



Montana Department of LABOR & INDUSTRY

1
2 Division: Workforce Services Division
3 Category: WIOA
4 Effective Date: 5/3/2016
5 Last Revised: N/A
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.

14 In 2005 Montana received a waiver from the United States Department of Labor (DOL) for the Montana State
15 Workforce Investment Board (now known as the State Workforce Innovation Board, or SWIB) to carry out the
16 roles of the two local boards, allowing Montana to operate as a single local workforce investment area. The
17 waiver reduced overhead costs, increased program dollars, expanded the number of comprehensive processes,
18 and increased training opportunities for participants. The waiver reduced overhead costs, increased program
19 dollars, expanded the number of comprehensive one-stops in the state, strengthened administrative oversight
20 and accountability processes, and increased training opportunities for participants. The waiver granted by the
21 DOL remains in effect through June 30, 2016.

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

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

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

30 Policy:

- 31 • Chief Elected Officials of the CEP and BOS local areas are eligible to request initial designation under
32 WIOA provided that the request is submitted the Montana Department of Labor & Industry (MTDLI) no
33 later than June 30, 2017.
- 34 • At any time, the Chief Elected Official from any unit of general local government or combination of units
35 may submit a request for designation as a new local workforce development area.
- 36 • The Governor will consider requests for general designation as a new local workforce area if the
37 proposed area:
 - 38 ○ is consistent with local labor market areas;

- 1 ○ has a common economic development area; and
- 2 ○ has the federal and nonfederal resources, including appropriate education and training
- 3 institutions, to administer activities under WIOA.
- 4 • Areas or entities requesting consideration for either initial or general designation as a local workforce
- 5 area must submit the form in Attachment 1 of this policy to MTDLI.
- 6 • Inquiries regarding this policy shall be directed to WSDPolicy@mt.gov

7 References:

- 8 • WIOA Title I of 2014, Section 106 [WIOA Act](#)
- 9 • [TEGL 27-14](#)

10 Attachment:

- 11 • Attachment 1 – WIOA Local Workforce Area Designation Request form

1 Workforce Services Policy 16-01 Attachment
2 1
3 WIOA Local Workforce Area Designation
4 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: Workforce Initiatives
PO Box 1728
Helena, Montana 59624-1728

Email to:

WSDPolicy@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*

Name: *type or print name here*

Signature: *enter e-signature here or sign here*

Date: *click here to enter a date*