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.

|  |  |  |
| --- | --- | --- |
| I. Local Area Plan: 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. | |
| Name of Designated Point of Contact, or 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. |

|  |  |  |
| --- | --- | --- |
| II. Local Area Plan Review and Modification Information | | |
| Was the local area plan reviewed per WIOA and L&I’s WIOA Regional and Local Area Plan policy or guide? (*yes or no*) | | |
| Indicate the economic condition and labor market information source(s) used in the plan review process:  Click here to enter text. | | |
| Did the local area plan review warrant plan modifications? *(yes or no)* | | |
| L&I will approve the continuation of *existing* structure exemptions when the WIOA local area plan is approved or its modification is approved in lieu of a separate structure exemption request letter.  Is the LWDB requesting a continuation of an *existing* structure exemption? *(yes or no)* | | |
| Was the modified local area plan draft provided to LWDB(s) members prior to public posting? *(yes or no)* | | |
| Did submitting LWDB membership approve the final local area plan modification: *(yes or no)* | Public Comment Period:  *MM/DD/YYYY - MM/DD/YYYY* | Comments received:  *(yes or no)* |
| Submitting LWDB Approval Date: *MM/DD/YYYY* | Plan Modification Effective Date: *MM/DD/YYYY* | |

|  |  |  |
| --- | --- | --- |
| III(a). Requested Local Area 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 |
| # | *(yes or no)* | Change |
| # | *(yes or no)* | Change |
| *If needed, please use supplemental Section III(b). Requested Plan Changes – Continuation Page* | | |

|  |  |  |
| --- | --- | --- |
| IV. Submitting LWDB Executive Director’s Attestation  Submitter attests LWDA Chief Elected Officer (CEO) and LWDB Chair approved the plan review and/or the submitted plan. | | |
| Name: Click here to enter text. | Signature: | Date: *MM/DD/YYYY* |

|  |  |
| --- | --- |
| V. Submission and Feedback Information (L&I Use Only) | |
| Date L&I received: | Is 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 mod been reviewed? Y / N | Are the reviewers satisfied with the plan mod? Y / N |

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

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

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

|  |  |
| --- | --- |
|  | 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 Guidance *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 Local Area Plan Modification form for state approval:   * LWDBs submitting a local area plan modification must complete a WIOA Plan Review and Modification Form (Local Area Plan).   + Sections I-IV must be completed and provided with the modified plan submission package.   Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) Guidance:   * *Single Local Area Regions may disregard this section and the form referenced on page 5.*   ~~~~ Refer to page 5 of this document for complete instructions.   * + Potential local area plan modifications should always be discussed at the Planning Region level to determine the overall effect the modified local area plan will have upon the regional plan.   + This form is provided if the LWDB’s local area plan modification is not within the planned two-year modification period.   + If the LWDB’s local area plan modification is deemed to affect the regional plan in a minor manner, this form is used in place of a full Regional Plan modification.   + If the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) is employed, then this is the only regional plan modification form required.   + Once completed, the non-submitting LWDB will email the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) to the designated POC.   Please direct plan submissions and questions to the BWDA Policy Coordination resource account: [RA-LI-BWDA-](mailto:RA-LI-BWDA-Policy@pa.gov) [Policy@pa.gov](mailto:RA-LI-BWDA-Policy@pa.gov) | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | III(b). Requested WIOA 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 |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |
| # | | *(yes or no)* | Change |

*Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan)*

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.

This form is provided if a LWDB’s local area plan modification is not within the planned two-year modification period. If the LWDB’s local area plan modification is deemed to affect the regional plan in a minor manner, this form is used in place of a full Regional Plan modification.

|  |  |  |
| --- | --- | --- |
| I. WIOA Regional Plan: Designated Submitting Local Workforce Development Board, or LWDB | | |
| 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 Point of Contact, or 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. |

|  |  |  |
| --- | --- | --- |
| II. WIOA Regional Plan Review and Modification Information | | |
| Was the regional 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:  Click here to enter text. | | |
| Was the modified regional plan draft provided to affected LWDB(s) prior to public posting? *(yes)* | | |
| 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* | |

|  |  |  |
| --- | --- | --- |
| III. Requested WIOA Local Area Plan Change(s) That May Affect the Planning Region Plan | | |
| LWDB submitting the local area plan modification *(i.e. designated name, not D.B.A.)*:  Click here to enter text. | | |
| Page # | Change due to a public comment | Describe a change in as few words as possible to direct the reviewer to the marked narrative. |
| # | *(yes or no)* | Change |
| # | *(yes or no)* | Change |
| # | *(yes or no)* | Change |

|  |  |  |
| --- | --- | --- |
| IV. LWDB approves the modified WIOA Regional Plan | | |
| Name of LWDB: Click here to enter text. | | |
| LWDB Executive Director: | Signature: | Date: |

|  |  |  |
| --- | --- | --- |
| V. LWDB approves the modified WIOA Regional Plan | | |
| Name of LWDB: Click here to enter text. | | |
| Board Chair: | Signature: | Date: |

|  |  |  |
| --- | --- | --- |
| VI. LWDA CEO approves the modified WIOA Regional Plan | | |
| Name of LWDA: Click here to enter text. | | |
| CEO: | Signature: | Date: |

|  |  |
| --- | --- |
|  | *Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) - Instructions & Technical Support* |
| Background:   * This form is provided if a LWDB’s local area plan modification includes narrative that may affect the regional plan and is not within the planned two-year modification period. * Potential local area plan modifications should always be discussed at the Planning Region level to determine the overall affect local area plan modifications may have on the planning region. * If the LWDB’s local area plan modification is deemed by L&I to provide only a technical or minor affect upon the regional plan, a full regional plan modification that includes posting for public comments is not required. This form is used in place of the more extensive regional plan modification form.   This form is not necessary if:   * The region is composed of a single LWDA. * The planning region members agree that the LWDB’s local area plan modification provides no effect on the regional plan. * The LWDB’s local area plan modification is deemed to affect the regional plan in a major manner; therefore, a full regional plan modification is required.     Instructions:   * A LWDB’s modified local area plan includes narrative that may affect the regional plan and is not within the planned two- year modification period. This LWDB will contact the POC to begin the Planning Region discussion. * POC communicates the LWDB’s local area plan modification to all other planning region LWDB(s), arranges meeting(s) for   all LWDBs to discuss, and possibly makes minor modification to the regional plan due to the local area plan modification.   * POC provides the modified regional plan draft to L&I’s BWDA to determine if the modification is technical or minor.   *If L&I deems the modification to be technical or minor:*   * 1. the need for posting the draft for public comments may be averted.   2. the use of the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) is warranted. * The LWDB submitting a local area plan modification does not complete the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan). Instead, the LWDB coordinates with the POC by providing all relevant local area plan modification information. * POC will complete Sections I, II and III for the benefit of the planning region’s LWDA, CEOs and LWDB members. * Once the POC finalizes the regional plan modifications and prepares the Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan), the POC will disperse both items to the rest of the planning region via email. * All remaining LWDB(s) will complete sections IV, V and VI and email the completed Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) to POC. * POC will email copies of the completed Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form (Local Area Plan) to the LWDB who is submitting the local area plan modification to L&I. The LWDB must attach these forms to the local area plan modification package. * POC will submit the finalized modified regional plan, including a summary of the technical or minor modifications to L&I. * POC will ensure the modified regional plan is posted for public viewing.       *Please direct plan submissions and questions to the BWDA Policy Coordination resource account:* [*RA-LI-BWDA-*](mailto:RA-LI-BWDA-Policy@pa.gov)[*Policy@pa.gov*](mailto:RA-LI-BWDA-Policy@pa.gov) | |