



North Central Workforce Development Board d/b/a
Workforce Solutions for North Central PA

425 Old Kersey Road
Kersey, PA 15846
Office: 814-245-1835
WorkforceSolutionsPA.com

**STATEMENT OF ASSURANCE TO NORTH CENTRAL WORKFORCE DEVELOPMENT BOARD
REQUESTING INCLUSION ON THE PA ELIGIBLE TRAINING PROVIDER LIST**

_____ requests that the North Central Workforce Development Board recommend the
_____ program for inclusion on the Pennsylvania Eligible Training Provider List.
The performance information included below for this specific program has been submitted to the North Central WDB.

In order to ensure that workforce development investments yield the best possible results, the State of Pennsylvania has developed a Performance Management Plan for evaluating the performance of workforce programs. All course/program submissions are required to fulfill performance standards as part of the Workforce Innovation and Opportunity Act (WIOA) for the evaluation of training course/programs for inclusion onto the Statewide Eligible Training Provider List (ETPL). Two categories of customers must be tracked for performance purposes: “WIOA” and “All” customers (WIOA and Non-WIOA). As part of the application, performance information must be presented for each population group. Training courses/programs will be required to meet seven (7) out of ten (10) measures to be considered for inclusion onto the Statewide List for the current version through July 31, 2024. A threshold exception criterion is utilized in the evaluation of program performance. Specifically, if a course/program serves less than ten (10) individuals, it will be exempt from performance requirements; however, performance data must still be submitted. *The CWDS Operating system will automatically advance the reporting period one quarter at the end of each quarter.*

This signed and completed “Statement of Assurance” is required for each program/course being submitted for consideration for placement onto the ETPL. Supplemental information should be submitted to:
Linda Franco, Workforce System Manager/ Equal Opportunity Officer
Workforce Solutions, 245 Old Kersey Road, Kersey, PA 15846
Or emailed to lfranco@newdb.org

If your program is not licensed by the PSLA, which of the 13 exceptions does the institution fall under?

PERFORMANCE DATA SUBMITTED as PART OF ETPL SERVICE APPLICATION PROCESS

WIOA/WIA POPULATION SEGMENT

WIOA Measures	PROGRAM COMPLETION (WIOA) - 64 %
_____	Actual number of program completers
_____	Actual number and percentage of participants <u>scheduled to complete</u>
_____	ENTERED UNSUBSIDIZED EMPLOYMENT 2nd QTR (WIOA/WIA)- 41%
_____	Actual number of program completers who completed the program and entered unsubsidized employment in the second (2nd) quarter after exit based on wages:
_____	The total number and percentage of program participants who completed the program
_____	ENTERED UNSUBSIDIZED EMPLOYMENT 4th QTR (WIOA/WIA) – 42%
_____	Actual number of participants who completed the program and entered unsubsidized employment in the fourth (4 th) quarter after exit
_____	The total number and percentage of program participants who completed the program

_____ **MEDIAN QUARTERLY WAGE (WIOA) - \$5,211.00**

The median quarterly reported wages of participants that obtained unsubsidized employment second (2nd) quarter after exit

_____ _____ The total number of participants employed and the median quarterly wage

_____ **PROGRAM GRADUATE/CREDENTIAL (WIOA) -52%**

Number of participants who completed the program and attained a recognized Post-Secondary Credential

_____ _____ The total number and percentage of participants who completed the program during the designated performance reporting period

“ALL” POPULATION MEASURES

WIOA & Non-WIOA combined - PROGRAM COMPLETION (ALL) – 64%

_____ Actual number of program completers

_____ _____ Actual number and percentage of participants scheduled to complete

_____ **ENTERED UNSUBSIDIZED EMPLOYMENT 2nd QTR. (ALL) – 41%**

Actual number of program completers who completed the program and entered unsubsidized employment in the second (2nd) quarter after exit based on wages:

_____ _____ The total number and percentage of program participants who completed the program

_____ **ENTERED UNSUBSIDIZED EMPLOYMENT 4th QTR (ALL) – 42%**

Actual number of participants who completed the program and entered unsubsidized employment in the fourth (4th) quarter after exit

_____ _____ The total number and percentage of participants who completed the program

_____ **MEDIAN QUARTERLY WAGE (ALL) - \$5,211.00**

The median quarterly reported wages of participants that obtained unsubsidized employment second (2nd) quarter after exit.

_____ _____ The total number of participants employed and the median quarterly wage

_____ **PROGRAM GRADUATE/CREDENTIAL (ALL)-52%**

Number of participants who completed the program and attained a recognized Post-Secondary Credential

_____ _____ The total number and percentage of participants who completed the program completers during the designated performance reporting period

In addition to the electronic submission of the application to Workforce Solutions with an accompanying completed “Statement of Assurance” additional supplemental “hard copy” documentation is required, and must be provided to the Local Workforce Board by the training provider before any programs can be approved. This information does not have to be duplicated for every program but must be submitted by the training provider annually for inclusion on the ETPL. This information is required for auditing and performance verification purposes and includes the following items:

- **Current School Catalogue (Only one copy needed for submission per provider)**
- **A copy of the PSLA certification status or exception status (Program Profile Sheet-Form PDE 3808) for each course/program application (if applicable).**
- **A most recent financial statement. This information may be located in a most recent annual report. Only one copy necessary for submission per provider**
- **Verification that the provider is licensed, certified or authorized by the Pennsylvania Department of Education, or the relevant state agency with oversight, to operate training programs in Pennsylvania.**
- **Submit a policy that states compliance with the Americans with Disabilities Act of 1990**
- **Submit a policy that states compliance with nondiscrimination and equal opportunity laws; WIOA Sec. 188, and the regulations implementing this statutory provision**

- Assurance that the site complies with physical and programmatic accommodations as required by Section 504 of the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990, as amended and the regulations implementing these statutory provisions
- The provider must agree to accept Individual Training Accounts (ITA) or contracts for services so long as admission and program performance requirements have been met;
- The provider assures the timely and accurate reporting of required information; and
- Provider agrees to permit on-site visits by any federal, state or local agency as legally authorized to monitor activities for which funds have been provided
- If the program had Zero enrollments during the designated reporting period a signed statement on Training Provider letterhead is to be submitted that lists the name of the course and a statement that indicates that the program had zero enrollments and a brief explanation for the program/course having zero enrollees. The reason for zero enrollees may be because the course was a newly developed program, or because the program did not have any scheduled student completions or adult learners for the reporting period.

❖ **Program/course applications for the ETPL are not approvable until the supplemental documentation is received.**
 Documents can be electronically submitted to lfranco@ncwdb.org or mailed to Workforce Solutions as stated above.

I hereby certify to the best of my knowledge and belief that the information provided is accurate, and that further documentation will be made available upon request by the North Central Workforce Development Area.

School Official Name/Title _____

Signature of School Official _____ Date _____