this form**

A plan modification may be submitted at any time; however, there are certain procedural steps required as part of the modification process. Refer to the PA Department of Labor & Industry’s, or L&I, WIOA Regional and Local Area Plan Guide for additional direction. A planning region’s designated point of contact, or POC, completes and submits this form.

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| **I. Planning Region Plan: Designated Submitting Local Workforce Development Board**, or LWDB |
| **Region Name:**Click here to enter text. | **LWDB Name *(i.e. designated name, not D.B.A.)*:**Click here to enter text. |
| **Local Workforce Development Areas, or LWDAs, that compose the Planning Region:** Click here to enter text. |
| **Name of Designated POC:** Click here to enter text. |
| **Organization:** Click here to enter text. | **Title:** Click here to enter text. |
| **Telephone Number:** Click here to enter text. | **E-mail Address:** Click here to enter text. |

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| **II. WIOA Regional Plan Review and Modification Information** |
| **Was the plan reviewed per WIOA and L&I’s WIOA Regional and Local Area Plan policy and guide?** *(yes or no)* |
| **Indicate the economic condition and labor market information source(s) used in the plan review process:***List data sources:* |
| **Did the regional plan review warrant plan modifications?** *(yes or no)* If “no” plan modification, proceed to section IV. |
| **Was the modified regional plan draft provided to affected LWDB(s) prior to public posting?** *(yes or no)* |
| **Have all planning region LWDB(s) approved final regional plan mod:***(yes or no)* | **Public Comment Period:***MM/DD/YYYY - MM/DD/YYYY* | **Comments received:***(yes or no)* |
| **Date of the last LWDB to approve mod:** *MM/DD/YYYY* | **Plan Modification Effective Date:** *MM/DD/YYYY* |

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| **III(a). Requested WIOA Regional Plan Changes** |
| Page #  | Change due to a public comment | Describe a change in as few words as possible to direct the reviewer to the marked narrative. Do not describe mechanical or grammatic edits. |
| # | *(yes or no)* | Change |
| # | *(yes or no)* | Change |
| # | *(yes or no)* | Change |
| *If needed, please use supplemental Section III(b). Requested Plan Changes – Continuation Page* |

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| **IV. Submitting LWDB Executive Director’s Attestation**Submitter attests affected LWDA Chief Elected Officers, or CEOs, and LWDB Local Boards approved the plan review and/or the submitted plan. |
| **Name:** Click here to enter text. | **Signature:**  | **Date:** *MM/DD/YYYY* |

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| **V. Submission and Feedback Information (L&I Use Only)** |
| **Date L&I received:** | **Is the plan modification supporting document package complete?** Y / N |
| **Date L&I acknowledged:** | **Has a cursory review been completed, and if needed, acted upon?** Y / N |
| **Has the plan been reviewed?** Y / N | **Are the reviewers satisfied with the plan mod?** Y / N |

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| **VI. BWDA Chief or Policy Coordination Supervisor Recommendation for Approval** |
| **Name:** Click here to enter text. | **Signature:** | **Date:** *MM/DD/YYYY* |

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| **VII. BWDA Bureau Director’s Approval** |
| **Name:** Click here to enter text. | **Signature:** | **Date:** *MM/DD/YYYY* |

***\* If no plan modifications are required, email a copy of this form’s page 1 to L&I as evidence that a plan review occurred.***

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| **WIOA Plan Modification Instructions – Posting, Submission and Technical Support Information** |
| **Prior to submitting a modified WIOA Regional or Local Area Plan and its supporting documents for state approval:*** Review the WIOA Regional and Local Area Plan Guide *Section III Public Comment Period* and *Section IV Plan Submission Requirements and Approval (subsection Plan Submission Requirements, the third and fourth bullet points)* for additional direction.
* The submitting LWDB must address any comments received following the public comment period. In lieu of duplicating any plan changes influenced by public comments within the *submission cover letter*, the LWDB may summarize plan changes due to public comment(s) within this form’s *Section III Requested Plan Changes* by denoting any public comment influenced plan change accordingly. Otherwise, the public comment changes must be summarized within the *submission cover letter*.
* Ensure affected LWDB(s) and CEOs duly approved the plan modification as evidenced by signing and dating appropriate supporting documents.
* Modified WIOA plans not documented as being duly approved by the submitting LWDB(s) cannot be approved by the state.

**Submitting a WIOA Regional Plan Modification form for state approval:*** The planning regions’ point of contact, or POC, will submit a WIOA Plan Review and Modification Form(Regional Plan).
* Sections I-IV must be completed and provided with the modified plan submission package.

**Planning Region Additional Guidance:*** The POC will complete Section I and the top of Section II on the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Regional Plan), located on page 4, for their perspective planning region.
* POC will disperse partially completed document to the rest of the planning region via email.
* If modifications were made, the POC must also include *Section III Requested Plan Changes* on the WIOA Plan Review and Modification Form (Regional Plan) for review.
* POC will remind each non-submitting LWDB to complete signature sections noting that the LWDB, LWDB chair and LWDA CEO(s) approved the modified WIOA Regional Plan.
* POC will advise non-submitting LWDB that once this form is completed, the LWDB needs to submit the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Regional Plan) back to the POC with their submitted modified local area plan (if applicable) and other required documentation as referenced in L&I’s WIOA Regional and Local Area Plan Guide.

**Please direct plan submissions and questions to the BWDA Policy & Planning Coordination Services resource account:** **RA-LI-BWDA-Policy@pa.gov** |
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| **III(b). Requested Plan Changes – Continuation Page** |
| **Submitting LWDB Name *(i.e., designated name, not D.B.A.)*:** *LWDB name* |
| Page #  | Change due to a public comment | Describe a change in as few words as possible to direct the reviewer to the marked narrative. Do not describe mechanical or grammatic edits. |
| # | *(yes or no)* | Change |
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***Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form***

**Single Local Area Regions may disregard this form**

**Point of Contact, or POC**: Planning regions’ POC will complete Section I and the top of Section II for the benefit of all LWDA CEOs and LWDB Chairs composing the WIOA region. WIOA Plan Review and Modification Form (Regional Plan)’s*Section III Requested Plan Changes* must be provided to LWDB’s signers for their review, if applicable. POC will disperse via email to the rest of the planning region.

**Non-submitting LWDB(s):** Complete the remaining sections of the form including LWDB Chair and LWDA CEO signatures and noting that the local board approved the modified WIOA Regional Plan. Once this supplemental form is completed, the LWDB will email this form (in lieu of WIOA Plan Review and Modification Form(Regional Plan)) to the POC along with modified local area plan (if applicable) and other required documentation as referenced in L&I’s WIOA Regional and Local Area Plan Guide.

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| **I. WIOA Regional Plan: Designated Submitting Local Workforce Development Board**, orLWDB |
| **Region Name:**Click here to enter text. | **Submitting LWDB Name *(i.e., designated name, not D.B.A.)*:**Click here to enter text. |
| **Local Workforce Development Areas, or LWDAs, that compose the Planning Region:** Click here to enter text. |
| **Name of Region’s Designated POC:** Click here to enter text. |
| **Organization:** Click here to enter text. | **Title:** Click here to enter text. |
| **Telephone Number:** Click here to enter text. | **E-mail Address:** Click here to enter text. |

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| **II. WIOA Regional Plan Review and Modification Information** |
| **Was the plan reviewed per WIOA and L&I’s WIOA Regional and Local Area Plan policy and guide?** *(yes or no)* |
| **Indicate the economic condition and labor market information source(s) used in the plan review process:***List data sources* |
| **Did the plan review warrant plan modifications?** *(yes or no)* |
| **Was the modified plan draft provided to affected LWDB(s) prior to public posting?** *(yes or no)* |
| **Have all affected LWDB(s) approved final plan mod:***(yes or no)* | **Public Comment Period:***MM/DD/YYYY - MM/DD/YYYY* | **Comments received:***(yes or no)* |
| **Non-submitting LWDB Approval Date:** *MM/DD/YYYY* | **Plan Modification Effective Date:** *MM/DD/YYYY* |

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| **III. Non-submitting LWDB approves the modified WIOA Regional Plan** |
| **Name of LWDB:** Click here to enter text. |
| **LWDB Executive Director:**Click here to enter text. | **Signature:** | **Date:***MM/DD/YYYY* |

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| **IV. Non-submitting LWDB approves the modified WIOA Regional Plan** |
| **Name of LWDB:** Click here to enter text. |
| **Board Chair:**Click here to enter text. | **Signature:** | **Date:***MM/DD/YYYY* |

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| **V. Non-submitting LWDA CEO approves the modified WIOA Regional Plan** |
| **Name of LWDA:** Click here to enter text. |
| **CEO:**Click here to enter text. | **Signature:** | **Date:***MM/DD/YYYY* |