Submission Cover Letter Template

LWDB letterhead Date

To: (If four-year plan) Deputy Secretary for Workforce Development of Pennsylvania (If modification) Bureau of Workforce Development Administration Director

On behalf of the LWDB Name, I approve the submission of the PY 20 - 20 WIOA (Regional, *if applicable*, and) Local Plan(s) for list name of county/ies. These documents are being submitted for your review with the concurrence, support and approval of the LWDB Name at its meeting on month, date, year as per WIOA regulations WSP# 108-01, Change 1. The (regional, *if applicable*, and) local plan(s) provide the framework in defining how a designated area’s workforce development system will achieve the purposes of WIOA. Therefore, the LWDB Name (explanation of plan creation/benchmarks achieved. *Please do not exceed 8 summary sentences*).

The LWDB Name solicited public input in accordance with WIOA Sec. 107 and 20CFR Part 679 for the period of month, date, year to month, date, year. The plan(s) were available for review on the name of web address and/or a public legal notice was published in amount location: i.e. newspapers. A screen shot of the online posting and/or copies of legal notice with dates of public notification is also included in the submission. No comments were received during the 30-day public comment period OR Comments were received as referenced on page of the submitted plan.

If you have any questions or need additional assistance, please do not hesitate to contact name of designated point of contact person by telephone at enter phone number or via email at email address.

My/our signature(s) below certify/(ies) that I/we approve the submission of the PY 20 - 20 WIOA (Regional,

*if applicable*, and) Local plan(s) to the PA Department of Labor & Industry.

Best Regards,

Signature Signature

Full name/title of Full name/title of

LWDA Chief Elected Officer (CEO) LWDB Chair