

State of South Carolina  
Workforce Innovation and Opportunity Act

**Local Workforce Development Area Subsequent Designation Petition**

This Petition must be used by any entity requesting subsequent designation as a Local Workforce Development Area pursuant to Public Law 113-128, the Workforce Innovation and Opportunity Act (WIOA).

**Section I. Petitioning Jurisdiction(s)**

A. Designation as a Workforce Development Area is requested for the following county(ies):

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B. Specify the name of the proposed Workforce Development Area:

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C. List the names of the chief elected officials (CEOs) representing the units of general local government on whose behalf this petition is being submitted:

<u>County</u>	<u>Name</u>

D. List the name, title, mailing address, telephone number, fax number and e-mail address of the primary contact person regarding this petition:

Name:	
Title:	
Mailing Address:	
Telephone Number:	
Fax Number:	
E-Mail Address:	

**Section II. Consortium Agreement**

If the local area includes more than one unit of general local government, the CEOs must negotiate a consortium agreement in order to establish a workforce development area to deliver WIOA funded services. Such agreement must be included as an attachment to this subsequent designation petition.

**Section III. Existing Workforce Area**

A. In the tables below, provide the final WIOA performance data for each of the last two (2) consecutive years.

Program Year 2023 (July 1, 2023 – June 30, 2024)							
Performance Measure		Employment Rate Q2	Employment Rate Q4	Median Earnings	Credential Rate	Measurable Skill Gains	Overall Program Score
Title I Adult	Goal						
	Actual						
	% of Goal						
Title I DW	Goal						
	Actual						
	% of Goal						
Title I Youth	Goal						
	Actual						
	% of Goal						
Overall Indicator Score							

Program Year 2022 (July 1, 2022 – June 30, 2023)							
Performance Measure		Employment Rate Q2	Employment Rate Q4	Median Earnings	Credential Rate	Measurable Skill Gains	Overall Program Score
Title I Adult	Goal						
	Actual						
	% of Goal						
Title I DW	Goal						
	Actual						
	% of Goal						
Title I Youth	Goal						
	Actual						
	% of Goal						
Overall Indicator Score							

For each measure, the US Department of Labor defines performance as follows:

- Meets performance =
  - Individual Indicator Score—50% of goal for each individual measure
  - Overall Indicator Score—90% of goal for overall individual measure
  - Overall Program Score—90% of goal for overall program performance
- Does not meet performance =
  - Individual Indicator Score—less than 50% of goal for an individual measure
  - Overall Indicator Score—less than 90% of overall individual measure
  - Overall Program Score—less than 90% of overall program performance

If any measure was not met in either program year, address the reasons, corrective action measures taken, and current status.

B. Address fiscal integrity regarding funds provided under WIOA.

Has the Secretary made a formal determination, during either of the last two consecutive years, that WIOA funds provided to the area were misexpended due to willful disregard of the requirements of the provision involved, gross negligence, or failure to comply with accepted standards of administration?

#### **Section IV. Local Board Information**

Using Attachment A, provide a list of local board members, to include composition categories and contact information.

#### **Section V. Grant Recipient/Fiscal Agent**

Using Attachment B, designate the grant recipient/fiscal agent for the area. Signature of the lead official is required. Signatures of each CEO are also required. The use of electronic signatures is permissible.

#### **Section VI. Public Comment**

Attach documentation that public input was solicited and provide all comments received.

## Section VII. Assurances and Signatures

### A. Assurances

The CEOs making this designation request assure the following:

- They are duly authorized to participate by and on behalf of the governing bodies of the counties specified and documentation of this authorization can be provided.
- They will comply with the requirements of the Act, all federal regulations implementing the Act, any revisions or amendments thereto; state issued instructions; and any and all applicable federal, state, or local rules and regulations.
- They accept liability for any misuse of grant funds.

### B. Signatures—The use of electronic signatures is permissible.

I/We, the undersigned CEO(s) of the petitioning county(ies), do hereby submit this formal designation petition under the conditions delineated herein and with the assurances specified herein.

County

Signature

Date

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submit Petition to [WorkforceSupport@dew.sc.gov](mailto:WorkforceSupport@dew.sc.gov) by 5:00 p.m., October 31, 2024.

## WIOA Local Workforce Development Board Membership

Total Seats: \_\_\_\_\_

Seats Occupied: \_\_\_\_\_

Seats Vacant: \_\_\_\_\_

<b>Business (per Section 107(b)(2)(A))</b>				
No.	Name	Affiliation and Title	Contact Phone and Email	Address
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Not Less Than 20% (per Section 107(b)(2)(B))**

No.	Name	Affiliation and Title	Contact Phone and Email	Address
1				
2				
3				
4				
5				
6				
7				
8				

**Education & Training (per Section 107(b)(2)(C))**

No.	Name	Affiliation and Title	Contact Phone and Email	Address
1				
2				
3				
4				
5				

**Governmental, Economic, and Community Development (per Section 107(b)(2)(D))**

No.	Name	Affiliation and Title	Contact Phone and Email	Address
1				
2				
3				
4				
5				
6				

**Others as Chief-Elected Officials Determine Appropriate (per Section 107(b)(2)(E))**

No.	Name	Affiliation and Title	Contact Phone and Email	Address
1				
2				
3				

Denote multiple representation with an asterisk (\*).

Total Number of Seats Filled:	
Number of Seats Filled Representing Business:	
Percentage of Seats Filled Representing Business:	
Number of Seats Filled Representing Not Less than 20%:	
Percentage of Seats Filled Representing Not Less than 20%:	
Number of Seats Filled Representing Education & Training:	
Number of Seats Filled Representing Gov't, Economic & Comm. Dev.:	
Number of Seats Filled Representing Others by Chief Elected Officials:	



**(Enter name) Local Workforce Development Area**

**Designation of Grant Recipient/Fiscal Agent**

The Chief Elected Officials of the \_\_\_\_\_ *name* \_\_\_\_\_ Local Workforce Development Area hereby designate \_\_\_\_\_ *grant recipient/fiscal agent* \_\_\_\_\_ as the grant recipient and fiscal agent pursuant to the Workforce Innovation and Opportunity Act (WIOA).

While WIOA permits the local Chief Elected Officials (CEOs) to designate an entity to serve on their behalf as grant recipient and fiscal agent, the CEOs understand that this designation does not relieve them of their liability for any misuse of grant funds. The use of electronic signatures is permissible.

<u>County</u>	<u>Authorized Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

As the authorized signatory official of \_\_\_\_\_ *name* \_\_\_\_\_, I accept the responsibilities as WIOA grant recipient and fiscal agent for the \_\_\_\_\_ *name* \_\_\_\_\_ Workforce Development Area.

_____	_____	_____
Name and Title	Signature	Date