

Request for New Local Workforce Development Area Designation

Select the appropriate box that describes this request:

- New Designation – New Local Workforce Development Area (LWDA), including LWDAs that are fully consolidating.
- Realignment of Counties – Existing LWDA that is removing or adding one or more counties.

1. Point of Contact

Name of Contact Person:

Phone Number:

Title:

Email Address:

Date of Request:

2. LWDA Information

Name of Local Workforce Development Area:

3. County/Counties Information

List the county/counties that will be included in the proposed LWDA:

For new designations and realignment of counties, list the county/counties that is/are being added to the LWDA and the LWDA they are currently designated to:

For realignment of counties, list the county/counties that is/are being removed from the LWDA and the LWDA they will be realigned to:

4. Substantive Requirements for Designation of a New LWDA

- a. Describe how the proposed LWDA is consistent with local labor market areas.

b. Describe how the proposed LWDA has a common economic development area.

c. Describe the federal and non-federal resources that will be available to the proposed LWDA, including appropriate education and training institutions, to administer activities under the Workforce Innovation and Opportunity Act youth, adult and dislocated worker formula programs.

5. Additional Information

a. Describe how the proposed new LWDA designation will impact the other LWDA(s) from which it is withdrawing.

6. Public Comments

a. Local areas requesting to create a new LWDA must post its intent for 10 days to allow the receipt of public comments. Was this request posted for public comments? **Yes** **No**

b. Were any public comments received? **Yes** **No**

If yes, a copy of public comments received regarding the proposed newly designated LWDA must be submitted with this request.

CERTIFICATION AND APPROVAL OF REQUEST

By signing below, the local workforce development board chairperson and the chief local elected official (CLEO) representing each county/unit of local government that comprises the proposed local workforce development area certify that the information contained in this request is true and accurate based on their knowledge. Additionally, the signatures below demonstrate the consensus of each county/unit of local government involved.

Local Workforce Development Board Chairperson	
Name:	
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

Chief Local Elected Official	
Name:	County:
Signature:	
Date:	

A certification page is required for each of the impacted local workforce development areas. The completed request and certification page(s) must be submitted to: LWDBGovernance@commerce.fl.gov.