A plan modification may be submitted at any time; however, there are certain procedural steps required as part of the modification process. Please refer to the Commonwealth of PA’s ***Workforce System Policy No. 108-01, Change 1***. Direct plan submissions and questions to PA Department of L&I’s Bureau of Workforce Development Administration, or BWDA, Policy Coordination resource account: RA-LI-BWDA-Policy@pa.gov

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| **I. Regional Plan: Designated Submitting Local Workforce Development Board** (LWDB) |
| **Region Name:***Region Name* | **LWDB Name *(i.e. designated name, not D.B.A.)*:***LWDB name* |
| **Region includes the Local Workforce Development Areas** (LWDA) **included in Region:** *List LWDAs* |
| **Name of Designated Point of Contact (POC):** *Name* |
| **Organization:** *Organization* | **Title:** *Title* |
| **Telephone Number:** *Phone* | **E-mail Address:** *E-mail* |

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| **II. Plan Review and Modification Information** |
| **Was the plan reviewed per WIOA regulations and PA WSP# 108-01, Change 1?** *(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)* If “no” plan modification, proceed to section IV. |
| **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)* |
| **Submitting LWDB Approval Date:** *MM/DD/YYYY* | **Plan Modification Effective Date:** *MM/DD/YYYY* |

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| **III(a). Requested Plan Changes** |
| Page #  | Change due to a public comment | Describe change in as few words as possible to direct reviewer to the marked narrative. Do not describe mechanical or grammatic edits. |
| # | *(yes or no)* | Change |
| # | *(yes or no)* | Change |
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| # | *(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 (CEO) and LWDB Chairs approved the plan review or the submitted plan.  |
| **Name: *Name*** | **Signature:** | **Date:** *MM/DD/YYYY* |

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| **V. Submission and Feedback Information (L&I Use Only)** |
| **Date L&I received:** | **Are plan modification documents 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 plan and supporting documents satisfactory?** Y / N |

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| **VI. BWDA Chief or Policy Coordination Supervisor Recommendation for Approval** |
| **Name:**  | **Signature:** | **Date:**  |

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| **VII. BWDA Bureau Director’s Approval** |
| **Name:**  | **Signature:** | **Date:**  |

If after the mandated WIOA plan review it is determined no plan modifications are required provide 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 Approval** |
| **Prior to submitting a modified WIOA Regional or Local Plan and its supporting documents for state approval:*** Submitting LWDB must ensure the modified plan is made available to the public for review and comment for a minimum of 30 days, in accordance with WIOA Sec. 108 and 20 CFR Part 679. The plan and its supporting documents, as well as the public notice inviting public comment must be posted on the submitting LWDB’s official Internet site and/or published in local news media. If the modified plan is a regional plan, affected LWDB(s) may employ hyperlinks leading to the draft regional plan.
* The notice, at a minimum, must summarize the significant change(s) to the plan, provide the dates of the comment period and how to submit comments. Public notice must account for LWDA(s) affected by the plan modification. Stakeholders and interested parties, including L&I agencies, must be notified of the public notice’s posting, and how the notice’s subject (i.e. the modified plan and supporting documents) may be accessed.
* Following the public comment period, the submitting LWDB must address any comments received. 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 that affected LWDB(s) and CEOs have approved the final modified plan draft and its supporting documents. Submitted modified plans that are not approved cannot be approved by the state.

**Submitting a modified WIOA Regional or Local Plan and its supporting documents for state approval:*** Provide a S*ubmission Cover Letter*. Use letterhead from the submitting LWDB. At the minimum, the submission cover letter briefly describing reason(s) for the modification; includes timeline, benchmarks achieved and LWDB engagement; indicates public comment status; and is signed and dated by the submitting LWDB’s Chair and the respective LWDA’s CEO.
* If the modified plan is a regional plan, in consideration of the difficult logistics involved when collecting LWDA’s CEO and LWDB Chair dated signatures onto one document, BWDA will accept the dated signatures from the other affected LWDAs if the supplemental page *Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form* is employed. When using this form add the date(s) when affected LWDB(s) approved the plan modification.
* The submission cover letter must state if public comments were received or not. The letter must contain a brief description of significant changes to the plan because of such public comments, unless these changes are properly noted in the *WIOA Plan Review and Modification Form*.

 * Provide a copy of all public comments received and LWDB’s comment acknowledgements.
* Provide the completed *WIOA Plan Review and Modification Form.*
* Provide an electronic copy (preferably Microsoft Word format) of the modified plan and all supporting documents denoting changes and edits. To ease the review burden and improve L&I feedback please use the “strikeout” feature for narrative meant to be deleted; use “yellow highlight” feature for narrative that is new or if the narrative context changed due to edits.
* Provide documentation showing that the submitting LWDB published the public notice inviting public comment, and that the public notice was published for the required 30 days. BWDA will accept the following as evidence for fulfilling public notice requirements:

 * If the public notice was posted on the LWDB’s Internet site, provide: 1) a screen print of the online posting and website information providing evidence of the first date the public comment period began, and 2) documentation of how stakeholders were informed of the public comment period (e.g., an e-mail to stakeholders and other interested parties).
* If the public notice was published in the local news media, provide: 1) a copy of the advertisement from the news media; and 2) a billing receipt showing dates of publication.

**Approval of WIOA Regional or Local Plan and its supporting documents:*** BWDA will notify the submitting LWDB POC when the plan modification submission is received. BWDA may request clarifying information or provide reviewer’s feedback to revise the plan changes. If the modification(s) is approved the submitter must provide a “clean” version of the approved plan to BWDA so that it may be included in the approval letter. BWDA will email a letter notifying the submitting LWDB Executive Director, CEO and LWDB Chair of the disposition of the plan modification (approval/denial).
* The submitting LWDB must post on their website the approved plan and all supporting documents; L&I Approval Letter; Submission Cover Letter; WIOA Plan Review and Modification Form and any supplemental pages; proof of legal public notice of the plan’s public posting; and public comments received and the LWDB’s comment acknowledgements.

**Please direct plan submissions and questions to the BWDA Policy Coordination 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 change in as few words as possible to direct reviewer to the marked narrative. Do not describe mechanical or grammatic edits. |
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***WIOA Plan Modification - Planning Region CEO and LWDB Chair Dated Signatures Supplemental Form***

This supplemental form must contain identical information (*Sections I and II*) derived from PA Department of L&I’s *WIOA Plan Review and Modification Form (Regional Plan)* for the benefit of all LWDA CEOs and LWDB Chairs that compose the WIOA region. It is recommended *Section III Requested Plan Changes* be provided to signers for their review.

Add as many of these signed supplemental form(s) as needed to the *WIOA Plan Review and Modification Form (Regional Plan)*.

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| **I. WIOA Regional Plan: Designated Submitting Local Workforce Development Board** (LWDB) |
| **Region Name:***Region Name* | **Submitting LWDB Name *(i.e. designated name, not D.B.A.)*:***LWDB name* |
| **Region includes the Local Workforce Development Areas** (LWDA) **included in Region:** *List LWDAs* |
| **Name of Designated Point of Contact Person:** *Name* |
| **Organization:** *Organization* | **Title:** *Title* |
| **Telephone Number:** *Phone* | **E-mail Address:** *E-mail* |

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| **II. WIOA Regional Plan Review and Modification Information** |
| **Was the plan reviewed per WIOA regulations and PA WSP# 108-01, Change 1?** *(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)* |
| **Submitting LWDB Approval Date:** *MM/DD/YYYY* | **Plan Modification Effective Date:** *MM/DD/YYYY* |

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| **Non-submitting LWDB approves the modified WIOA Regional Plan to be submitted to PA L&I** |
| **Name of LWDB: *Name*** |
| **LWDB Executive Director:** ***Name*** | **Signature:** | **Date:** |

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| **Non-submitting LWDB Chair approves the modified WIOA Regional Plan to be submitted to PA L&I** |
| **Name of LWDB: *Name*** |
| **Board Chair:*****Name*** | **Signature:** | **Date:** |

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| **Non-submitting LWDA CEO approves the modified WIOA Regional Plan to be submitted to PA L&I** |
| **Name of LWDA: *Name*** |
| **CEO:** ***Name*** | **Signature:** | **Date:** |