

LINDA LINGLE
GOVERNOR



NELSON B. BEFITEL
DIRECTOR

COLLEEN Y. LaCLAIR
DEPUTY DIRECTOR

**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**

830 PUNCHBOWL STREET
HONOLULU, HAWAII 96813

April 19, 2004

(SN 69)

WIA BULLETIN NO. 3-00, Change 3

TO: WIA Partners

SUBJECT: WIA Annual Plan Instructions

PURPOSE

The purpose of this bulletin is to transmit revised instructions for the submittal of program plans for the operation of programs under Title I-B of the Workforce Investment Act (WIA).

BACKGROUND

WIA Bulletins 3-00, 3-00 Change 1, and 3-00 Change 2 provided instructions for the submittal of annual plans for the WIA Adult, Youth, and Dislocated Worker Programs. The annual plans consisted of four sections: (1) Identifying Information; (2) The Executive Summary; (3) Service Level Summary; and (4) Budget. Because the WIA sub-recipients have been experiencing difficulties in obtaining the information necessary to complete the Service Level Summary, this section of the plan is being eliminated.

POLICY

Each program plan will consist of three parts: (1) Identifying Information; (2) Executive Summary; and (3) Budget. The form for providing the Identifying Information and the instructions for completing the Executive Summary are provided as appendices to this bulletin. The Budget forms and instructions can be found in the WIA Financial Management Manual transmitted via WIA Bulletin 6-00 and its changes.

Each county that is allocated funds under the Workforce Investment Act (WIA) must submit annual plans for the Youth, Adult and Dislocated Worker Programs. These plans will form the basis for purchase of services agreements between the State of Hawaii Department of Labor and Industrial Relations and each county for the implementation of these programs.

PROCEDURES

Complete and accurate program plans must be submitted to the Workforce Development Division at least 60 calendar days prior to the beginning of the contract period. The plans should be reviewed and approved by the Local Workforce Investment Boards prior to submittal.

INQUIRIES

Questions regarding this bulletin should be directed to Ms. Judy Gordon, Training and Development Supervisor, at 586-9064.


NELSON B. BEFITEL

Enclosures (2)

**WORKFORCE INVESTMENT ACT
ANNUAL PLAN FORM**

Identifying Information

A. Annual Plan Number: _____

Modification Number: _____

B. Recipient's Name and Address:

C. Program: _____

D. Annual Plan Period:

From: _____ To: _____

E. Approved by the Workforce Investment Board:

Signature: _____

Name and Title: _____

F. Approved by the County:

Signature: _____

Name and Title: _____

G. Contact Person:

Name and Title: _____

Address and Phone Number: _____

**WORKFORCE INVESTMENT ACT
ANNUAL PLAN INSTRUCTIONS
EXECUTIVE SUMMARY**

1. Briefly describe for each program:
 - Program priorities for the coming program year(s)
 - Plans for continuous improvement based on lessons learned
 - Plans for contracting of services

2. Submit a current list of Workforce Investment Board members and indicate their representation on the Board.