

**Existing Local Areas**  
**Application for Initial Local Workforce Development Area Designation**

This application will serve as your request for Local Workforce Development Area initial designation for Program Years (PYs) 2015 (July 1, 2015 – June 30, 2016) and 2016 (July 1, 2016 – June 30, 2017) under the Workforce Innovation and Opportunity Act (WIOA).

Name of LWDA \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Date of Submission \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Person's Phone Number \_\_\_\_\_

By signing this application the Local Workforce Development Board chairperson and Chief Local Elected Official certifies that during Program Years (PYs) 2012 (July 1, 2012 – June 30, 2013) and 2013 (July 1, 2013 – June 30, 2014):

1. a. The LWDA has *performed successfully*.

**Yes**       **No**

Performed successful means met or exceeded negotiated levels of performance for PY 2012 (07/01/12 – 06/30/13) and PY 2013 (07/01/13 – 06/30/14) and has not failed any individual measure for the same period for the two (2) consecutive years of PY 2012 and PY 2013. For youth measures, must have met or exceeded five (5) of seven (7) measures in PY 2012; and two (2) of three (3) measures in PY 2013.

1. b. If 1. a. is No, the LWDA is operating under a performance improvement plan approved by the State.

**Yes**       **No**

2. The LWDA has *sustained fiscal integrity*:

**Yes**       **No**

