



# Montana Department of LABOR & INDUSTRY

1  
2 Division: Workforce Services Division  
3 Category: WIOA  
4 Effective Date: 5/3/2016  
5 Last Revised: 04/07/2020  
6 Policy No.: 01-16

## 7 WIOA Local Workforce Area Designation Policy

8 **Background:** The Workforce Innovation and Opportunity Act (WIOA), signed into law on July 22, 2014,  
9 formally overhauled and reauthorized the expired Workforce Investment Act (WIA) of 1998. Under WIA, Montana  
10 had two designated local workforce investment areas, the 10 county Concentrated Employment Program (CEP)  
11 local area and the 46 county Balance of State (BOS) local area. Although Montana did not meet the population  
12 criteria for more than one local area under WIA, the CEP was an automatic designated area under WIA and  
13 therefore the BOS was also considered an automatic designation. In 2005, Montana received a waiver from the  
14 U.S. Department of Labor (USDOL) for the Montana State Workforce Investment Board (now known as the State  
15 Workforce Innovation Board or SWIB) to carry out the roles and responsibilities of the two local boards, allowing  
16 Montana to operate as a single local workforce investment area. The waiver reduced overhead costs, increased  
17 program dollars, expanded the number of one-stops in the state, strengthened administrative oversight and  
18 accountability processes, and increased training opportunities for clients.

19 Under WIOA, there is a no longer a CEP, however states that had one previously are recognized as having had  
20 local areas and therefore not eligible to be considered a single-area state. Therefore, Montana must remain  
21 with the prior designated 10 county area and 46 county area as local workforce areas. In 2018, Montana once  
22 again applied for a waiver from USDOL for the SWIB to carry out the roles and responsibilities of the local  
23 boards, allowing Montana to act as a single-area planning state, with funding allocated as required under  
24 federal law and regulations to the two local areas. This waiver was granted November 14, 2018 by USDOL and  
25 remains in effect through June 30, 2020.

26 WIOA Section 106(b) requires the Governor, in consultation with the SWIB, to designate local workforce areas  
27 and ensure an appeals process is in place.

28 Training and Employment Guidance Letter (TEGL) No. 27-14 indicates the purpose of a local area is to serve as  
29 a jurisdiction for the administration of workforce development activities using Adult, Dislocated Worker, and  
30 Youth funds allocated by the State and to coordinate efforts related to the other core programs at a local  
31 community level.

32 **Scope:** This policy applies to the SWIB and any area or entity seeking to be designated or designated as a  
33 local workforce area.

### 34 **Policy:**

- 35 • At any time, the Chief Local Elected Official and Local Board from any unit of general local government  
36 or combination of units may submit a request for designation as a new local workforce development  
37 area.
- 38 • The Governor will consider requests for general designation as a new local workforce area if the  
39 proposed area:

- 40 ○ is consistent with local labor market areas;
- 41 ○ has a common economic development area; and
- 42 ○ has the federal and nonfederal resources, including appropriate education and training
- 43 institutions, to administer activities under WIOA.
- 44 ● Areas or entities requesting consideration for either initial or general designation as a local workforce
- 45 area must submit the form in Attachment 1 of this policy to MTDLI.
- 46 ● Inquiries regarding this policy should be directed to [SWIB@mt.gov](mailto:SWIB@mt.gov).

#### 47 Appeal Process:

- 48 ● An area, board, or entity seeking designation as a local workforce development area can choose to
- 49 appeal a denial. An appeal must be submitted in writing either by mail or email to the following
- 50 address(s) within 14 days after the written notification of the decision.

51 Montana State Workforce Innovation Board  
52 PO Box 1728  
53 Helena, MT 59624-1728  
54 Or  
55 [swib@mt.gov](mailto:swib@mt.gov)

56 The appeal must include the justification for the appeal in the request. The area, board, or entity also  
57 has the right to request a hearing.

- 58 ● The appeals procedure will allow for a review before the SWIB Executive committee if requested and a
- 59 decision will be made within 60 days of appeal. This will be a final decision and the area, board, or
- 60 entity will be unable to reapply for one year from the date of final notification by the state.

#### 61 References:

- 62 ● WIOA Title I of 2014, Section 106 [WIOA Act](#)
- 63 ● [TEGL 27-14](#)
- 64 ● [TEGL 27-14, Change 1](#)

#### 65 Attachment:

- 66 ● Attachment 1 – WIOA Local Workforce Area Designation Request form

67

# Workforce Services Policy 16-01 Attachment 1

68

## WIOA Local Workforce Area Designation Request Form

Areas or entities seeking to be designated a local workforce area must submit the following request form by email or by mail to the Montana Department of Labor & Industry to be considered.

Mail to:

Montana Department of Labor & Industry  
Attn: State Workforce Innovation Board  
PO Box 1728  
Helena, Montana 59624-1728

Email to:

[SWIB@mt.gov](mailto:SWIB@mt.gov)

*Enter local workforce area name here* is requesting designation as a Local Workforce Area under the Workforce Innovation and Opportunity Act (WIOA).

**Contact Name:** *[enter contact name here](#)*

**Contact Title:** *[enter contact title here](#)*

**Contact Address:** *[enter contact mailing address here](#)*

**Contact Email:** *[enter contact email address here](#)*

**Date of Designation Request:** *[click here to enter a date](#)*

Please explain how this designation is consistent with the local labor market and supports a common economic development area currently being served by WIOA.

Please provide information on this area's access to federal and non-federal resources, including appropriate education and training institutions, to administer WIOA programs.

**Name:** *[type or print name here](#)*

**Signature:** *[enter e-signature here or sign here](#)*

**Date:** *[click here to enter a date](#)*