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 Daryl E. Bassett  
 Director

**DEPARTMENT OF WORKFORCES SERVICES  
 ISSUANCE NUMBER PY 15-03**

**Daryl E. Bassett, Director**

**August 24, 2015**

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

**SUBJECT: Local Workforce Development Board Annual Report**

1. **Purpose:** To issue guidelines for submitting local workforce board contributions for the annual reports for Program Year 2014
2. **References:** Section 136(d) and Section 185(d) of the Workforce Investment Act of 1998.
3. **General Information:** Arkansas Workforce Investment Board policy set April 9, 2013 and Arkansas Integrated Workforce Plan.
4. **Action Required:** Each local board shall submit an annual report narrative by September 11<sup>th</sup> 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. For new centers, submit a jpeg photograph file separately.

**Employer Services**

A discussion of the programs and strategies for serving employers at the local level that were employed during the year. Highlight activities, events, and outreach to engage employers, improve services, and align services with partners. Describe the business service teams, location, membership, indicating team lead and specific coordination efforts.

**Innovative Service Delivery**

Provide 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.

**-Over-**

Describe what specific efforts, by target population, that have been taken to increase services to that population.

<u>Adults</u>	<u>Dislocated Workers</u>	<u>Youth</u>
Not a high school graduate	Displaced Homemaker	Out-of-School
Veteran	UI Exhaustee	Dropout
Low Income	Veteran	Basic Skills Deficient
TANF	Single Parent	Offender
Receives Public Assistance (not TANF)		Pregnant / Parenting
Offender		
Single Parent		

**Services to Veterans**

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

**Leveraging Resources**

Efforts to Leverage Additional Resources – identify the local board’s efforts to identify additional funding sources, including state and federal agencies, corporate and philanthropic 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. Include the local performance per the common measures to include goals achieved. If a goal was not achieved, include strategies implemented to achieve those goals.

**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. Please provide one success story from each funding category.

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 Stephanie Blair at 501-682-3136 or stephanie.blair@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 18 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.

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(Signature)

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(Date)

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(Printed Name)

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(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.

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(Parent/Guardian's Signature)

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(Date)

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(Parent/Guardian's Printed Name)