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**DEPARTMENT OF WORKFORCES SERVICES  
ISSUANCE NUMBER PY 17-02**

**Daryl E. Bassett, Director**

**September 12, 2017**

**TO:** Local Workforce Development Board Chairs  
Chief Elected Officials  
Local Workforce Development Board Administrators

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

1. **Purpose:** To issue guidelines for submitting local workforce development board annual reports.
2. **References:** Arkansas Workforce Development Board action dated July 12, 2016.
3. **General Information:** Each state is required to submit an annual report to the U.S. Department of Labor by October 1 of each year for the previous program year's activities (July – June). The attached annual report narrative template is provided for use in collecting local activities that will be incorporated into the State's annual report.
4. **Action Required:** Each local workforce development board shall submit an annual report narrative by **September 22, 2017** for the previous program year (July – June). Each local board should provide information on the activities 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 for each center the type of center it is, i.e., comprehensive, satellite, affiliate.

**WIOA Implementation Activities**

A description of the activities in which the local board has engaged to implement the Workforce Innovation and Opportunity Act (WIOA). The description should include partner engagement, partner and board meetings, and efforts to integrate services to employers and jobseekers.

**Employer Services**

A description of the programs and strategies for serving employers at the local level.

**Innovative Service Delivery**

A description 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.

### **Services to Targeted Populations**

A description of the programs, initiatives, and strategies for serving Veterans at the local level, including a description of how veterans' priority of service is being implemented for all training programs. A description of efforts and strategies employed by the local board to increase enrollments of individuals on public assistance, disabled individuals, out-of-school youth, at-risk youth, ex-offenders, high-school dropouts and other groups that may be identified by the local board as priority populations.

- a) Not a high school graduate
- b) Veterans
- c) Low-Income Persons
- d) TANF Recipients
- e) Receives Public Assistance (not TANF)
- f) Ex-offenders
- g) Single Parent
- h) Displaced Homemaker
- i) UI Exhaustee
- j) Out-of-School Youth/High School Dropouts
- k) Basic Skills Deficient Youth
- l) Pregnant/Parenting Youth

### **Leveraging Resources**

Efforts to Leverage Additional Resources – identify the local boards efforts to identify additional funding sources, including state and federal agencies, corporate and philanthropic foundations.

### **Continuous Improvement**

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

### **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.

5. **Submission Instructions:** Submit electronically to [wioa@arkansas.gov](mailto:wioa@arkansas.gov). The annual report should be in an MS Word file. Pictures may be imbedded in the MS Word file; however, any pictures used shall also be submitted electronically as the original .jpeg file.
6. **Inquiries:** Questions regarding this issuance should be directed to [wioa@arkansas.gov](mailto:wioa@arkansas.gov) or to your DWS Program Monitor.
7. **Attachments:** Media Release.
8. **Expiration Date:** Ongoing

**Photo and Story Release Form**

I hereby grant the Arkansas Department of Workforce Services and/or Arkansas Workforce Development 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.

\_\_\_\_\_  
(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)