

Performance Committee Meeting

May 21, 2014

9:30 a.m. – 11:00 a.m.

Attending in Person

Nebraska Department of Labor
550 South 16th Street Lincoln, NE

Attending by Conference Call

Conference Number: 888-820-1398
Attendee Code: 6151732#

Agenda

- I. Approval of August 14, 2013 Meeting Minutes
- II. Local Area Plan Review
 - Greater Lincoln
 - Greater Nebraska
 - Greater Omaha
- III. Local WIB Re-Certification
- IV. WIA Program Dashboards Upcoming Meetings
 - 3rd Quarter Preliminary Performance
 - Adult Performance 3rd Quarter Comparison
 - Dislocated Worker Performance 3rd Quarter Comparison
 - Youth Performance 3rd Quarter Comparison
- V. Upcoming Meetings
 - Nebraska Workforce Investment Board – June 20, 2014
 - Performance Committee - August 20, 2014

MAY 21, 2014

PERFORMANCE COMMITTEE

AGENDA ITEM I

August 14, 2013 Draft Meeting Minutes

MINUTES
PERFORMANCE COMMITTEE
NEBRASKA WORKFORCE INVESTMENT BOARD
August 14, 2013

Chair Bruce Cutright called the meeting to order on August 14, 2013 at approximately 9:30 a.m. Members attending by conference call were: Bruce Cutright, Becky Golden, Randy Kissinger, Cherisa Price-Wells, Terri Ridder, Becky Stitt, and Carol Swigart. Also attending by phone were Shirley Carlson and Thomas Warren. Attending in person at the Department of Labor building was: Jan Fox, Nancy Leonard, Jason Mauseth, Kelley McKay, Joan Modrell and Tom Ukinski.

New ad hoc members appointed to the Performance Committee are Becky Golden and Cherisa Price-Wells. Carol Swigart who was previously an ad hoc non-voting member is now a voting member. She was appointed to the NWIB in June 2013.

I. Approval of May 15, 2013 Meeting Minutes

Becky Stitt moved to approve the minutes of the May 15, 2013 Performance Committee meeting; it was seconded by Carol Swigart and unanimously approved.

II. State and Local Area Performance Negotiations

Joan Modrell, Executive Director of the Office of Employment and Training, reviewed the State and Local Area Performance Negotiations with the committee. The state completed their negotiations with the Feds in June. In July, the state started the process with the local areas and their negotiations were completed by the end of July. She shared with the committee members the PY2013 Local Area Negotiations charts for Greater Lincoln, Greater Nebraska and Greater Omaha. The state does not report local area performance to the Feds, only state performance is reported. This is how the WIA program is evaluated on whether it is successful or not. She believes that doing performance negotiations will become an annual event. Bruce Cutright asked if there are any areas of concern that we as a state need to be aware of. Joan explained this is a topic that will be discussed under Agenda Item III – 4th Quarter Preliminary Performance.

III. WIA Program Dashboards

- **4th Quarter Preliminary Performance**
- **Adult Performance 4th Quarter Comparison**
- **Dislocated Worker Performance 4th Quarter Comparison**
- **Youth Performance 4th Quarter Comparison**
- **Youth Planned vs. Actual Enrollments & Exits**
- **Local Area Financial Analysis as of 6-30-13**

Joan reviewed the WIA Common Measures – Program Year 2012 – 4th Quarter Summary Report charts for the State, Greater Lincoln, Greater Omaha and Greater Nebraska. Because of new members on the committee, she explained how the charts were organized. The state can't fall below 80% in any one of the measures or below 90% in the aggregate score. As long as a state

meets these two criteria, they aren't put under sanction. If we meet the aggregate score of 100% in each area (Adult, Dislocated Worker and Youth) then the state is eligible for federal incentive funds as long as Adult Basic Education and Carl Perkins meet their performance criteria... The last two years, Carl Perkins and Adult Basic Education have met their criteria but we did not. If criteria are met, we would be eligible for a \$750,000 grant.

Final PY 2012 performance will be submitted by September 30, 2013. As of now, only one of the three local areas, Greater Nebraska, has met the 100% aggregate score in all three performance measure areas (Adults, Dislocated Worker and Youth). Joan reviewed the other charts that were sent to the committee (the bar charts).

Joan said it is important to be familiar with the employer community in order to know where the high paying jobs are. Last year there was concern with the youth measure. Time and effort were put forth by all three local areas on this measure and the outcome was much improved.

Joan asked for questions. Bruce Cutright had a question about the State Adult WIA Performance bar graph. It appears in 2012 there was either a high turnover or more temporary positions with less pay. Is there a trend of more part time or temporary jobs or is there a trend of high turnover where people are being placed? Joan suggested in order to having a better understanding of this, we could have a follow-up discussion of what kind of jobs people are going into. We know which sectors have low, medium and high turnover rates. We need to take a look at the jobs people are leaving. Joan said we could data mine the data to get a better understanding of what is creating this.

Becky Golden stated that the data we have is after the fact data. As we look forward, strategies are changing but none of that is reflected in this data. Joan thinks with our new tracking system, we can probably just pull exit data and go by exits (who was exited and what field they went into). Joan said we could check into the possibility of getting more current data; if so, this could be on the agenda for the next Performance Committee meeting.

Joan reviewed with the committee the "Youth Planned vs. Actual" dashboard. Jan Fox and she will be revising the form they ask the local areas to fill out for enrollments and exits. This form as a planning and review tool could be clearer.

Joan reviewed the next three pages which is a financial snapshot of the local areas. These pages are as of August 9, 2013 so there could be things that aren't included yet. These charts do not reflect any fund transfers. For instance, Greater Nebraska has transferred \$100,000.00 from the Dislocated Worker to Adult Program. Joan said there is nothing concerning about the expenditure levels.

Joan said if there is another sequestration, it could affect the advanced money we get in October. We could have more reductions and this could very well affect how we deliver services.

IV. Continuous Improvement – "How Do the Local WIA Area Service Providers and Workforce Investment Boards Utilize Customer Satisfaction Activities?"

Jan Fox, Program Coordinator for the Office of Employment and Training, said we had asked the three local areas if they would report on what they are doing with their customer satisfaction activities.

Greater Lincoln – reported on by Carol Swigart – Lincoln WIB Member. They use their customer satisfaction survey data by taking a three tier approach. It is used by the One Stop Operator, the Customer Advisory Committee and the Greater Lincoln Workforce Board. The One Stop operator uses the customer comments and responds to any complaints. The results of the customer satisfaction surveys are shared with staff and partner agencies for staff evaluations and planning data. It is used to provide insight to the Customer Advisory Committee. They also use the survey questions to develop specialized customer feedback tools for some of their specific programs. The Customer Advisory Committee compares data from one year to the next and reports to the full board. The board uses it in a lot of ways. For instance, it is used for the WIA Annual Report. The format and results are shared with members of the Great Lakes Employment and Training Association. Past results were used to structure discussion at their visioning and planning session for their new location. They feel it's a very helpful tool and they constantly use it to improve the program for employers and clients.

Greater Omaha – reported on by Shirley Carlson – HWS. Surveys are handed out in the resource room as well as to individual clients. Co-located partners at the center also hand out surveys. This past program year over 1,800 surveys were returned and the average satisfaction rate was over 98%. All surveys are reviewed by the One Stop manager. A survey report is put together and shared at the Performance Committee meetings and with the board members. Survey results are put in a binder and stored in the resource room for anyone to review. Survey results are discussed at monthly partner meetings. They have a new One Stop manager and that person suggested doing another survey which is more like an interest survey (for example, what else would you like to see done at the center). They plan to implement this on a quarterly basis starting in September.

Greater Nebraska – reported on by Kelley McKay. Traditionally, Greater Nebraska's service provider is also a partner. Because the service provider is truly integrated, customer satisfaction surveys in the career center are conducted with Wagner Peyser. This will change. Up to this point, surveys are available throughout the career center. When turned in, they are addressed as necessary by career center staff.

They have reviewed the continuous improvement process (which includes customer satisfaction surveys) and it was presented to the board in June. Everything has been done at an oversight level through the recertification process. They did do a major restructure with that process and are now only recertifying the comprehensive One Stop instead of affiliates. It was decided by the GNWIB that only looking at one career center every three years was not the best way to do it. The Compliance Committee is charged with continuous improvement so they are going to be reviewing this over the next year.

At the Performance Committee's last meeting, they discussed customer satisfaction activities. They were wondering if the surveys should be consistent among the three local areas. Should

there be some type of common data collection. Based on the three local area reports, Jan Fox asked what the committee thought.

Becky Stitt thinks consistency would be a good idea. It would be more meaningful if there was a uniform way that data was gathered. Bruce Cutright agrees with Becky. He thinks it is great what each local area has done, but it is hard to compare when the each local area uses a different way of collecting the data. Carol Swigart said she thinks there needs to be some consistency but still gives each local area leeway to develop survey questions specific to their particular situation. Joan said this topic can be put on the agenda for the next local area administrators' meeting to see if there is a way two or three questions could be customized and each local area would use those on their surveys. Again, she said we do rely very heavily on local boards to handle this because it is one of their responsibilities at the local level. Maybe the Performance Committee would want to do something statewide. In the past, we have done the Mystery Shopper. Bruce Cutright asked if we were to receive incentive funds, could some of those funds be used for something like Mystery Shopper. Joan said yes this would be an allowable activity.

V. Design Options for WIA Annual Report for PY 2012

Jan Fox said the WIA Annual Report is a federal requirement. The Performance Committee members had received the timeframe for the Annual Report at the last meeting. She spoke about the Carl Perkins Act. This report comes from the Department of Education. She explained that what had been done in the past regarding the Annual Report was that a notation was made if the Performance Committee reviewed and accepted the report from the Department of Education.

The members had received a couple design options for the Annual Report. Jan Fox told the members to disregard the content—just look at the style. Joan and Jan Fox are preparing all the content, and then it will be sent to the Public Information Office. They will use whatever design the Performance Committee selects.

Jan Fox asked if the Performance Committee accepted the Carl Perkins Act information. She also asked they let her know which design they preferred.

Becky Golden asked if we ever get additional information on the Carl Perkins Act other than at this particular time. Joan said yes we do. We have been involved with a number of the Carl Perkins initiatives. At the last meeting of the NWIB, the members endorsed and approved the Career Readiness Standards. Joan suggested we might have a Carl Perkins update as an agenda items for the next meeting.

Becky Stitt, Carol Swigart, Becky Golden and Terri Ridder gave Jan comments on the Annual Report design. The committee did make a recommendation as to the design they preferred.

VI. Set 2014 Meeting Dates

- **February 19, 2014**
- **May 21, 2014**
- **August 20, 2014**

Jan Fox shared the dates of next year's meetings. They are listed above. It was decided to have an in-person meeting for the May 21, 2014 meeting.

Next Full Board Meeting – October 18, 2013

Next Executive Committee Meeting – December 13, 2013

VII. Adjournment

A motion to adjourn was made by Becky Stitt; Terri Ridder seconded the motion; a voice vote was taken; the motion carried unanimously and the meeting was adjourned at 10:52 a.m.

nl

August 21, 2013

AGENDA ITEM II

Greater Lincoln Local Area Plan Checklist

Greater Nebraska Local Area Plan Checklist

Greater Omaha Local Area Plan Checklist

Nebraska Department of Labor
Office of Employment and Training
PY14 WIA Local Plan Checklist: **Greater Lincoln**

A. Executive Summary

1. Overview: Does the Local Plan Provide the following:

- | | | |
|--|---|--|
| ▪ Geographical Workforce Investment Area | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Population | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Diversity of the Population | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| ▪ Labor Market Trends | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Local Area Strengths | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Opportunities for Improvement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Experienced change since 1998 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Expectations for future change | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **Population:** *Please update the 2010 population statistics.*
- **Diversity:** *Please provide information regarding the diversity of population.*

2. Analysis of Local Economic & Labor Market: Does the local Plan include the following:

- | | | |
|--|---|-----------------------------|
| a. Identification of current and projected trends of the local areas economy, industries, and occupations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the workforce skills and knowledge individuals need to find current and future employment in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Evidence these skills and knowledge are employer identified and necessary for economic growth in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the characteristics of the local area's population, including specific needs of diverse sub-populations including those from racial, ethnic, linguistic groups, older persons, and individuals with disabilities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Analysis of the challenges associated with the local area's population attaining the education, skills, and training needed to obtain employment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Describe specific strategies the local WIB and One Stop Operator are or will be implementing during this plan period to insure the skill needs of local employers is met and to close any existing skill gaps. Strategies should include partner agencies that target populations in diverse populations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- *2.c. Please provide more detail regarding the populations and/or growth of such populations of these diverse subpopulations. We also suggest you change the wording in this sentence.*
- *2.c. How is Greater Lincoln meeting the needs of this subpopulation? This section needs to be expanded, and you may want to address the relatively large subpopulation of Vietnamese speaking individuals in Greater Lincoln.*
- *2.e. If available, please provide statistics regarding the underemployment addressed in this section.*

3. Plan Development: Describe the steps for developing the local plan, including:

- | | | |
|--|---|-----------------------------|
| a. Timeline | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Consultation process with the local elected official(s), local Workforce Investment Board, members of the public including representatives of businesses and representatives of labor organizations, and other partners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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- | | | |
|---|---|-----------------------------|
| c. Actions taken to acquire other input into the plan development process | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Dates Plan was posted electronically to local website | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A summary of the comments received (including comments from businesses and labor organizations) should be included in the Attachment section. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: None

B. Administrative Section

1. Organization

a. Chief Elected Official

- | | | |
|--|---|-----------------------------|
| 1) Identify the chief elected official by name, address, phone number, and email. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Describe the process utilized to secure the chief elected official agreement.
Current agreements for the time period of this plan are a required attachment of the final local plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. Workforce Investment Board

- | | | |
|---|---|-----------------------------|
| 1) Describe the structure, including the nomination process of the Workforce Investment Board. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A current agreement between the chief elected official and the Workforce Investment Board | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A Workforce Investment Board member list | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Current Workforce Investment Board By-Laws are required attachments of the final local plan | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Description of how the business members of the Workforce Investment Board play a leading role in ensuring the workforce system is demand-driven. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Identify the circumstance which constitutes a conflict of interest for any local Workforce Investment Board member. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Describe the membership of the local Youth Council and the process used to determine the appointments. Identify the responsibilities of this council. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Specify if this includes recommending eligible youth service providers and conducting oversight with respect to eligible providers of youth activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A current Youth Council membership list is a required attachment of the final Local Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Describe how the local WIB shall coordinate and interact with the local elected official(s). | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Explain how the local WIB shall ensure nondiscrimination and equal opportunity. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Explain what strategies the CEO and local WIB shall create to utilize the leadership of faith-based and neighborhood partnerships. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Describe the intended waiver process (if any) to be used by the local WIB using the criteria by which the state shall determine if local WIBs may provide programs in-house. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

c. Administrative Entity

- | | | |
|---|---|-----------------------------|
| 1) Identify the administrative staff and a description of their responsibilities in carrying out the work of the local board. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

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Staff Comments: None

2. Local Vision, Goals, and Priorities

- | | | |
|--|---|-----------------------------|
| a. Outline the vision, goals, and priorities for the local area as identified by the local WIB and Chief Elected Official. Include planning efforts conducted by the local WIB and Chief Elected Official in the past 12 months. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Identify "action steps" the local WIB and delivery system will take to contribute to reaching the local vision, goals, and priorities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: None

3. The One-Stop System

- | | | |
|---|---|-----------------------------|
| a. Describe the process for the selection of American Job Center operator(s), including the competitive process or the agreement process between the local board and a consortium of partners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the appeals process to be used by entities not selected as the American Job Center operator. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Identify the policy and procedures for certification of the comprehensive American Job Center site. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Outline procedures for decertification of American Job Center(s) and/or service providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Provide overview of the One-Stop Delivery system, including physical site location, operator, personnel, and participating partners. Include organizational chart for the comprehensive One Stop site. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Identify and describe any affiliate site or agents or specialized centers to be established in the local area. Include any remote sites accessed through the use of technology. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Describe how the Workforce Investment Board shall engage employers and organized labor in the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Describe services offered to businesses. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Describe universal access and what services shall be provided. Include the strategy for outreach and recruitment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Explain how the services shall meet the needs of dislocated workers, displaced homemakers, low-income individuals including: migrants and seasonal farmworkers; women; minorities; individuals training for non-traditional employment; veterans; public assistance recipients; and individuals with multiple barriers to employment, such as, older individuals, people with limited English-speaking proficiency, and people with disabilities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Include a description of how the local WIB shall ensure physical and programmatic accessibility for individuals with disabilities at American Job centers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Describe any innovative initiatives or service delivery strategies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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- | | | |
|--|---|-----------------------------|
| k. Identify the case management system to include what the system will consist of and how it will be implemented | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Identify how the local area will prepare and be ready for implementing electronic case files on new enrollments on or before July 1, 2012. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Identify One-Stop partners by organization and name of contact person for each Board certified comprehensive One-Stop. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Describe examples of strategic partnering with required and optional One-Stop partners and other organizations to provide services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Identify an operating budget or cost allocation plan for each Board certified comprehensive One-Stop including the amount and the type of funding of each One-Stop partner. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. If there are any gaps where the amount of funding does not meet the workforce investment needs of businesses and jobseekers, describe the actions to be taken by the Board to address these gaps. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Identify whether or not the local area will be transferring funds between the adult and dislocated worker funding systems. If funds are to be transferred, indicate the reason for the transfer of funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

3.n. Please add missing asterisks identifying the funds associated with the City of Lincoln's portion of the rent.

3.n. Please identify "remaining partners."

3.n. Please be more specific as to which "Attachment A" is being addressed.

4. Memorandum of Understanding (MOU)

- | | | |
|---|---|-----------------------------|
| a. A description of methods for referral of individuals between the one-stop operator and the one-stop partners, for the appropriate services and activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. A description of the services and how these services will be provided through the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A description of the funding arrangements for services and operating costs of the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. The duration of the memorandum and the procedures for amending the memorandum during the term of the memorandum. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. The Plan must include: | | |
| ▪ Documentation of the negotiations and efforts that took place in completing the MOUs. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Provisions to report a failure to execute MOUs between required partners and the local WIB. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Identification or inclusion of all MOUs between required partners and the local WIB. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Identification or inclusion of all MOUs that have not been successfully completed with required partners at the time of Plan submission, if appropriate. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A plan of action to secure MOUs that are not successfully executed, if appropriate. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A description of any formal or informal agreements that are in place, or will be developed, during the planning cycle. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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Staff Comments:

4.e. Please provide a description of any formal or informal agreements that are in place, or will be developed, during the planning cycle, if applicable.

5. Fiscal Controls and Reporting

- | | | |
|--|---|-----------------------------|
| a. Identify the fiscal agent or entity responsible for the disbursement of grant funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the fiscal system and controls used by the fiscal agent for administering WIA funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Explain measures taken to ensure funds are expended in a timely fashion. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the competitive and noncompetitive processes that will be used by the local area to award grants and contracts for activities under Title I of WIA including how potential bidders are being made aware of grants and contracts. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Describe the procurement process for purchasing goods and services in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Identify (if applicable) the process to be used to procure training services that are made as exceptions to the Individual Training Account process. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Identify what system will be used to collect data, track and report local performance measures and program activity. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Describe the fiscal agent's property management system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Describe system/mechanism that will be included for consumer reports. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Acknowledge the requirement of submitting an annual report to the Nebraska Workforce Investment Board after the end of each program year, as requested. The report shall include, but is not limited to information on: number of customers (individuals and businesses) receiving services through the One-Stop system; office locations and certification status of Career Centers; recognitions and awards; successes; evaluations and continuous improvement efforts; impact of waivers, and web sites. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| j. Describe the actions to be taken to ensure the salary and bonus limitation is not exceeded. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: None.

6. Oversight Plan

- | | | |
|---|---|-----------------------------|
| a. Identify the plan for conducting monitoring of sub-recipients. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Address how the Local Workforce Investment Board shall be engaged in oversight activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe evaluation tools used to assess effectiveness of services to customers and ensure continuous improvement of the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **6.c.** Please provide additional information about when you expect the surveying to be and how it will be

administered..

C. Operational Section

1. Services – Eligibility Definitions

- | | |
|---|---|
| a. Eligibility for adult services. Priority system for providing adult intensive and training services based on funding limitations. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Include discussion of veterans' priority provisions. As discussed in TEN 15-10, address how the local Workforce Investment Board has put into operation a veterans' priority of service policy in a way that provides veterans and eligible spouses with the full range of employment and training services in a manner that is comprehensive, customer-driven, and seamless. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Eligibility for dislocated worker services. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Eligibility for youth services. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| ▪ Priority system for providing services to youth including narrative on how the local area shall invest in youth who are most at-risk and in need. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Shall services be offered to area youth who are not eligible under the youth program through the One-Stop centers? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> If so, what funding will pay for these One-Stop services for non-eligible youth? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Eligibility – Verification of Lawful Presence. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Definition of "face serious barriers to employment." | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Definition of "deficient in basic literacy skills." | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Definition of "requires additional assistance to complete an educational program or to secure and hold employment." | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Criteria used to determine "in need of training services." | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Criteria to demonstrate "skills and qualifications to successfully complete the selected training program." | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Criteria to demonstrate local occupational demand (or demand in another area to which the individual is willing to relocate) related to the program of training services. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| k. How efforts to obtain financial assistance from other sources to pay the costs of training are going to be documented and coordinated including Pell Grants. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Staff Comments: None

2. Adults and Dislocated Workers

a. Core and Intensive Services

- | | |
|---|---|
| 1. Describe in detail the type and availability of core services and how they will be provided to all adults and dislocated workers under WIA funding. Include coordination with Wagner-Peyser activities. Include discussion of how career guidance is provided. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Explain if the WIB will provide core or intensive services based on community need and/or state criteria. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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3. Describe in detail the type and availability of intensive services and how they will be delivered to adults and dislocated workers who qualify. As part of the Case Management process, local areas are encouraged to utilize "The Self-Sufficiency Standard for Nebraska" data prepared for the Nebraska Appleseed Center for Law in the Public Interest. ☒ Yes ☐ No
4. For individuals receiving intensive services, describe the criteria set by the local board that determines whether employment leads to self-sufficiency and the relationship of self-sufficiency and local WIA performance achievement. NOTE: For dislocated workers, the rule allows self-sufficiency to be defined in relation to a percentage of the layoff wage. ☒ Yes ☐ No
5. Describe the process used in selecting the service providers under a contract for services. The process must include a public comment period of at least 30 days for interested providers. ☒ Yes ☐ No
- b. Training Services**
1. Describe in detail the type and availability of training services and how they will be provided to adults and dislocated workers who meet eligibility requirements. ☒ Yes ☐ No
- *Discuss implementation of the fifty percent requirement for initiating adults and dislocated workers into training for a high-demand, high wage and high-skill occupation.* ☒ Yes ☐ No
 - *Explain how WIA funding shall be used to support Registered Apprenticeship training.* ☒ Yes ☐ No
 - *List dynamic occupations identified by the local board, and clarify the process for identifying additional dynamic occupations in the future.* ☒ Yes ☐ No
 - *Include a discussion of how the local board will promote entrepreneurial skills training and micro-enterprise services.* ☒ Yes ☐ No
 - *Describe the increased leveraging of resources brokered through the one-stop center(s) for training services. Include local policy and/or local operational procedures.* ☒ Yes ☐ No
2. Describe the Individual Training Account policy to be used in the local area. Include information such as dollar limits, duration, etc. Explain how customers receive quality workforce information and access quality training providers. The local Individual Training Account Policy is a required attachment to the final Plan. ☒ Yes ☐ No
3. Describe the process and procedures used by the local area to initially and subsequently determine eligibility for inclusion of providers on the eligible provider list. How is it ensured that such providers meet the continuously changing employment needs of local employers and participants? Explain how the list is disseminated. ☒ Yes ☐ No
4. Describe the local appeals procedure for providers in conjunction with the state appeals procedure for providers denied approval by the WIB. The local appeals procedure is a required attachment to the final Plan. ☒ Yes ☐ No
5. Identify local provisions of On-the-Job Training (OJT) and customized training and how these training opportunities are marketed. The local OJT and customized training policy and/or operational procedure is a required attachment to the final Plan. ☒ Yes ☐ No
- c. Supportive Services**
1. Identify the local area policy on supportive services that ensures service and resource coordination. Such policy should address procedures for referral to such ☒ Yes ☐ No

services, including how such services will be funded when they are not otherwise available from other sources. Such policy must include whether or not needs related payments will be authorized and, if they are, establish the payment level for adults. Address coordination of transportation and, if applicable, public transportation in the local area. The local area policy on Supportive Services is a required attachment to the final Plan.

d. Rapid Response

1. Describe how the local area shall coordinate local workforce investment activities with statewide rapid response activities. Include: procedures and involvement in the delivery of local rapid response activities; services offered through rapid response; policy for evaluating performance; and procedures to respond to disaster. The local area Rapid Response procedure is a required attachment to the final Plan. ☒ Yes ☐ No

Staff Comments:

- **2.a.1. Please provide additional information as to whether customers are encouraged to use one method (telephone or computer) over the other for UI claims.**
- **2.a.3. Please provide additional information as to how the "commuting distance" is defined.**

3. Youth

- a. Describe in detail the type and availability of youth activities in the local area identifying successful providers of such activities. Include in this discussion the local area's strategy for providing comprehensive services to eligible youth addressing these required local program elements: ☒ Yes ☐ No
1. Tutoring, study skills training, and instruction, leading to completion of secondary school, including dropout prevention strategies; ☒ Yes ☐ No
 2. Alternative secondary school services, as appropriate; ☒ Yes ☐ No
 3. Summer employment opportunities that are directly linked to academic and occupational learning; ☒ Yes ☐ No
 4. As appropriate, paid and unpaid work experiences, including internships and job shadowing; ☒ Yes ☐ No
 5. Occupational skill training, as appropriate; ☒ Yes ☐ No
 6. Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors; ☒ Yes ☐ No
 7. Supportive services; ☒ Yes ☐ No
 8. Adult mentoring for the period of participation and a subsequent period for a total of not less than 12 months; ☒ Yes ☐ No
 9. Follow-up services for not less than 12 months after the completion of participation, as appropriate; and ☒ Yes ☐ No
 10. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate. ☒ Yes ☐ No

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Identify all youth service providers currently responsible for implementing each of the WIA youth program elements in the local area. Formulate the information in a table that includes:

☒ Yes

☐ No

Mandatory Youth Element	Service Provider	Method of Deliver/Service Strategy
1)		
2)		

- b. Explain how eligible applicants who do not meet enrollment requirements of a particular program will be referred for further assessment and appropriate programs. ☒ Yes ☐ No
- c. Describe how the local board ensures appropriate links to entities that will foster the participation of eligible local area youth. Such links may include connections to: local area justice and law enforcement officials; local public housing authorities; local education agencies; job corps representatives; and representatives of other area youth initiatives, including those that serve homeless youth and other public and private youth initiatives. ☒ Yes ☐ No
- d. Describe the measures taken by the local area to ensure compliance with applicable safety and child labor laws. ☒ Yes ☐ No
- e. Describe how the local board shall make opportunities available to individuals who have successfully participated in programs carried out under this section to volunteer assistance to participants in the form of mentoring, tutoring, and other activities. ☒ Yes ☐ No
- f. Identify the criteria used in awarding grants for youth activities. Criteria should address what determines effective and ineffective youth activities and providers of such activities. The criteria shall be determined by the local WIB and youth council and include, but not be limited to, the state minimal criteria. ☒ Yes ☐ No
- g. Describe the competitive procurement process for selection of local service providers. Include information on efforts made to ensure that information on websites about applying for grants or becoming service providers is easy to find and understand for those non-profit organizations seeking to partner with the workforce investment system. ☒ Yes ☐ No
- h. Describe how the local area will establish and disseminate a list of eligible providers of youth activities. Include information on efforts made to ensure this information is available electronically and easy for the public to find. ☒ Yes ☐ No
- i. Describe the local appeals procedure for providers in conjunction with the state appeals procedure for providers of youth activities denied approval by the WIB. ☒ Yes ☐ No
- j. Specify out-of-school youth expenditure requirements based on State's minimum expenditure requirements. Out-of-school youth are considered "an important part of the new workforce supply pipeline needed by businesses to fill job vacancies in the knowledge economy." ☒ Yes ☐ No

Staff Comments:

3.1. Please specify the section of CFR being addressed here – 20 CFR 667.600.

2. Performance Measures

- | | | |
|---|---|-----------------------------|
| a. Describe the local levels of performance negotiated with the Governor and chief elected official pursuant to section 136(c) to be used to measure the performance of the local area and to be used by the local WIB for measuring the performance of the local fiscal agent (where appropriate), eligible providers, and the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe current methods for measuring customer satisfaction. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe how the local area's service strategy is designed to meet WIA Performance. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **2.b.** Please provide a timeframe for when the customer satisfaction surveying will be implemented.

3. Equal Opportunity, Affirmative Action, and Grievance Procedures

- | | | |
|--|---|-----------------------------|
| a. Provide the name, title, telephone number, and job description of the administrative entity's Equal Opportunity Officer. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Provide a copy of the administrative entity's EO policy statement. The EO Policy Statement is a required attachment to the final plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the local area's complaint and grievance procedures. The procedures must explain the process for dealing with grievances and complaints from participants and other interested parties affected by the local Workforce Investment System, including One-Stop partners and service providers. <ul style="list-style-type: none">▪ Specifically, indicate the procedure from initial filing of the complaint up to appeal to the Secretary of Labor.▪ Describe the criteria and selection process for choosing an impartial hearing officer when needed.▪ The local area's complaint and grievance policy or written procedure is a required attachment to the final plan. If the local area's policy or procedure addresses all of the elements outlined in this section then referencing the attached policy/procedure is adequate response. If the local policy/procedure does not address all the elements in this section then those missing elements should be provided in this section. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Describe the means by which the grievance and complaint procedures information is made available electronically to all individuals, particularly those with hearing or visual impairments and limited English speaking abilities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **3.d.** Please clarify this section. Is this available in printed form in these languages or are there staff members that have language abilities in each of the listed languages?

4. Continuous Improvement

- | | | |
|--|---|-----------------------------|
| a. Provide a description of how the local WIB will ensure the continuous improvement of eligible providers of services and ensure that such providers meet the employment needs of local employers and participants. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe efforts to continuously improve in meeting performance. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

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4.a. Describe actions and/or activities the local WIB will measure to ensure the mission driven directions are met.

4.b. Describe what enhancements are being made.

D. Required Attachments

a. Signed Assurances	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Budget, Participant, and Exit Summary Form – Adult	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Budget, Participant, and Exit Summary Form – Dislocated Worker	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Budget, Participant, and Exit Summary Form – Youth	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Budget Summary – Administration	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Local Area Participant Appeals Procedure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. CEO Agreement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. CEO/WIB Agreement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Local Area Complaint and Grievance Policy and/or Procedure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Local Area Customized Training Policy and/or Procedure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
k. Local Area Equal Opportunity Policy Statement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
l. Local Area Individual Training Account Policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
m. Memorandums of Understanding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
n. Local Area On-the-Job Training Policy and/or Procedure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
o. Proof of Publication of the Public Notice	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
p. Public Comments on Plan	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
q. Local Area Rapid Response Procedure	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
r. Signature Sheet	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
s. Local Area Supportive Services Policy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
t. WIB By-Laws	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
u. WIB Membership List	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
v. Youth Council Membership List	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
w. WIA Grant Agreement with NDOL	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Staff Comments:

The following items will need to be submitted or updated for final approval:

- Will need signatures on Signed Assurances Attachment A.
- Attachment B, C, D, and E, will need to be completed once budget information is available.
- The date on Attachment G is from 1999, is a new CEO agreement in the works, or will this one remain in place?
- Will need grantee signatures on Signature Sheet Attachment R.

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A. Executive Summary

1. Overview: Does the Local Plan Provide the following:

- | | | |
|--|---|-----------------------------|
| ▪ Geographical Workforce Investment Area | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Population | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Diversity of the Population | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Labor Market Trends | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Local Area Strengths | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Opportunities for Improvement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Experienced change since 1998 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Expectations for future change | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: None.

2. Analysis of Local Economic & Labor Market: Does the local Plan include the following:

- | | | |
|--|---|-----------------------------|
| a. Identification of current and projected trends of the local areas economy, industries, and occupations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the workforce skills and knowledge individuals need to find current and future employment in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Evidence these skills and knowledge are employer identified and necessary for economic growth in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the characteristics of the local area's population, including specific needs of diverse sub-populations including those from racial, ethnic, linguistic groups, older persons, and individuals with disabilities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Analysis of the challenges associated with the local area's population attaining the education, skills, and training needed to obtain employment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Describe specific strategies the local WIB and One Stop Operator are or will be implementing during this plan period to insure the skill needs of local employers is met and to close any existing skill gaps. Strategies should include partner agencies that target populations in diverse populations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: None.

3. Plan Development: Describe the steps for developing the local plan, including:

- | | | |
|--|---|--|
| a. Timeline | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Consultation process with the local elected official(s), local Workforce Investment Board, members of the public including representatives of businesses and representatives of labor organizations, and other partners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Actions taken to acquire other input into the plan development process | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Dates Plan was posted electronically to local website | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| ▪ A summary of the comments received (including comments from businesses and labor organizations) should be included in the Attachment section. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

3.d. Was it also the plan published online? If so, please provide information regarding where it was posted and the dates it was posted.

B. Administrative Section

1. Organization

a. Chief Elected Official

- | | | |
|--|---|-----------------------------|
| 1) Identify the chief elected official by name, address, phone number, and email. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Describe the process utilized to secure the chief elected official agreement.
Current agreements for the time period of this plan are a required attachment of the final local plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. Workforce Investment Board

- | | | |
|--|---|-----------------------------|
| 1) Describe the structure, including the nomination process of the Workforce Investment Board. <ul style="list-style-type: none">▪ A current agreement between the chief elected official and the Workforce Investment Board▪ A Workforce Investment Board member list▪ Current Workforce Investment Board By-Laws are required attachments of the final local plan | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Description of how the business members of the Workforce Investment Board play a leading role in ensuring the workforce system is demand-driven. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Identify the circumstance which constitutes a conflict of interest for any local Workforce Investment Board member. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Describe the membership of the local Youth Council and the process used to determine the appointments. Identify the responsibilities of this council. <ul style="list-style-type: none">▪ Specify if this includes recommending eligible youth service providers and conducting oversight with respect to eligible providers of youth activities.▪ A current Youth Council membership list is a required attachment of the final Local Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Describe how the local WIB shall coordinate and interact with the local elected official(s). | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Explain how the local WIB shall ensure nondiscrimination and equal opportunity. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Explain what strategies the CEO and local WIB shall create to utilize the leadership of faith-based and neighborhood partnerships. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8) Describe the intended waiver process (if any) to be used by the local WIB using the criteria by which the state shall determine if local WIBs may provide programs in-house. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

c. Administrative Entity

- | | | |
|---|---|-----------------------------|
| 1) Identify the administrative staff and a description of their responsibilities in carrying out the work of the local board. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

Staff Comments:

c.1. Please update the Program Coordinator information.

2. Local Vision, Goals, and Priorities

- | | | |
|--|---|-----------------------------|
| a. Outline the vision, goals, and priorities for the local area as identified by the local WIB | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---|-----------------------------|

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and Chief Elected Official. Include planning efforts conducted by the local WIB and Chief Elected Official in the past 12 months.

- b. Identify "action steps" the local WIB and delivery system will take to contribute to reaching the local vision, goals, and priorities. ☒ Yes ☐ No

Staff Comments:

2.a. Please provide additional information about grant applications, opportunities, or funds Greater Nebraska has received in the last 12 months, if applicable.

3. The One-Stop System

- a. Describe the process for the selection of American Job Center operator(s), including the competitive process or the agreement process between the local board and a consortium of partners. ☒ Yes ☐ No
- b. Describe the appeals process to be used by entities not selected as the American Job Center operator. ☒ Yes ☐ No
- c. Identify the policy and procedures for certification of the comprehensive American Job Center site. ☒ Yes ☐ No
- d. Outline procedures for decertification of American Job Center(s) and/or service providers. ☒ Yes ☐ No
- e. Provide overview of the One-Stop Delivery system, including physical site location, operator, personnel, and participating partners. Include organizational chart for the comprehensive One Stop site. ☒ Yes ☐ No
- f. Identify and describe any affiliate site or agents or specialized centers to be established in the local area. Include any remote sites accessed through the use of technology. ☒ Yes ☐ No
- g. Describe how the Workforce Investment Board shall engage employers and organized labor in the One-Stop delivery system. ☒ Yes ☐ No
- h. Describe services offered to businesses. ☒ Yes ☐ No
- i. Describe universal access and what services shall be provided. Include the strategy for outreach and recruitment. ☒ Yes ☐ No
- Explain how the services shall meet the needs of dislocated workers, displaced homemakers, low-income individuals including: migrants and seasonal farmworkers; women; minorities; individuals training for non-traditional employment; veterans; public assistance recipients; and individuals with multiple barriers to employment, such as, older individuals, people with limited English-speaking proficiency, and people with disabilities. ☒ Yes ☐ No
 - Include a description of how the local WIB shall ensure physical and programmatic accessibility for individuals with disabilities at American Job centers. ☒ Yes ☐ No
- j. Describe any innovative initiatives or service delivery strategies. ☒ Yes ☐ No
- k. Identify the case management system to include what the system will consist of and how it will be implemented ☒ Yes ☐ No
- l. Identify how the local area will prepare and be ready for implementing electronic case ☒ Yes ☐ No

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files on new enrollments on or before July 1, 2012.

- m. Identify One-Stop partners by organization and name of contact person for each Board certified comprehensive One-Stop. ☒ Yes ☐ No
- Describe examples of strategic partnering with required and optional One-Stop partners and other organizations to provide services. ☒ Yes ☐ No
- n. Identify an operating budget or cost allocation plan for each Board certified comprehensive One-Stop including the amount and the type of funding of each One-Stop partner. ☒ Yes ☐ No
- o. If there are any gaps where the amount of funding does not meet the workforce investment needs of businesses and jobseekers, describe the actions to be taken by the Board to address these gaps. ☒ Yes ☐ No
- p. Identify whether or not the local area will be transferring funds between the adult and dislocated worker funding systems. If funds are to be transferred, indicate the reason for the transfer of funds. ☒ Yes ☐ No

Staff Comments:

3.j. Please provide additional information as to whether this initiative is ongoing. What were the results of this campaign?

4. Memorandum of Understanding (MOU)

- a. A description of methods for referral of individuals between the one-stop operator and the one-stop partners, for the appropriate services and activities. ☒ Yes ☐ No
- b. A description of the services and how these services will be provided through the One-Stop delivery system. ☒ Yes ☐ No
- c. A description of the funding arrangements for services and operating costs of the One-Stop delivery system. ☒ Yes ☐ No
- d. The duration of the memorandum and the procedures for amending the memorandum during the term of the memorandum. ☒ Yes ☐ No
- e. The Plan must include:
- Documentation of the negotiations and efforts that took place in completing the MOUs. ☒ Yes ☐ No
 - Provisions to report a failure to execute MOUs between required partners and the local WIB. ☒ Yes ☐ No
 - Identification or inclusion of all MOUs between required partners and the local WIB. ☒ Yes ☐ No
 - Identification or inclusion of all MOUs that have not been successfully completed with required partners at the time of Plan submission, if appropriate. ☐ Yes ☒ No
 - A plan of action to secure MOUs that are not successfully executed, if appropriate. ☒ Yes ☐ No
 - A description of any formal or informal agreements that are in place, or will be developed, during the planning cycle. ☒ Yes ☐ No

Staff Comments: None.

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5. Fiscal Controls and Reporting

- | | | |
|--|---|-----------------------------|
| a. Identify the fiscal agent or entity responsible for the disbursement of grant funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the fiscal system and controls used by the fiscal agent for administering WIA funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Explain measures taken to ensure funds are expended in a timely fashion. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the competitive and noncompetitive processes that will be used by the local area to award grants and contracts for activities under Title I of WIA including how potential bidders are being made aware of grants and contracts. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Describe the procurement process for purchasing goods and services in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Identify (if applicable) the process to be used to procure training services that are made as exceptions to the Individual Training Account process. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Identify what system will be used to collect data, track and report local performance measures and program activity. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Describe the fiscal agent's property management system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Describe system/mechanism that will be included for consumer reports. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Acknowledge the requirement of submitting an annual report to the Nebraska Workforce Investment Board after the end of each program year, as requested. The report shall include, but is not limited to information on: number of customers (individuals and businesses) receiving services through the One-Stop system; office locations and certification status of Career Centers; recognitions and awards; successes; evaluations and continuous improvement efforts; impact of waivers, and web sites. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| j. Describe the actions to be taken to ensure the salary and bonus limitation is not exceeded. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: *None*

6. Oversight Plan

- | | | |
|---|---|-----------------------------|
| a. Identify the plan for conducting monitoring of sub-recipients. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Address how the Local Workforce Investment Board shall be engaged in oversight activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe evaluation tools used to assess effectiveness of services to customers and ensure continuous improvement of the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: *None*

C. Operational Section

1. Services – Eligibility Definitions

- | | | |
|---|---|-----------------------------|
| a. Eligibility for adult services. Priority system for providing adult intensive and training services based on funding limitations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Include discussion of veterans' priority provisions. As discussed in TEN 15-10, address how the local Workforce Investment Board has put into | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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operation a veterans' priority of service policy in a way that provides veterans and eligible spouses with the full range of employment and training services in a manner that is comprehensive, customer-driven, and seamless.

- | | | |
|--|---|-----------------------------|
| b. Eligibility for dislocated worker services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Eligibility for youth services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Priority system for providing services to youth including narrative on how the local area shall invest in youth who are most at-risk and in need. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Shall services be offered to area youth who are not eligible under the youth program through the One-Stop centers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> If so, what funding will pay for these One-Stop services for non-eligible youth? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Eligibility – Verification of Lawful Presence. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Definition of "face serious barriers to employment." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Definition of "deficient in basic literacy skills." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Definition of "requires additional assistance to complete an educational program or to secure and hold employment." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Criteria used to determine "in need of training services." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Criteria to demonstrate "skills and qualifications to successfully complete the selected training program." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Criteria to demonstrate local occupational demand (or demand in another area to which the individual is willing to relocate) related to the program of training services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. How efforts to obtain financial assistance from other sources to pay the costs of training are going to be documented and coordinated including Pell Grants. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: *None.*

2. Adults and Dislocated Workers

a. Core and Intensive Services

- | | | |
|---|---|-----------------------------|
| 1. Describe in detail the type and availability of core services and how they will be provided to all adults and dislocated workers under WIA funding. Include coordination with Wagner-Peyser activities. Include discussion of how career guidance is provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Explain if the WIB will provide core or intensive services based on community need and/or state criteria. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Describe in detail the type and availability of intensive services and how they will be delivered to adults and dislocated workers who qualify. As part of the Case Management process, local areas are encouraged to utilize "The Self-Sufficiency Standard for Nebraska" data prepared for the Nebraska Appleseed Center for Law in the Public Interest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. For individuals receiving intensive services, describe the criteria set by the local board that determines whether employment leads to self-sufficiency and the relationship of self-sufficiency and local WIA performance achievement. NOTE: For dislocated workers, the rule allows self-sufficiency to be defined in relation to a percentage of the layoff wage. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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5. Describe the process used in selecting the service providers under a contract for services. The process must include a public comment period of at least 30 days for interested providers. ☒ Yes ☐ No
- b. Training Services**
1. Describe in detail the type and availability of training services and how they will be provided to adults and dislocated workers who meet eligibility requirements. ☒ Yes ☐ No
- *Discuss implementation of the fifty percent requirement for initiating adults and dislocated workers into training for a high-demand, high wage and high-skill occupation.* ☒ Yes ☐ No
 - *Explain how WIA funding shall be used to support Registered Apprenticeship training.* ☒ Yes ☐ No
 - *List dynamic occupations identified by the local board, and clarify the process for identifying additional dynamic occupations in the future.* ☒ Yes ☐ No
 - *Include a discussion of how the local board will promote entrepreneurial skills training and micro-enterprise services.* ☒ Yes ☐ No
 - *Describe the increased leveraging of resources brokered through the one-stop center(s) for training services. Include local policy and/or local operational procedures.* ☐ Yes ☒ No
2. Describe the Individual Training Account policy to be used in the local area. Include information such as dollar limits, duration, etc. Explain how customers receive quality workforce information and access quality training providers. The local Individual Training Account Policy is a required attachment to the final Plan. ☒ Yes ☐ No
3. Describe the process and procedures used by the local area to initially and subsequently determine eligibility for inclusion of providers on the eligible provider list. How is it ensured that such providers meet the continuously changing employment needs of local employers and participants? Explain how the list is disseminated. ☒ Yes ☐ No
4. Describe the local appeals procedure for providers in conjunction with the state appeals procedure for providers denied approval by the WIB. The local appeals procedure is a required attachment to the final Plan. ☒ Yes ☐ No
5. Identify local provisions of On-the-Job Training (OJT) and customized training and how these training opportunities are marketed. The local OJT and customized training policy and/or operational procedure is a required attachment to the final Plan. ☒ Yes ☐ No
- c. Supportive Services**
1. Identify the local area policy on supportive services that ensures service and resource coordination. Such policy should address procedures for referral to such services, including how such services will be funded when they are not otherwise available from other sources. Such policy must include whether or not needs related payments will be authorized and, if they are, establish the payment level for adults. Address coordination of transportation and, if applicable, public transportation in the local area. The local area policy on Supportive Services is a required attachment to the final Plan. ☒ Yes ☐ No
- d. Rapid Response**
1. Describe how the local area shall coordinate local workforce investment activities with statewide rapid response activities. Include: procedures and involvement in the delivery of local rapid response activities; services offered through rapid ☒ Yes ☐ No

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response; policy for evaluating performance; and procedures to respond to disaster.
 The local area Rapid Response procedure is a required attachment to the final Plan.

Staff Comments:

■

3. Youth

- a. Describe in detail the type and availability of youth activities in the local area identifying successful providers of such activities. Include in this discussion the local area's strategy for providing comprehensive services to eligible youth addressing these required local program elements:
- | | | |
|---|---|-----------------------------|
| 1. Tutoring, study skills training, and instruction, leading to completion of secondary school, including dropout prevention strategies; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Alternative secondary school services, as appropriate; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Summer employment opportunities that are directly linked to academic and occupational learning; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. As appropriate, paid and unpaid work experiences, including internships and job shadowing; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Occupational skill training, as appropriate; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Supportive services; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Adult mentoring for the period of participation and a subsequent period for a total of not less than 12 months; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Follow-up services for not less than 12 months after the completion of participation, as appropriate; and | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Identify all youth service providers currently responsible for implementing each of the WIA youth program elements in the local area. Formulate the information in a table that includes:

Mandatory Youth Element	Service Provider	Method of Delivery/Service Strategy
1)		
2)		

- b. Explain how eligible applicants who do not meet enrollment requirements of a particular program will be referred for further assessment and appropriate programs. ☒ Yes ☐ No
- c. Describe how the local board ensures appropriate links to entities that will foster the participation of eligible local area youth. Such links may include connections to: local area justice and law enforcement officials; local public housing authorities; local ☒ Yes ☐ No

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education agencies; job corps representatives; and representatives of other area youth initiatives, including those that serve homeless youth and other public and private youth initiatives.

- | | | |
|---|---|-----------------------------|
| d. Describe the measures taken by the local area to ensure compliance with applicable safety and child labor laws. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Describe how the local board shall make opportunities available to individuals who have successfully participated in programs carried out under this section to volunteer assistance to participants in the form of mentoring, tutoring, and other activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Identify the criteria used in awarding grants for youth activities. Criteria should address what determines effective and ineffective youth activities and providers of such activities. The criteria shall be determined by the local WIB and youth council and include, but not be limited to, the state minimal criteria. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Describe the competitive procurement process for selection of local service providers. Include information on efforts made to ensure that information on websites about applying for grants or becoming service providers is easy to find and understand for those non-profit organizations seeking to partner with the workforce investment system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Describe how the local area will establish and disseminate a list of eligible providers of youth activities. Include information on efforts made to ensure this information is available electronically and easy for the public to find. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Describe the local appeals procedure for providers in conjunction with the state appeals procedure for providers of youth activities denied approval by the WIB. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Specify out-of-school youth expenditure requirements based on State's minimum expenditure requirements. Out-of-school youth are considered "an important part of the new workforce supply pipeline needed by businesses to fill job vacancies in the knowledge economy." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: *None*

2. Performance Measures

- | | | |
|---|---|-----------------------------|
| a. Describe the local levels of performance negotiated with the Governor and chief elected official pursuant to section 136(c) to be used to measure the performance of the local area and to be used by the local WIB for measuring the performance of the local fiscal agent (where appropriate), eligible providers, and the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe current methods for measuring customer satisfaction. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe how the local area's service strategy is designed to meet WIA Performance. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments: *None*

3. Equal Opportunity, Affirmative Action, and Grievance Procedures

- | | | |
|---|---|-----------------------------|
| a. Provide the name, title, telephone number, and job description of the administrative entity's Equal Opportunity Officer. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Provide a copy of the administrative entity's EO policy statement. The EO Policy Statement is a required attachment to the final plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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- c. Describe the local area's complaint and grievance procedures. The procedures must explain the process for dealing with grievances and complaints from participants and other interested parties affected by the local Workforce Investment System, including One-Stop partners and service providers. ☒ Yes ☐ No
- Specifically, indicate the procedure from initial filing of the complaint up to appeal to the Secretary of Labor. ☒ Yes ☐ No
 - Describe the criteria and selection process for choosing an impartial hearing officer when needed. ☒ Yes ☐ No
 - The local area's complaint and grievance policy or written procedure is a required attachment to the final plan. If the local area's policy or procedure addresses all of the elements outlined in this section then referencing the attached policy/procedure is adequate response. If the local policy/procedure does not address all the elements in this section then those missing elements should be provided in this section. ☒ Yes ☐ No
- d. Describe the means by which the grievance and complaint procedures information is made available electronically to all individuals, particularly those with hearing or visual impairments and limited English speaking abilities. ☒ Yes ☐ No

Staff Comments: *None*

4. Continuous Improvement

- a. Provide a description of how the local WIB will ensure the continuous improvement of eligible providers of services and ensure that such providers meet the employment needs of local employers and participants. ☒ Yes ☐ No
- b. Describe efforts to continuously improve in meeting performance. ☒ Yes ☐ No

Staff Comments: *None*

D. Required Attachments

- a. Signed Assurances ☒ Yes ☐ No
- b. Budget, Participant, and Exit Summary Form – Adult ☒ Yes ☐ No
- c. Budget, Participant, and Exit Summary Form – Dislocated Worker ☒ Yes ☐ No
- d. Budget, Participant, and Exit Summary Form – Youth ☒ Yes ☐ No
- e. Budget Summary – Administration ☒ Yes ☐ No
- f. Local Area Participant Appeals Procedure ☒ Yes ☐ No
- g. CEO Agreement ☐ Yes ☒ No
- h. CEO/WIB Agreement ☒ Yes ☐ No

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- | | | |
|---|---|--|
| i. Local Area Complaint and Grievance Policy and/or Procedure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Local Area Customized Training Policy and/or Procedure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Local Area Equal Opportunity Policy Statement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Local Area Individual Training Account Policy | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Memorandums of Understanding | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| n. Local Area On-the-Job Training Policy and/or Procedure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. Proof of Publication of the Public Notice | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Public Comments on Plan | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Local Area Rapid Response Procedure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Signature Sheet | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Local Area Supportive Services Policy | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. WIB By-Laws | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. WIB Membership List | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Youth Council Membership List | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| w. WIA Grant Agreement with NDOL | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

The following items will need to be submitted or updated for final approval:

- *Will need signature on Signed Assurances Attachment A.*
- *Attachment B, C, D, and E, will need to be updated with PY14 once budget information is available.*
- *CEO Agreement is not applicable to Greater Nebraska as the Governor is the CEO per 20 CFR 667.705(b)*
- *Attachment M is missing, please submit the required MOUs.*
- *Attachment R, Signature Sheet will need signatures.*

A. Executive Summary

1. Overview: Does the Local Plan Provide the following:

- | | | |
|--|---|--|
| ▪ Geographical Workforce Investment Area | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Population | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Diversity of the Population | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Labor Market Trends | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Local Area Strengths | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Opportunities for Improvement | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Experienced change since 1998 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| ▪ Expectations for future change | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **Population:** *Identify the populations of each county.*
- **Labor Market Trends:**
 - *Please provide more detail as to why Nerd Wallet is a reliable sources.*
 - *Concerning the following statement, "Even more significant than the unemployment rates for Douglas, Sarpy, and Washington counties are the extreme levels of high unemployment rates within the North Omaha area, where unemployment levels reach double digits and are greater than 20% in particular census tracts." Please further define "double digits" and "greater than 20%." What are some of the specific unemployment rates?*
 - **Local Areas for improvement:** *Concerning the following statement – "In the past, the workforce development programs have been considered by some as ineffective in training and supporting employment in the diverse populations in Greater Omaha." Please identify who the "some" are in this statement.*

2. Analysis of Local Economic & Labor Market: Does the local Plan include the following:

- | | | |
|--|---|-----------------------------|
| a. Identification of current and projected trends of the local areas economy, industries, and occupations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the workforce skills and knowledge individuals need to find current and future employment in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Evidence these skills and knowledge are employer identified and necessary for economic growth in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the characteristics of the local area's population, including specific needs of diverse sub-populations including those from racial, ethnic, linguistic groups, older persons, and individuals with disabilities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Analysis of the challenges associated with the local area's population attaining the education, skills, and training needed to obtain employment. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Describe specific strategies the local WIB and One Stop Operator are or will be implementing during this plan period to insure the skill needs of local employers is met and to close any existing skill gaps. Strategies should include partner agencies that target populations in diverse populations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- *Concerning the statement – "The link between Adult Basic Education (ABE), literacy rates, and poverty is well documented among Latinos and African American populations in the region." Please identify some of the well documents sources.*

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- Concerning the statement - "Overall minority high school graduation rates are at 57%, with minority unemployment rates hovering near 20%." Please identify the source where these numbers came from.

3. Plan Development: Describe the steps for developing the local plan, including:

- | | | |
|--|---|-----------------------------|
| a. Timeline | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Consultation process with the local elected official(s), local Workforce Investment Board, members of the public including representatives of businesses and representatives of labor organizations, and other partners | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Actions taken to acquire other input into the plan development process | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Dates Plan was posted electronically to local website | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A summary of the comments received (including comments from businesses and labor organizations) should be included in the Attachment section. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

B. Administrative Section

1. Organization

- | | | |
|---|---|-----------------------------|
| a. Chief Elected Official | | |
| 1) Identify the chief elected official by name, address, phone number, and email. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Describe the process utilized to secure the chief elected official agreement. Current agreements for the time period of this plan are a required attachment of the final local plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Workforce Investment Board | | |
| 1) Describe the structure, including the nomination process of the Workforce Investment Board. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A current agreement between the chief elected official and the Workforce Investment Board | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A Workforce Investment Board member list | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Current Workforce Investment Board By-Laws are required attachments of the final local plan | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Description of how the business members of the Workforce Investment Board play a leading role in ensuring the workforce system is demand-driven. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Identify the circumstance which constitutes a conflict of interest for any local Workforce Investment Board member. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Describe the membership of the local Youth Council and the process used to determine the appointments. Identify the responsibilities of this council. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Specify if this includes recommending eligible youth service providers and conducting oversight with respect to eligible providers of youth activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A current Youth Council membership list is a required attachment of the final Local Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Describe how the local WIB shall coordinate and interact with the local elected official(s). | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6) Explain how the local WIB shall ensure nondiscrimination and equal opportunity. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7) Explain what strategies the CEO and local WIB shall create to utilize the leadership | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

of faith-based and neighborhood partnerships.

- 8) Describe the intended waiver process (if any) to be used by the local WIB using the criteria by which the state shall determine if local WIBs may provide programs in-house. ☒ Yes ☐ No

c. Administrative Entity

- 1) Identify the administrative staff and a description of their responsibilities in carrying out the work of the local board. ☒ Yes ☐ No

Staff Comments:

2. Local Vision, Goals, and Priorities

- a. Outline the vision, goals, and priorities for the local area as identified by the local WIB and Chief Elected Official. Include planning efforts conducted by the local WIB and Chief Elected Official in the past 12 months. ☒ Yes ☐ No
- b. Identify "action steps" the local WIB and delivery system will take to contribute to reaching the local vision, goals, and priorities. ☒ Yes ☐ No

Staff Comments:

3. The One-Stop System

- a. Describe the process for the selection of American Job Center operator(s), including the competitive process or the agreement process between the local board and a consortium of partners. ☒ Yes ☐ No
- b. Describe the appeals process to be used by entities not selected as the American Job Center operator. ☒ Yes ☐ No
- c. Identify the policy and procedures for certification of the comprehensive American Job Center site. ☒ Yes ☐ No
- d. Outline procedures for decertification of American Job Center(s) and/or service providers. ☒ Yes ☐ No
- e. Provide overview of the One-Stop Delivery system, including physical site location, operator, personnel, and participating partners. Include organizational chart for the comprehensive One Stop site. ☒ Yes ☐ No
- f. Identify and describe any affiliate site or agents or specialized centers to be established in the local area. Include any remote sites accessed through the use of technology. ☒ Yes ☐ No
- g. Describe how the Workforce Investment Board shall engage employers and organized labor in the One-Stop delivery system. ☒ Yes ☐ No
- h. Describe services offered to businesses. ☒ Yes ☐ No
- i. Describe universal access and what services shall be provided. Include the strategy for outreach and recruitment. ☒ Yes ☐ No
- Explain how the services shall meet the needs of dislocated workers, displaced homemakers, low-income individuals including: migrants and seasonal farmworkers; women; minorities; individuals training for non-

traditional employment; veterans; public assistance recipients; and individuals with multiple barriers to employment, such as, older individuals, people with limited English-speaking proficiency, and people with disabilities.

- | | | |
|--|---|-----------------------------|
| <ul style="list-style-type: none"> ▪ Include a description of how the local WIB shall ensure physical and programmatic accessibility for individuals with disabilities at American Job centers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Describe any innovative initiatives or service delivery strategies. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Identify the case management system to include what the system will consist of and how it will be implemented | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Identify how the local area will prepare and be ready for implementing electronic case files on new enrollments on or before July 1, 2012. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Identify One-Stop partners by organization and name of contact person for each Board certified comprehensive One-Stop. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Describe examples of strategic partnering with required and optional One-Stop partners and other organizations to provide services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Identify an operating budget or cost allocation plan for each Board certified comprehensive One-Stop including the amount and the type of funding of each One-Stop partner. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. If there are any gaps where the amount of funding does not meet the workforce investment needs of businesses and jobseekers, describe the actions to be taken by the Board to address these gaps. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Identify whether or not the local area will be transferring funds between the adult and dislocated worker funding systems. If funds are to be transferred, indicate the reason for the transfer of funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- 3.I. Please reexamine the heading entitled "Low Income Individuals such as migrant and seasonal farm workers, women, and minorities"
- 3.I. Please describe any other strategies for LEP populations, such as the use of signage of translated documents?

4. Memorandum of Understanding (MOU)

- | | | |
|---|---|-----------------------------|
| a. A description of methods for referral of individuals between the one-stop operator and the one-stop partners, for the appropriate services and activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. A description of the services and how these services will be provided through the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. A description of the funding arrangements for services and operating costs of the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. The duration of the memorandum and the procedures for amending the memorandum during the term of the memorandum. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. The Plan must include: | | |
| <ul style="list-style-type: none"> ▪ Documentation of the negotiations and efforts that took place in completing the MOUs. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Provisions to report a failure to execute MOUs between required partners and the local WIB. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ Identification or inclusion of all MOUs between required partners and the local WIB. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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- | | | |
|--|---|--|
| ▪ Identification or inclusion of all MOUs that have not been successfully completed with required partners at the time of Plan submission, if appropriate. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A plan of action to secure MOUs that are not successfully executed, if appropriate. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ A description of any formal or informal agreements that are in place, or will be developed, during the planning cycle. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Staff Comments:

4.e. Please provide a description of any formal or informal agreements that are in place, or will be developed, during the planning cycle, if applicable.

5. Fiscal Controls and Reporting

- | | | |
|--|---|-----------------------------|
| a. Identify the fiscal agent or entity responsible for the disbursement of grant funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe the fiscal system and controls used by the fiscal agent for administering WIA funds. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Explain measures taken to ensure funds are expended in a timely fashion. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the competitive and noncompetitive processes that will be used by the local area to award grants and contracts for activities under Title I of WIA including how potential bidders are being made aware of grants and contracts. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Describe the procurement process for purchasing goods and services in the local area. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Identify (if applicable) the process to be used to procure training services that are made as exceptions to the Individual Training Account process. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Identify what system will be used to collect data, track and report local performance measures and program activity. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Describe the fiscal agent's property management system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Describe system/mechanism that will be included for consumer reports. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Acknowledge the requirement of submitting an annual report to the Nebraska Workforce Investment Board after the end of each program year, as requested. The report shall include, but is not limited to information on: number of customers (individuals and businesses) receiving services through the One-Stop system; office locations and certification status of Career Centers; recognitions and awards; successes; evaluations and continuous improvement efforts; impact of waivers, and web sites. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | |
| j. Describe the actions to be taken to ensure the salary and bonus limitation is not exceeded. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **5.c.** Clearly describe and reference procurement policies the local area follows to ensure federal procurement standards are met when procuring with WIA funds.
- **5.e.** Please describe the "open and competitive" selection process in additional detail.

6. Oversight Plan

- | | | |
|---|---|-----------------------------|
| a. Identify the plan for conducting monitoring of sub-recipients. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Address how the Local Workforce Investment Board shall be engaged in oversight activities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe evaluation tools used to assess effectiveness of services to customers and ensure continuous improvement of the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **6.c.** Please provide greater detail about how these customer surveys are administered.

C. Operational Section

1. Services – Eligibility Definitions

- | | | |
|---|---|-----------------------------|
| a. Eligibility for adult services. Priority system for providing adult intensive and training services based on funding limitations. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Include discussion of veterans' priority provisions. As discussed in TEN 15-10, address how the local Workforce Investment Board has put into operation a veterans' priority of service policy in a way that provides veterans and eligible spouses with the full range of employment and training services in a manner that is comprehensive, customer-driven, and seamless. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Eligibility for dislocated worker services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Eligibility for youth services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ Priority system for providing services to youth including narrative on how the local area shall invest in youth who are most at-risk and in need. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| □ Shall services be offered to area youth who are not eligible under the youth program through the One-Stop centers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| □ If so, what funding will pay for these One-Stop services for non-eligible youth? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Eligibility – Verification of Lawful Presence. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Definition of "face serious barriers to employment." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Definition of "deficient in basic literacy skills." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Definition of "requires additional assistance to complete an educational program or to secure and hold employment." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. Criteria used to determine "in need of training services." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Criteria to demonstrate "skills and qualifications to successfully complete the selected training program." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Criteria to demonstrate local occupational demand (or demand in another area to which the individual is willing to relocate) related to the program of training services. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. How efforts to obtain financial assistance from other sources to pay the costs of | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

training are going to be documented and coordinated including Pell Grants.

Staff Comments:

2. Adults and Dislocated Workers

a. Core and Intensive Services

- | | | |
|---|---|-----------------------------|
| 1. Describe in detail the type and availability of core services and how they will be provided to all adults and dislocated workers under WIA funding. Include coordination with Wagner-Peyser activities. Include discussion of how career guidance is provided. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Explain if the WIB will provide core or intensive services based on community need and/or state criteria. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Describe in detail the type and availability of intensive services and how they will be delivered to adults and dislocated workers who qualify. As part of the Case Management process, local areas are encouraged to utilize "The Self-Sufficiency Standard for Nebraska" data prepared for the Nebraska Appleseed Center for Law in the Public Interest. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. For individuals receiving intensive services, describe the criteria set by the local board that determines whether employment leads to self-sufficiency and the relationship of self-sufficiency and local WIA performance achievement. NOTE: For dislocated workers, the rule allows self-sufficiency to be defined in relation to a percentage of the layoff wage. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Describe the process used in selecting the service providers under a contract for services. The process must include a public comment period of at least 30 days for interested providers. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

b. Training Services

- | | | |
|--|---|--|
| 1. Describe in detail the type and availability of training services and how they will be provided to adults and dislocated workers who meet eligibility requirements. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ <i>Discuss implementation of the fifty percent requirement for initiating adults and dislocated workers into training for a high-demand, high wage and high-skill occupation.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ <i>Explain how WIA funding shall be used to support Registered Apprenticeship training.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ <i>List dynamic occupations identified by the local board, and clarify the process for identifying additional dynamic occupations in the future.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ <i>Include a discussion of how the local board will promote entrepreneurial skills training and micro-enterprise services.</i> | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| ▪ <i>Describe the increased leveraging of resources brokered through the one-stop center(s) for training services. Include local policy and/or local operational procedures.</i> | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Describe the Individual Training Account policy to be used in the local area. Include information such as dollar limits, duration, etc. Explain how customers receive quality workforce information and access quality training providers. The local Individual Training Account Policy is a required attachment to the final Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Describe the process and procedures used by the local area to initially and | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

subsequently determine eligibility for inclusion of providers on the eligible provider list. How is it ensured that such providers meet the continuously changing employment needs of local employers and participants? Explain how the list is disseminated.

- | | | |
|--|---|-----------------------------|
| 4. Describe the local appeals procedure for providers in conjunction with the state appeals procedure for providers denied approval by the WIB. The local appeals procedure is a required attachment to the final Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Identify local provisions of On-the-Job Training (OJT) and customized training and how these training opportunities are marketed. The local OJT and customized training policy and/or operational procedure is a required attachment to the final Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

c. Supportive Services

- | | | |
|---|---|-----------------------------|
| 1. Identify the local area policy on supportive services that ensures service and resource coordination. Such policy should address procedures for referral to such services, including how such services will be funded when they are not otherwise available from other sources. Such policy must include whether or not needs related payments will be authorized and, if they are, establish the payment level for adults. Address coordination of transportation and, if applicable, public transportation in the local area. The local area policy on Supportive Services is a required attachment to the final Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

d. Rapid Response

- | | | |
|--|---|-----------------------------|
| 1. Describe how the local area shall coordinate local workforce investment activities with statewide rapid response activities. Include: procedures and involvement in the delivery of local rapid response activities; services offered through rapid response; policy for evaluating performance; and procedures to respond to disaster. The local area Rapid Response procedure is a required attachment to the final Plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---|-----------------------------|

Staff Comments:

- **2.b.1.** *Provide a list of dynamic occupations identified by the local board and clarify the process for identifying additional dynamic occupations in the future. Please further explain how you are defining green occupations. THERE IS NO LIST.*

3. Youth

- | | | |
|--|---|-----------------------------|
| a. Describe in detail the type and availability of youth activities in the local area identifying successful providers of such activities. Include in this discussion the local area's strategy for providing comprehensive services to eligible youth addressing these required local program elements: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. Tutoring, study skills training, and instruction, leading to completion of secondary school, including dropout prevention strategies; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Alternative secondary school services, as appropriate; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Summer employment opportunities that are directly linked to academic and occupational learning; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. As appropriate, paid and unpaid work experiences, including internships and job shadowing; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Occupational skill training, as appropriate; | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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- 6. Leadership development opportunities, which may include community service and peer-centered activities encouraging responsibility and other positive social behaviors; ☒ Yes ☐ No
- 7. Supportive services; ☒ Yes ☐ No
- 8. Adult mentoring for the period of participation and a subsequent period for a total of not less than 12 months; ☒ Yes ☐ No
- 9. Follow-up services for not less than 12 months after the completion of participation, as appropriate; and ☒ Yes ☐ No
- 10. Comprehensive guidance and counseling, which may include drug and alcohol abuse counseling and referral, as appropriate. ☒ Yes ☐ No

Identify all youth service providers currently responsible for implementing each of the WIA youth program elements in the local area. Formulate the information in a table that includes: ☒ Yes ☐ No

Mandatory Youth Element	Service Provider	Method of Deliver/Service Strategy
1)		
2)		

- b. Explain how eligible applicants who do not meet enrollment requirements of a particular program will be referred for further assessment and appropriate programs. ☒ Yes ☐ No
- c. Describe how the local board ensures appropriate links to entities that will foster the participation of eligible local area youth. Such links may include connections to: local area justice and law enforcement officials; local public housing authorities; local education agencies; job corps representatives; and representatives of other area youth initiatives, including those that serve homeless youth and other public and private youth initiatives. ☒ Yes ☐ No
- d. Describe the measures taken by the local area to ensure compliance with applicable safety and child labor laws. ☒ Yes ☐ No
- e. Describe how the local board shall make opportunities available to individuals who have successfully participated in programs carried out under this section to volunteer assistance to participants in the form of mentoring, tutoring, and other activities. ☒ Yes ☐ No
- f. Identify the criteria used in awarding grants for youth activities. Criteria should address what determines effective and ineffective youth activities and providers of such activities. The criteria shall be determined by the local WIB and youth council and include, but not be limited to, the state minimal criteria. ☒ Yes ☐ No
- g. Describe the competitive procurement process for selection of local service providers. Include information on efforts made to ensure that information on websites about applying for grants or becoming service providers is easy to find and understand for those non-profit organizations seeking to partner with the workforce investment system. ☒ Yes ☐ No
- h. Describe how the local area will establish and disseminate a list of eligible providers of youth activities. Include information on efforts made to ensure this information is ☒ Yes ☐ No

available electronically and easy for the public to find.

- | | | |
|---|---|-----------------------------|
| i. Describe the local appeals procedure for providers in conjunction with the state appeals procedure for providers of youth activities denied approval by the WIB. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Specify out-of-school youth expenditure requirements based on State's minimum expenditure requirements. Out-of-school youth are considered "an important part of the new workforce supply pipeline needed by businesses to fill job vacancies in the knowledge economy." | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

2. Performance Measures

- | | | |
|---|---|-----------------------------|
| a. Describe the local levels of performance negotiated with the Governor and chief elected official pursuant to section 136(c) to be used to measure the performance of the local area and to be used by the local WIB for measuring the performance of the local fiscal agent (where appropriate), eligible providers, and the One-Stop delivery system. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Describe current methods for measuring customer satisfaction. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe how the local area's service strategy is designed to meet WIA Performance. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **2.b.** Please provide more information about how the surveys are administered

3. Equal Opportunity, Affirmative Action, and Grievance Procedures

- | | | |
|--|---|-----------------------------|
| a. Provide the name, title, telephone number, and job description of the administrative entity's Equal Opportunity Officer. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Provide a copy of the administrative entity's EO policy statement. The EO Policy Statement is a required attachment to the final plan. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Describe the local area's complaint and grievance procedures. The procedures must explain the process for dealing with grievances and complaints from participants and other interested parties affected by the local Workforce Investment System, including One-Stop partners and service providers. <ul style="list-style-type: none">▪ Specifically, indicate the procedure from initial filing of the complaint up to appeal to the Secretary of Labor.▪ Describe the criteria and selection process for choosing an impartial hearing officer when needed.▪ The local area's complaint and grievance policy or written procedure is a required attachment to the final plan. If the local area's policy or procedure addresses all of the elements outlined in this section then referencing the attached policy/procedure is adequate response. If the local policy/procedure does not address all the elements in this section then those missing elements should be provided in this section. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Describe the means by which the grievance and complaint procedures information is made available electronically to all individuals, particularly those with hearing or visual impairments and limited English speaking abilities. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

- **3.d.** *Indicate how the grievance and complaint procedures information is made available electronically, particularly to those individuals with hearing or visual impairments and limited English speaking abilities.*

4. Continuous Improvement

- a. Provide a description of how the local WIB will ensure the continuous improvement of eligible providers of services and ensure that such providers meet the employment needs of local employers and participants. ☒ Yes ☐ No
- b. Describe efforts to continuously improve in meeting performance. ☒ Yes ☐ No

Staff Comments:

- 4.a.** *Describe actions and/or activities the local WIB will measure to ensure the mission driven directions are met.*
- 4.b.** *Describe what enhancements are being made.*

D. Required Attachments

- | | |
|---|---|
| a. Signed Assurances | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Budget, Participant, and Exit Summary Form – Adult | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Budget, Participant, and Exit Summary Form – Dislocated Worker | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Budget, Participant, and Exit Summary Form – Youth | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Budget Summary – Administration | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Local Area Participant Appeals Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| g. CEO Agreement | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| h. CEO/WIB Agreement | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Local Area Complaint and Grievance Policy and/or Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Local Area Customized Training Policy and/or Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Local Area Equal Opportunity Policy Statement | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| l. Local Area Individual Training Account Policy | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| m. Memorandums of Understanding | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| n. Local Area On-the-Job Training Policy and/or Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| o. Proof of Publication of the Public Notice | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| p. Public Comments on Plan | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| q. Local Area Rapid Response Procedure | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| r. Signature Sheet | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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PY14 WIA Local Plan Checklist: **Greater Omaha**

- | | | |
|--|---|-----------------------------|
| s. Local Area Supportive Services Policy | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. WIB By-Laws | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. WIB Membership List | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Youth Council Membership List | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| w. WIA Grant Agreement with NDOL | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Staff Comments:

The following items will need to be submitted or updated for final approval:

- Will need signatures on Signed Assurances Attachment A.
 - Attachment B, C, D, and E, will need to be completed once budget information is available.
 - MOUs Attachment G; for all mandated partners, Attachment A of their MOU will need to be extended, modified, or renegotiated.
 - Will need grantee signatures on Signature Sheet Attachment R.
-

MAY 21, 2014

PERFORMANCE COMMITTEE

AGENDA ITEM III

Local WIB Re-Certification

Greater Lincoln Local WIB Certification Check List

1. Written request received 60 days before the beginning date for which certification is being requested.

☒ Yes

☐ No

Comments:

Request for recertification was received on 4/17/2014.

2. Membership Information

- Name, title, business address, and phone of each member.

☒ Yes

☐ No

Comments:

No issues. Information was provided for each board member.

- Brief description of the board members functional employment responsibilities and qualifications to serve on the board.

☐ Yes

☒ No

Comments:

A list was provided of board members identifying job title, employer, and area of representation. No detailed information about the functional employment responsibilities or qualifications of the board members was presented outside of the members nominated in the last 12 months.

- Identification of affiliation which the member represents (ie: business, education, labor, etc.).

☒ Yes

☐ No

Comments:

None

- Members term of appointment (beginning and end).

☒ Yes

☐ No

Comments:

None

- Board Officers are identified.

☒ Yes

☐ No

Comments:

None

- Board Meets 51% Private Sector Requirement.

☒ Yes

☐ No

Comments:

Yes, 23 out of 45 board members are from the private sector (51.11%).

3. Local Board Nomination Process

- CEO indicates he or she has a file or record, a process that is followed for soliciting nominations to the board and the names of all candidates nominated including their qualifications.

☒ Yes

☐ No

Comments:

None

4. Chief Elected Official Agreement

- Full executed copy of CEO agreement pursuant to WIA sec. 117 (c) (1) (B) and State policy was included with certification request.

☒ Yes

☐ No

Comments:

None

5. Local Board Bylaws

- Copy of Local Board Bylaws was included in certificate request.

☒ Yes

☐ No

Comments:

None

- Local Board Bylaws include a conflict of interest clause.

☒ Yes

☐ No

Comments:

None

Greater Nebraska Local WIB Certification Check List

1. Written request received 60 days before the beginning date for which certification is being requested.

☒ Yes

☐ No

Comments:

The cover letter is dated 01/03/2014. All files received via email on 05/06/2014.

2. Membership Information

- Name, title, business address, and phone of each member.

☒ Yes

☐ No

Comments:

- Brief description of the board members functional employment responsibilities and qualifications to serve on the board.

☐ Yes

☒ No

Comments:

Included for each board member is their title, employer, and the sector they represent. There was no additional detail regarding the functional employment responsibilities or qualifications to serve. The records of the previous 12 months board nominations included this information in the board nominations forms and attached resumes.

- Identification of affiliation which the member represents (ie: business, education, labor, etc.).

☒ Yes

☐ No

Comments:

None

- Members term of appointment (beginning and end).

☒ Yes

☐ No

Comments:

None

- Board Officers are identified.

☒ Yes

☐ No

Comments:

None

- Board Meets 51% Private Sector Requirement.

☐ Yes

☒ No

Comments:

Only 14/33 on the board are from the private sector (42.42%). 5 out 5 board nominees are from the private sector. Once nominees are on the board this would constitute 19/38 board members (50%).

3. Local Board Nomination Process

- CEO indicates he or she has a file or record, a process that is followed for soliciting nominations to the board and the names of all candidates nominated including their qualifications.

☐ Yes

☒ No

Comments:

Nomination forms have been included, and the bylaws indicate that the Chief Elected Official's Board shall make appointments under WIA Section 117, but no additional information is provided as to the method or process of such nominations.

4. Chief Elected Official Agreement

- Full executed copy of CEO agreement pursuant to WIA sec. 117 (c) (1) (B) and State policy was included with certification request.

☐ Yes

☐ No

☒ NA

Comments:

Per 20 CFR § 667.705(b) Greater Nebraska does not need a CEO Agreement outlining the liability for misuse of WIA funds. Greater Nebraska has provided the "Agreement Between Greater Nebraska Chief Elected Officials Board and Greater Nebraska Workforce Investment Board."

5. Local Board Bylaws

- Copy of Local Board Bylaws was included in certificate request.

☒ Yes

☐ No

Comments:

None

- Local Board Bylaws include a conflict of interest clause.

☒ Yes

☐ No

Comments:

None

Workforce Investment Act

Nebraska Department of Labor
Office of Employment & Training

Greater Omaha Local WIB Certification Check List

1. Written request received 60 days before the beginning date for which certification is being requested.

☒ Yes

☐ No

Comments:

The cover letter is dated 4/16/2014. Received 04/21/2014.

2. Membership Information

- Name, title, business address, and phone of each member.

☒ Yes

☐ No

Comments:

None

- Brief description of the board members functional employment responsibilities and qualifications to serve on the board.

☒ Yes

☐ No

Comments:

"Optimum policymaking or hiring authority" is addressed for each member of the board, as requested in the "Criteria for Local Workforce Investment Boards Policy."

- Identification of affiliation which the member represents (ie: business, education, labor, etc.).

☒ Yes

☐ No

Comments:

None

- Members term of appointment (beginning and end).

☒ Yes

☐ No

Comments:

None

- Board Officers are identified.

☐ Yes

☒ No

Comments:

Board officers need to be identified.

- Board Meets 51% Private Sector Requirement.

☒ Yes

☐ No

Comments:

25 out of 47 are from the private sector (52.1%).

3. Local Board Nomination Process

- CEO indicates he or she has a file or record, a process that is followed for soliciting nominations to the board and the names of all candidates nominated including their qualifications.

☒ Yes

☐ No

Comments:

The "Heartland Workforce Solutions' Board Membership Nomination Process" document has been included.

4. Chief Elected Official Agreement

- Full executed copy of CEO agreement pursuant to WIA sec. 117 (c) (1) (B) and State policy was included with certification request.

☒ Yes

☐ No

Comments:

None

5. Local Board Bylaws

- Copy of Local Board Bylaws was included in certificate request.

☒ Yes

☐ No

Comments:

None

- Local Board Bylaws include a conflict of interest clause.

☒ Yes

☐ No

Comments:

None

AGENDA ITEM IV

3rd Quarter Preliminary Performance

Adult Performance 3rd Quarter Comparison

DLW Performance 3rd Quarter Comparison

Youth Performance 3rd Quarter Comparison



**WIA Common Measures
Statewide**
Program year 2013 - 3rd Quarter Summary Report
Cumulative Summary Report
PROVISIONAL PERFORMANCE

For the Quarter Ending: 3/31/2014

Performance Measure	Current Quarter				Cumulative 4 Quarter Results		
	Negotiated Standard	Actual Performance	Numerator / Denominator	% of Negotiated Standard	Actual Performance	Numerator / Denominator	% of Negotiated Standard
ADULTS							
1. Entered Employment Rate	75.0%	84.2%	64 / 76	112.3%	73.6%	215 / 292	98.2%
2. Employment Retention Rate	88.0%	82.6%	57 / 69	93.9%	85.9%	281 / 327	97.7%
3. Average Earnings	\$10,700	\$11,142	\$579,394 / 52	104.1%	\$11,281	\$2,966,915 / 263	105.4%
Aggregate Score				103.4%			100.4%
DISLOCATED WORKERS							
4. Entered Employment Rate	89.0%	90.0%	45 / 50	101.1%	91.7%	231 / 252	103.0%
5. Employment Retention Rate	94.0%	94.3%	50 / 53	100.4%	94.9%	298 / 314	101.0%
6. Average Earnings	\$14,800	\$14,470	\$694,537 / 48	97.8%	\$15,032	\$4,163,844 / 277	101.6%
Aggregate Score				99.8%			101.8%
YOUTH COMMON MEASURES							
7. Placement in Employment / Education	70.0%	82.6%	38 / 46	118.0%	79.0%	128 / 162	112.9%
8. Attainment of Degree / Certificate	65.0%	78.9%	56 / 71	121.3%	75.9%	167 / 220	116.8%
9. Literacy & Numeracy	57.5%	69.2%	27 / 39	120.4%	63.7%	86 / 135	110.8%
Aggregate Score				119.9%			113.5%

In order to be eligible for Federal incentive, the aggregate score must be 100% or more and each individual measure must be 90% or more

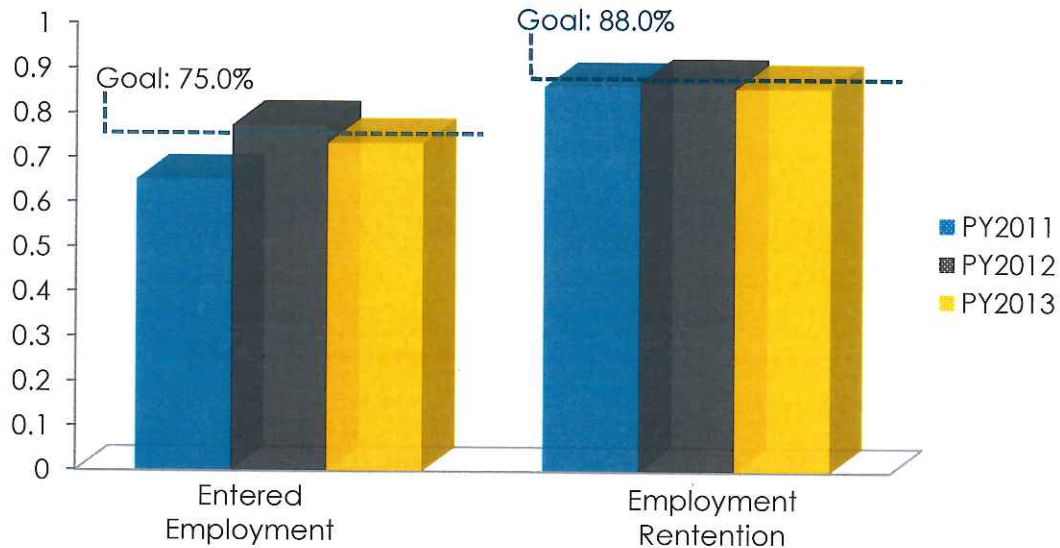
Current Quarter Relevant Periods of Exiters		Cumulative 4 Quarter Relevant Periods of Exiters	
Performance Measure	Current Quarter	Performance Measure	Cumulative 4 Quarter
Entered Employment Rate (Adult/DLW/OY)	4/1/2013 - 6/30/2013	Entered Employment Rate (Adult/DLW/OY)	7/1/2012 - 6/30/2013
6 Month Retention Rate (Adult/DLW/OY/YY)	10/1/2012 - 12/31/2012	6 Month Retention Rate (Adult/DLW/OY/YY)	1/1/2012 - 12/31/2012
Average Earnings (Adult/OY)	10/1/2012 - 12/31/2012	Average Earnings (Adult/OY)	1/1/2012 - 12/31/2012
Placement in Employment / Education	4/1/2013 - 6/30/2013	Placement in Employment / Education	7/1/2012 - 6/30/2013
Attainment of Degree or Certificate	4/1/2013 - 6/30/2013	Attainment of Degree or Certificate	7/1/2012 - 6/30/2013
Literacy & Numeracy	1/1/2014 - 3/31/2014	Literacy & Numeracy	4/1/2013 - 3/31/2014

Adult - WIA Performance

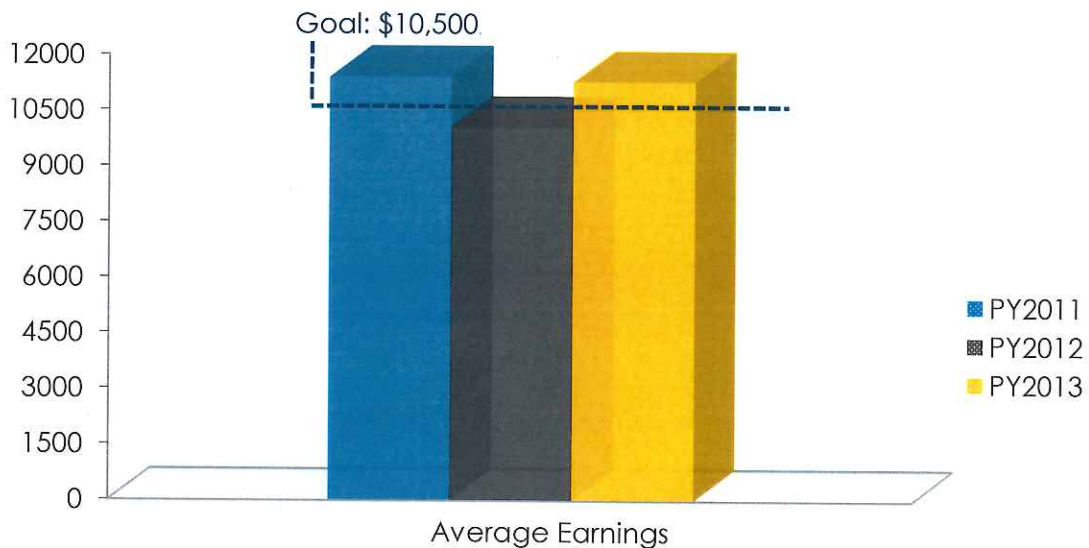
3rd Quarter Comparison

Statewide

Performance Measure	Actual 3rd Quarter Performance		
	PY2011	PY2012	PY2013
Entered Employment Rate	65.4%	77.5%	73.6%
Employment Retention Rate	86.3%	87.1%	85.9%



Performance Measure	Actual 3rd Quarter Performance		
	PY2011	PY2012	PY2013
Average Earnings	\$11,408.00	\$10,046.00	\$11,281.05



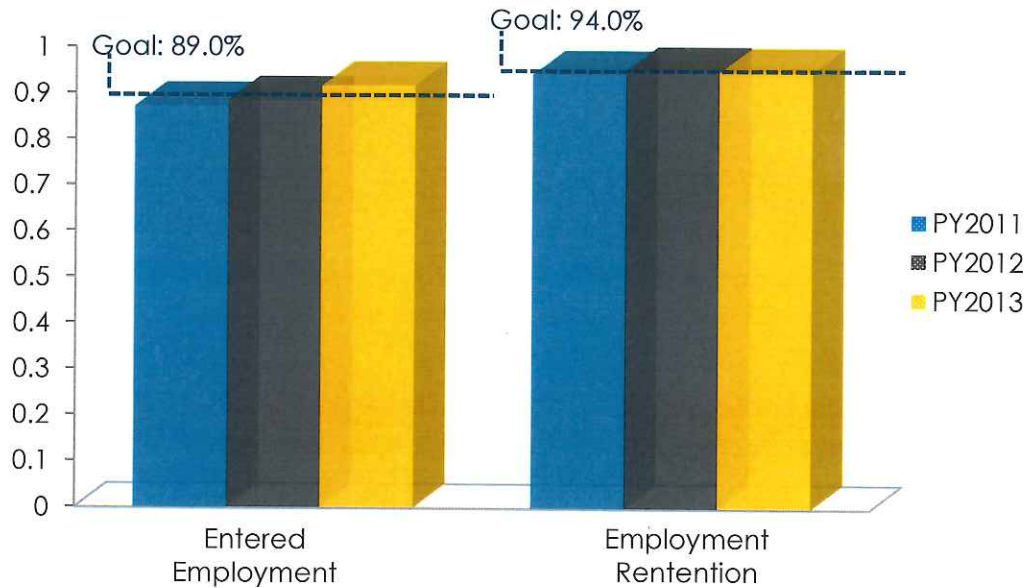
*The gray dash line on each graph indicates the PY2013 Local Area Goal

Dislocated Worker - WIA Performance

3rd Quarter Comparison

Statewide

Performance Measure	Actual 3rd Quarter Performance		
	PY2011	PY2012	PY2013
Entered Employment Rate	87.1%	88.4%	91.7%
Employment Retention Rate	94.2%	95.1%	94.9%



Performance Measure	Actual 3rd Quarter Performance		
	PY2011	PY2012	PY2013
Average Earnings	\$15,668.00	\$14,432.00	\$15,031.93

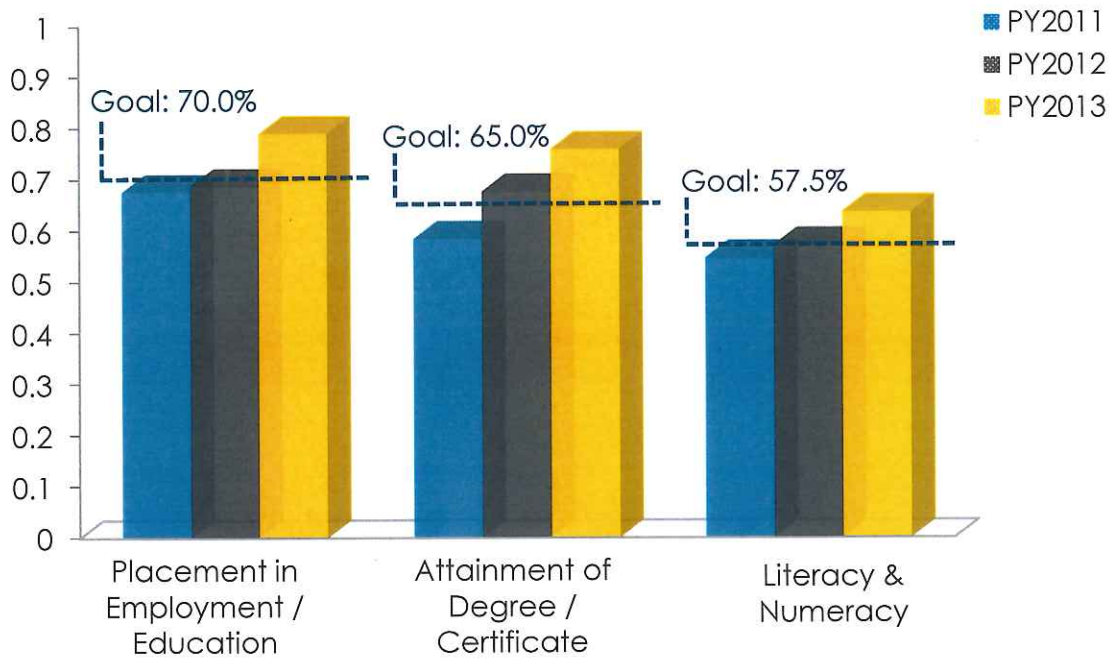


*The gray dash line on each graph indicates the PY2013 Local Area Goal

Youth - WIA Performance

3rd Quarter Comparison State

Performance Measure	Actual 3rd Quarter Performance		
	PY2011	PY2012	PY2013
Placement in Employment/ Education	67.7%	68.8%	79.0%
Attainment of Degree/Certificate	58.5%	67.7%	75.9%
Literacy & Numeracy	54.7%	57.2%	63.7%



*The gray dash line on each graph indicates the PY2013 Local Area Goal