**MEMORANDUM OF UNDERSTANDING**

BETWEEN

Click here to enter text.

AND

Click here to enter text.

Click here to enter text.Click here to enter text.

**Individual designated by the Local Board Email Address**

**Chair to lead MOU negotiations**

Click here to enter text.Click here to enter text.

**Impartial individual designated by the Email Address**

**Local Board Chair to lead annual budget**

**negotiations**

# REQUIRED PARTNERS

* + List the required partner providing services in the local area.
	+ List the partner agency providing services of each required partner.

*(Note: Rather than collecting all chief elected official signatures, the name and signature of only the Regional Chief Elected Official (RCEO) is acceptable so long as the local area has a fully executed chief elected officials’ agreement outlining this responsibility.)*

|  |  |
| --- | --- |
| **PARTIES TO MOU** | **TYPED NAME** |
| Local Workforce Development Board (WDB) Chair |  |  |  |
| Regional Chief Elected Official (see note above) |  |  |  |
| **REQUIRED PARTNERS AS PARTIES TO MOU** | **ENTITY ADMINISTERING PROGRAM****TYPED NAME[[1]](#footnote-1)** |
| Title I: Adult, Dislocated Worker, Youth |  |  |  |
| Title II: Adult Education and Literacy |  |  |  |
| Title III: Employment Programs under Wagner-Peyser |  |  |  |
| Title IV: Vocational Rehabilitation Services |  |  |  |
| Perkins/Post-secondary Career & Technical Education |  |  |  |
| Unemployment Insurance |  |  |  |
|  Job Counseling, Training, Placement Services for Veterans |  |  |  |
|  |
| Trade Adjustment Assistance (TAA) |  |  |  |
| Community Services Block Grant (CSBG) |  |  |  |
| Senior Community Services Employment Program (SCSEP) |  |  |  |
| TANF |  |  |  |
| Second Chance |  |  |  |
| **OTHER REQUIRED PROGRAMS OFFERED****IN THIS LOCAL AREA AS PARTIES TO MOU** | **IF MARKED YES, LIST THE****ENTITY ADMINISTERING PROGRAM** |
| National Farmworker Jobs Program |  | ☐ | Yes | ☐ | No |  |  |  |
| Housing and Urban DevelopmentEmployment and Training Activities |  | ☐ | Yes | ☐ | No |  |  |  |
|   |  |
| Job Corps |  | ☐ | Yes | ☐ | No |  |  |  |
| Youth Build |  | ☐ | Yes | ☐ | No |  |  |  |
| **ADDITIONAL PARTNERS AS PARTIES TO MOU** | **ENTITY ADMINISTERING PROGRAM** |
|  |  |  | r |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**2. PURPOSE AND SCOPE OF MOU**

* Describe the general purpose and scope of the MOU.
* Describe collective mission of Partners.

**3. VISION FOR THE SYSTEM**

* Describe the shared vision and commitment of the Local WDB and required partners to a high- quality local workforce delivery system (vision must be consistent with Federal, State, regional, and local planning priorities).
* Describe which aspects of the vision are currently in place.
* Outline the steps to be taken and the general timeline for how required partners will implement any aspects of the vision that are not yet in place.

**4. MOU DEVELOPMENT**

* Fully describe the process and efforts of the Local WDB and required partners to negotiate the MOU.
* Confirm whether all required partners participated in negotiations.
* Explain the process to be used if consensus on the MOU is not reached by partners.
* Include the following required assurance language (29 CFR Part 38.25):

(1) Each application for financial assistance, under Title I of WIOA, as defined in § 38.4, must include the following assurance:

(i) As a condition to the award of financial assistance from the Department of Labor under Title I of WIOA, the grant applicant assures that it has the ability to comply with the nondiscrimination and equal opportunity provisions of the following laws and will remain in compliance for the duration of the award of federal financial assistance:

(A) Section 188 of the Workforce Innovation and Opportunity Act (WIOA), which prohibits discrimination against all individuals in the United States on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against beneficiaries on the basis of either citizenship status or participation in any WIOA Title I financially assisted program or activity;

(B) Title VI of the Civil Rights Act of 1964, as amended, which prohibits discrimination on the bases of race, color and national origin;

(C) Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination against qualified individuals with disabilities;

(D) The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age; and

(E) Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex in educational programs.

(ii) The grant applicant also assures that, as a recipient of WIOA Title I financial assistance, it will comply with 29 CFR part 38 and all other regulations implementing the laws listed above. The grant applicant will also comply with equal opportunity assurance requirements as outlined in 29 CFR Part 38.25. This assurance applies to the grant applicant’s operation of the WIOA Title I-financially assisted program or activity, and to all agreements the grant applicant makes to carry out the WIOA Title I financially assisted program or activity. The grant applicant understands that the United States has the right to seek judicial enforcement of this assurance.

**5. NAME AND LOCATION OF ONE-STOP CENTER(S)**

* Provide the name and address of all One-Stop Center(s) in the local service delivery system.
* Define any other operating titles that the local area assigns to each center.

**6. DESCRIPTION OF COMPREHENSIVE ONE-STOP SERVICES**

Complete a local service matrix (the State-level service matrix provided is intended to serve as a reference for local negotiations) illustrating local methods of service delivery, which includes:

* Career services to be provided by each required partner in each comprehensive one-stop center;
	+ Other programs and activities to be provided by each required partner; and
	+ Method of delivery for each service provided by each required partner (e.g., staff physically present, cross-trained staff, direct linkage technology).
* In the space provided below:
	+ Develop an introductory paragraph for this section that describes the required partners’ combined commitment to integration and “manner in which the services will be coordinated and delivered through the system” (20 CFR 678.500(b)(1)).
	+ In the spaces below designated for each required partner, describe each partner’s commitment to coordinated service delivery and explain how the services provided and the method of service delivery (as documented in the local service matrices) illustrate that commitment.
	+ For each required partner below, describe the location(s) at which services of each required partner will be accessible.

**Introductory Paragraph**

Title I (Adult, Dislocated Worker, and Youth)

Title II (Adult Education and Literacy)

Title III (Employment Services under Wager-Peyser)

Title IV (Vocational Rehabilitation Services)

Perkins/Post-Secondary Career and Technical Education

Unemployment Insurance (UI)

Job Counseling, Training and Placement Services for Veterans

Trade Adjustment Assistance (TAA)

National Farmworker Jobs Program (NFJP)

Community Service Block Grant (CSBG)

Senior Community Services Employment Program (SCSEP)

DHS/TANF

Second Chance

HUD Employment and Training Activities

Job Corps

YouthBuild

**7. PROCUREMENT OF ONE-STOP OPERATOR**

* Name the procured one-stop operator.
* Describe the functions and scope of work of the one-stop operator as defined in the Request for Proposal or as planned for the competitive procurement process.
* Assure that the one-stop operator will not perform any of the proscribed functions (20 CFR 678.620(b)) to avoid a conflict of interest.

**8. REFERRAL PROCESS***(Note: Local areas must be as specific as possible when describing the differences in referral methods between partner programs.)*

In the spaces provided below, address all the following:

* Develop an introductory paragraph for this section that describes the local one-stop operator’s role and responsibilities for coordinating referrals among required partners (20 CFR 678.500(b)(3))
* In the spaces below designated for each required partner, each partner must list the other programs to which it will make referrals and the method(s) of referral to each partner; for example, in the Title I box, Title I will list all other programs to which it will refer clients and the method(s) of referral for each
* Identify the method of tracking referrals

**Introductory Paragraph**

Title I (Adult, Dislocated Worker, and Youth)

Title II (Adult Education and Literacy)

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DHS/TANF

Second Chance

HUD Employment and Training Activities

Job Corps

YouthBuild

**9. PHYSICAL ACCESSIBILITY**

Describe how—through specific examples and commitments—required partners will assure the physical accessibility of the one-stop center(s), including the following:

* The center layout supports a culture of inclusiveness;
* The location is recognizable in a high traffic area;
* Access to public transportation is available within reasonable walking distance; and
* The location of a dedicated parking lot, with parking lot spaces closest to the door designated for individuals with disabilities.

**10. PROGRAMMATIC ACCESSIBLITY***(Note: Provide as much specificity as possible for each partner program.)*

* Describe how your comprehensive one-stop centers provide access to **all required** career services in the most inclusive and appropriate settings for each individual participant.
* Describe specific arrangements and resources available through all one-stop centers to assure that individuals with barriers to employment, including individuals with disabilities, can access available services (20 CFR 678.500(b)(4)).
* Explain how services will be provided using technology that is available and in accordance with the “direct linkage” requirement under WIOA.

**11. COSTS AND COST SHARING OF SERVICES**

In the space below, provide the following narrative:

1. Affirm in the narrative that required partners negotiated infrastructure and shared local service delivery system costs specific to the applicable program year for one-stop centers designated by the local workforce board.
2. Clearly identify in the narrative the time period for which the Infrastructure Funding Agreement is effective (e.g., July 1, 2019 through June 30, 2020).
3. Specify in the narrative whether the budget submitted represents an interim or final budget agreement.
4. Describe in the narrative the agreed-upon method that each partner will contribute as a proportionate share of costs to support the services and operations of the local service delivery system.
5. Describe in the narrative whether and which staff will be cross trained to provide services on behalf of another required partner.
	* For each required partner providing cross-trained staff to deliver services on behalf of another partner, confirm how the contributing partner’s shared cost allocations will be reduced in correlation with the number of FTEs that will be cross-trained to provide another partner’s programs.
6. Using the table provided below, include the following additional financial information for each required program partner:
	* Each required program partner’s total cash contribution toward its proportionate share of infrastructure and local service delivery system costs for PY 2019; and
	* The dollar amount of a 20% variance from each partner’s total cash contribution in the case that actual costs exceed budgeted costs.

|  |  |  |
| --- | --- | --- |
|  | **Partner's Total Cash Contribution** | **Dollar Amount of 20% Variance from Total Cash Contribution displayed as Partner’s Total Cash****Contribution** |
| **Commerce** | **Title IB - Adult, Youth, & Dis.****Workers** |  |  |
| **TAA** |  |  |
| **CSBG** |  |  |
| **DWD** | **Title III - Wagner- Peyser** |  |  |
| **Veterans Services** |  |  |
| **UI Comp Programs** |  |  |
| **DWD/DOE** | **Title II - Adult Education** |  |  |
| **Career & Tech Ed - Perkins** |  |  |
| **FSSA** | **Title IV - Vocational Rehab** |  |  |
| **TANF - DHS** |  |  |
| **Aging** | **SCSEP** |  |  |
| **DOC** | **Second Chance** |  |  |
| **HUD** |  |  |
| **Title IC - Job Corp** |  |  |
| **Title ID - National Farmworkers** |  |  |
| **Title ID - YouthBuild** |  |  |
| **Other** |  |  |
| **Other** |  |  |
| **Other** |  |  |
| **Other** |  |  |

**12. AMENDMENT PROCEDURES***(Note: Ensure the MOU reflects the most recent date as amendments are approved.*

Describe amendment procedures, including annual negotiation of infrastructure and shared system costs to address the following:

* The amount of notice a partner agency must provide the other partners to make amendments;
* The procedures for informing other partners of the pending amendment;
* The circumstances under which the local partners agree the MOU must be amended;
* The procedures for amending the MOU to incorporate the final approved budget on an annual basis;
* The procedures for terminating the MOU or a specific partner’s participation in the MOU; and
* The process for resolving any disputes that evolve after the agreement is reached.

**13. RENEWAL PROVISIONS***(Note: Ensure the MOU reflects the most recent date as renewals are approved.)*

Provide the process and timeline in which MOU will be reviewed, including:

* The renewal process, which must occur at a minimum of every three years.
* The required renewal process if substantial changes occur before the MOU’s three-year expiration date.

**14. ADDITIONAL REQUIRED OR LOCAL PROVISIONS**

Examples of provisions that **may** be included in this section are:

* Indemnification
* Governing Law
* Confidentiality
* Dispute Resolution
* Data Sharing
* Etc.

The following provision **must** be included in this section:

* Non-Discrimination Clause pursuant to WIOA section 188 and its implementing Regulations at 29 CFR 38.

**15. ADDITIONAL PARTNERS**

**16. DURATION OF AGREEMENT**

* Provide the effective date of the MOU.
* List the agreed upon expiration date (cannot exceed three years).

**17. AUTHORITY AND SIGNATURES***(Note: Rather than collecting all chief elected official signatures, the name and signature of only the Regional Chief Elected Official (RCEO) is acceptable so long as the local area has a fully executed chief elected officials’ agreement outlining this responsibility.)*

Include a statement that the individuals signing the MOU have authority to represent and sign on behalf of their program under WIOA.

**18. ATTACHMENTS**

* LOCAL SERVICE MATRIX FOR COMPREHENSIVE ONE-STOP CENTERS INCLUDES:
	+ STATE REQUIRED PARTNERS AND METHODS OF CAREER SERVICE DELIVERY AVAILABLE THROUGH THE LOCAL COMPREHENSIVE ONE-STOP CENTER(S)
	+ INDIVIDUALIZED AND FOLLOW-UP CAREER SERVICES
	+ OTHER PROGRAMS AND ACTIVITIES AVAILABLE THROUGH THE LOCAL COMPREHENSIVE ONE-STOP CENTER(S)
* ONE-STOP OPERATING BUDGET SPREADSHEET FOR APPLICABLE PROGRAM YEAR (EXCEL FILE)
* OTHER

|  |
| --- |
| **State Required Partners and Method(s) of Career Service Delivery** |
| **Basic Career****Services** | Title I (AD/DW/Youth) | Title II (Adult ED & Literacy) | Title III(WP) | UI | Indian/ Native American Programs | PerkinsACT Programs | JVSG | SCSEP | Second Chance Act Re- entry E.O. | TAA | TANF | CSBG E&T | Job Corp | VR | HUD | Youthbuild |
| Eligibility for Title I- B Participants |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Outreach, intake, and orientation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skills and supportive service needs assessment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Labor Exchange Services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Program coordination/referral |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Labor marketinformation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Training provider performance and cost information |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Performance information for the local area |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Availability ofsupportive services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Information and Assistance with UI Claims |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Assistance establishing eligibility for financial aid |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employment retention services |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Follow-up services for Title I-B participants |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Service Methods:**

* Onsite Staff Available at all times during regular business hours
* Onsite Staff as needed
* Technology
* Onsite Service Provider

*Notes:*

* *Service deemed by partner not applicable if shaded gray*
* *This document serves as a sample only. If you have a similar grid that provides the information requested, please feel free to use what you have created, as well as to adjust the list of partners.*

|  |
| --- |
| **Individualized and Follow-Up Career Services** |
| **Partner Providing****Service** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Comprehensive and Specialized Assessments** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Development of IEP** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Group Counseling** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Individual Counseling** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Career Planning** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Short-Term Vocational****Services** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Internships and****Work Experience** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Workforce Preparation****Activities** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Financial Literacy****Services** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Out-of-Area Job Search Assistance** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **English Language****Acquisition** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Follow-Up Services for Participants in Adult and DW Programs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Note: This document serves as a sample only. If you have a similar grid that provides the information requested, please feel free to use what you have created, as well as to adjust the list of partners.*

**Other Programs and Activities available through the Local Comprehensive One-Stop Center(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIRED PARTNER** |  |  | **OTHER PROGRAMS AND ACTIVITIES PROVIDED** |
| Title I (Adult, Dislocated Worker, Youth) |  |  |  |
| Title II: Adult Education and Literacy |  |  |  |
| Title III: Employment Programs under Wagner-Peyser |  |  |  |
| Title IV: Vocational Rehabilitation Services |  |  |  |
| Post-secondary Career and Technical Education under Perkins |  |  |  |
| Unemployment Insurance |  |  |  |
| Job Counseling, Training and Placement Services for Veterans |  |  |  |
| Trade Adjustment Assistance (TAA) |  |  |  |
| National Farmworker Jobs Program |  |  |  |
| Community Services Block Grant (CSBG) |  |  |  |
| Senior Community Services Employment Program (SCSEP) |  |  |  |
| TANF |  |  |  |
| Second Chance |  |  |  |
| Housing and Urban Development Employment and Training Activities |  |  |  |
| Job Corps |  |  |  |
| YouthBuild |  |  |  |

1. Insert only the name(s) of the program(s) in this space. The names of individual negotiators are not needed. [↑](#footnote-ref-1)