



**DEPARTMENT OF WORKFORCE SERVICES
ISSUANCE PY 12-14**

Artee Williams, Director

June 26, 2013

TO: Local Area Board Chairs
Chief Elected Officials
Local Area Administrators

SUBJECT: Arkansas Workforce Investment Board Annual Report

1. **Purpose:** To issue guidelines for submitting local workforce board contributions for the annual report.
2. **References:** Section 136(d) and Section 185(d) of the Workforce Investment Act of 1998.
3. **General Information:** The Workforce Investment Act (WIA) Title 1-B, Section 136(d) and Section 185(d) requirement to submit to the U. S. Department of Labor (USDOL) Secretary an annual report on the performance progress for WIA Title 1-B programs (Adult, Dislocated Worker and Youth).
4. **Action Required:** Each local board shall submit an annual report narrative by August 15th for the previous program year (July – June). All local boards should provide information on the activities listed below:

Arkansas Workforce Centers

List of the locations workforce centers operated throughout the program year. Indicate if any new workforce centers were opened during the year and if any centers were closed. Indicate the type of each center, i.e., comprehensive, satellite, affiliate.

Employer Services

A discussion of the programs and strategies for serving employers at the local level that were employed during the year.

Innovative Service Delivery

A discussion of the local area's unique programs and recent accomplishments. The local area should highlight any innovative service delivery strategies, including program activities that support dislocated workers, low-skilled/low income adults and disadvantaged youth.

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Services to Veterans

A discussion of the programs, initiatives and strategies for serving Veterans at the local level, including a description of how Veteran's priority of service is being implemented for all training foundations.

Continuous Improvement

A discussion of the local area's efforts for continuous improvement of the services offered in the Arkansas Workforce Centers through customer feedback.

Waivers

A list of any of the state's approved waivers that the local area is utilizing and how those waivers are assisting the local area in providing services more effectively.

Success Stories

The local area should highlight significant successes experienced by their customers and provide media releases for those individuals. Pictures of the individuals are highly encouraged and should be submitted as JPEG file attachments.

Submit to the ADWS Program Monitor by email with attachments: Narratives of Success Stories in MS Word and pictures as JPEG files.

5. **Inquiries:** Questions regarding this issuance should be directed to the local area's DWS Program Monitor or Lily Kersh at 501-683-1781 / lily.kersh@arkansas.gov
6. **Attachments:** Media Release.
7. **Expiration Date:** Continuing.

Photo and Story Release Form

I hereby grant the Arkansas Department of Workforce Services and/or Arkansas Workforce Investment Board permission to use my likeness, voice, and information in a photograph, video, audio recording, and print in any and all of its publications, including Web site entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the Arkansas Department of Workforce Services and/or Arkansas Workforce Investment Board and will not be returned.

I hereby irrevocably authorize the above named agency(s) to edit, alter, copy, exhibit, publish or distribute this photo or story for purposes of publicizing the Arkansas Department of Workforce Services and/or Arkansas Workforce Investment Board programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or story appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or story.

I hereby hold harmless and release and forever discharge the Arkansas Department of Workforce Services and/or Arkansas Workforce Investment Board from all claims, demands and causes of action that I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

(Signature)

(Date)

(Printed Name)

(Date)

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)

(Date)

(Parent/Guardian's Printed Name)