



**HAMPDEN COUNTY  
WORKFORCE BOARD**

**MHHCWB, INC.  
HAMPDEN COUNTY  
FY'19 ANNUAL PLAN**

# ATTACHMENT A

## Massachusetts Fiscal Year 2019 Local Annual Operating Plan

### Document Checklist

*Please use this checklist to ensure completeness; indicate each item that is included with the Board's submission.*

No.	Checkoff Confirms Inclusion	Document Title
1.	X	Completed Local Annual Operating Plan Document <b>Checklist</b> ( <i>Attachment A</i> )
2.	X	<b>Notification of Local Workforce System Changes</b> ( <i>Attachment C</i> )
3.	X	One-Stop Career Center <b>Hours of Operation Form</b> ( <i>Attachment D</i> )
4.	X	Local Annual Operating <b>Plan Signatories Form</b> ( <i>Attachment F</i> )
5.	X	One-Stop Career Center <b>Charter</b> ( <i>all Career Centers</i> )
6.	X	<b>Financial Modification Authorization Form</b> ( <i>Attachment G</i> )
7.	X	<b>Integrated Budget and Budget Narrative</b> ( <i>Attachment J</i> )
8.	N/A	One-Stop Career Center Operator/Service Provider <b>A-133 Audit</b> ( <i>for new operators only</i> )
9.	X	WIOA Performance Goals Request Form FY19 ( <i>Attachment M1</i> )
		<b>Attachment I (Charts Below)</b>
10.	X	<b>Submittal History</b> ( <i>Chart S</i> )
11.	X	<b>Labor Exchange Program Summary</b> ( <i>Chart #1</i> )
12.	X	<b>WIOA Title I Program Summary for Adults</b> ( <i>Chart #2</i> )
13.	X	<b>WIOA Title I Program Summary for Dislocated Workers</b> ( <i>Chart #3</i> )
14.	X	<b>WIOA Title I Program Summary for Youth</b> ( <i>Chart #4</i> )

# ATTACHMENT C

## Massachusetts Fiscal Year 2019 Local Annual Operating Plan

### **NOTIFICATION of LOCAL WORKFORCE SYSTEM CHANGES**

#### FISCAL YEAR 2019 CHANGES

**Please describe any programmatic, infrastructure or organizational changes planned for FY2019, including those that will result from any budget reduction/augmentation.**

Please complete this form and submit as part of your FY2019 Local Annual Operating Plan package.

**Local Area:** Hampden

**Are changes planned for FY2019:**  YES  NO

If significant service design or other changes from FY2018 are planned for FY2019, describe below each change to the local workforce development model. For each planned change, the description should include both:

- a. A discussion of the basis for the planned change, and
- b. A discussion of the projected outcome(s) and benefit(s) or challenge(s) to be realized as result of the planned change.

**Describe Changes:** N/A

*Note: for workforce system changes that are planned or contemplated throughout the year, and to request DCS assistance, please refer to MassWorkforce Policy DCS100 05.101, Workforce System Change Notification:*

<http://www.mass.gov/massworkforce/issuances/wioa-policy/05-general/>

# ATTACHMENT D

## Massachusetts Fiscal Year 2019 Local Annual Operating Plan

<b>Department of Career Services One-Stop Career Center Hours of Operation Form</b>
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In order to provide the public accurate information with regard to local area One-Stop Career Center services, please list the following information for each Career Center location in the local workforce area and indicate whether the facility listed is a full-service One-Stop Career Center, an affiliate site or a specialized center.

**Workforce Development Area: Hampden**

Career Center Name (Current Website URL until changes are complete)	Address	Phone Number	Fax Number	FY 2017 Hours of Operation	Full Service	Affiliated Site (AF) or Specialized Center (SC)*
<b>Hampden County Career Center, Inc. dba MassHire Holyoke Career Center</b> <a href="http://www.careerpointma.org">www.careerpointma.org</a>	850 High Street Holyoke, MA 01040	413-532- 4900	413-532- 0293	Mon. 9:00-5:00 Tue. 9:00-7:00 Wed. 9:00-5:00 Thu. 10:00-5:00 Fri. 9:00-5:00	Yes	N/A
<b>FutureWorks, Inc. dba MassHire Springfield Career Center</b> <a href="http://www.futureworksjobs.org/">http://www.futureworksjobs.org/</a>	One Federal Street, Building 103-3 Springfield, MA 01105	413-858- 2800	413-858- 2810	Mon. 8:30- 4:30 Tues. 8:30-4:30 Wed. 8:30-7:00 Thurs. 8:30-3:00 Fri. 8:30-4:30	Yes	N/A

*Note: Information contained in this document will be posted to the [www.mass.gov/eolwd](http://www.mass.gov/eolwd) website. Please be sure to check the website to assure information accuracy. Notify Lisa Caissie at [Lisa.J.Caissie@MassMail.State.MA.US](mailto:Lisa.J.Caissie@MassMail.State.MA.US) immediately if any of the information is not accurate or when changes occur. \* Please refer to WIOA §§678.300 – 678.320 for definitions and parameters.*

# ATTACHMENT F

## Massachusetts Fiscal Year 2019 Local Annual Operating Plan

### WIOA Local Annual Operating Plan Signatories

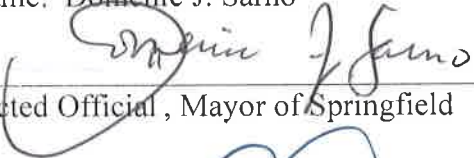
Fiscal Year 2019

#### Hampden LWB / MHHCWB, Inc. Name of Workforce Board

This FY2019 Local Annual Operating Plan shall be fully executed as of the date of signature below, and effective through June 30, 2019. The Plan may be amended or modified if agreed to by all parties.

**Signature indicates acceptance of all Assurances as delineated in Attachment E.**

Typed Name: Domenic J. Sarno

  
Chief Elected Official, Mayor of Springfield

  
Date

Typed Name: J. Jeffrey Sullivan

  
Workforce Board Chair

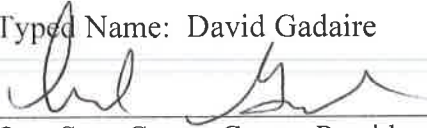
  
Date

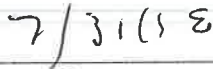
Typed Name: David M. Cruise

  
Local Workforce Board President & CEO/ Title I Fiscal Agent, MHHCWB, Inc.

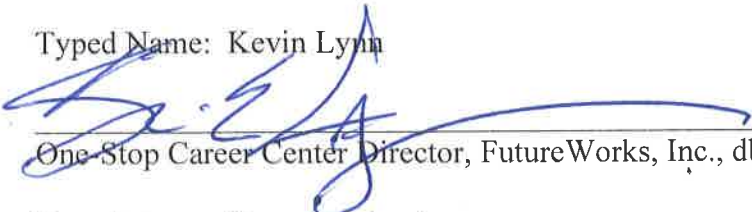
  
Date

Typed Name: David Gadaire

  
One-Stop Career Center President & CEO, HCCC Inc., dba MHCC

  
Date

Typed Name: Kevin Lynn

  
One-Stop Career Center Director, FutureWorks, Inc., dba MHSCC

  
Date

Typed Name: Kenneth Messina

  
DCS Designee

  
Date

# ATTACHMENT G

## Financial Forms Modification Authorization Form

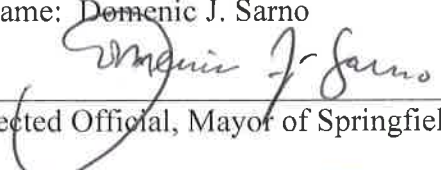
*Signatories' Authorization to Sign Financial Forms*

### Fiscal Year 2019 Local Annual Operating Plan Integrated Budget for Title I, Wagner-Peyser and Associated Programs Funded through DCS

Hampden LWDB / MHHWB, Inc.  
Name of Workforce Board

It is agreed by all parties having signed below that the DCS financial forms, as listed, may be amended or modified as necessary by the person(s) named. This authority shall be granted for the duration of the fiscal year, effective through June 30, 2019.

Typed Name: Domenic J. Sarno

  
\_\_\_\_\_  
Chief Elected Official, Mayor of Springfield

7/2/18

\_\_\_\_\_  
Date

Typed Name: J. Jeffrey Sullivan

  
\_\_\_\_\_  
Workforce Board Chair

7/2/18

\_\_\_\_\_  
Date

Typed Name: David M. Cruise

  
\_\_\_\_\_  
Local Workforce Board President & CEO AND Title I Fiscal Agent

August 10, 2018

\_\_\_\_\_  
Date

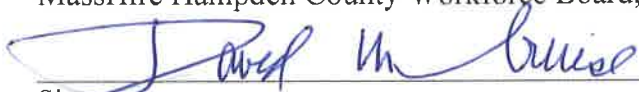
# ATTACHMENT G

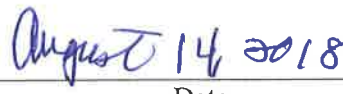
## Financial Forms Modification Authorization Form

*Signatories' Authorization to Sign Financial Forms*

**1. Authority to Sign INTEGRATED BUDGET MODIFICATIONS Granted to:**

Typed Name of Individual & Entity: David M. Cruise, President and CEO / Title I Fiscal Agent,  
MassHire Hampden County Workforce Board, Inc.

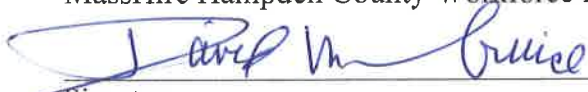
  
Signature

  
Date

Date

**2. Authority to Sign CONTRACT MODIFICATIONS Granted to:**

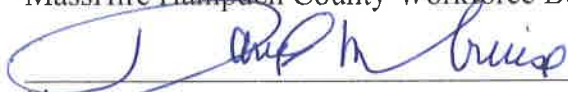
Typed Name of Individual & Entity: David M. Cruise, President and CEO / Title I Fiscal Agent,  
MassHire Hampden County Workforce Board, Inc.

  
Signature

  
Date

**3. Authority to Sign FISCAL STATUS REPORTS (FSR) Granted to:**

Typed Name of Individual & Entity: David M. Cruise, President and CEO / Title I Fiscal Agent,  
MassHire Hampden County Workforce Board, Inc.

  
Signature

  
Date

No alternates necessary.







WFB Name: MassHire Hampden County Workforce Board, Inc.		Budget Narrative Summary explanation for line item amounts	BASIS FOR ALLOCATING COSTS
Line Item	Amount	Please give a brief description of what you have included in each line item	Please explain the Cost Allocation Basis/Methodologies for charging direct costs and allocating shared direct costs and indirect costs in a brief summary for each applicable line item. If plan is specific to particular funding sources, please specify these funding sources and provide an explanation for each exception. Please identify costs included as part of a Resource Sharing plan.
Example: Fringe	\$ 100,000	Medical, dental, life, medicare, 5% retirement, workers compensation, unemployment insurance, payroll tax	25% of "PERSONNEL" line item amount; allocated across grants based on direct salaries charged ss per Cost Allocation Plan (CAP)
<b>AVAILABLE FUNDING</b>	<b>\$10,041,083</b>		
New Funding	\$5,912,392		
Carry-in Funding (FY17 to FY18)	\$4,128,691		
<b>ADULT \$ TRANSFERRED TO DW (NON-ADD)</b>			
<b>STATE-PAID- RETAINED FTEs:</b>	<b>0.0</b>		
<b>PERSONNEL</b>	<b>\$0</b>		
<b>FRINGE AND PAYROLL TAX</b>	<b>\$0</b>		
<b>STATE INDIRECT COST</b>	<b>\$0</b>		
<b>PREMISES LEASE (see attachment)</b>	<b>\$0</b>		
<b>TELEPHONES (see attachment)</b>	<b>\$0</b>		
<b>TRAVEL</b>	<b>\$0</b>		
<b>NON-PERSONNEL SERVICES - OTHER</b>	<b>\$0</b>		
<b>SUBTOTAL ABOVE THE LINE/RETAINED</b>	<b>\$0</b>		
<b>AS&amp;T</b>	<b>\$0</b>		
<b>SUBTOTAL-STATE-PD RETAINED EXP</b>	<b>\$0</b>		
<b>CAREER CENTER/FISCAL AGENT FTEs:</b>	<b>42.0</b>		
<b>PERSONNEL</b>	<b>\$1,761,642</b>	Staff Salaries for FTEs, 2 OSCCs	Direct charged as % of time on grant
<b>FRINGE</b>	<b>\$500,037</b>	Medical, dental, life insurance, medicare, workers compensation, 401(k) matching (up to 5% FW, 6% CP), employer taxes, tuition	Direct charged as % of time on grant
<b>PREMISES LEASE</b>	<b>\$284,064</b>	Rent costs	Based on square footage of personnel space
<b>INFORMATION TECHNOLOGY (LOCAL)</b>	<b>\$24,386</b>	IT hardware, software support & maintenance (non-citrix)	Shared indirect based on FTE or % of FTE, per CAP
<b>NON PERSONNEL SERVICES - OTHER</b>	<b>\$206,168</b>	Parking, phones, supplies, copying, audit, accounting and other consulting services, bank fees, postage, staff training, travel.	Direct charged when applicable (e.g., travel), otherwise shared indirect based on FTE or % of FTE
<b>INDIRECT / DeMinimus</b>	<b>\$212,188</b>	Indirect	Based on % of modified total direct costs
<b>SUPPORT SERVICES</b>	<b>\$0</b>		
<b>TRAINING (30% allocation minimum)</b>			
Occupational Skills Training (ITA)	\$0		
All other training	\$0		
Sub-Total TRAINING	\$0		
<b>SUBTOTAL-CC FA EXP (locally paid)</b>	<b>\$2,988,485</b>		
<b>WFB/FISCAL AGENT FTEs:</b>	<b>16.7</b>		
<b>PERSONNEL</b>	<b>\$1,225,728</b>	Staff Salaries for FTEs, 2 OSCCs	Direct charged as % of time on grant
<b>FRINGE</b>	<b>\$303,812</b>	Medical, life insurance, medicare, workers compensation, 7.5% retirement contribution, employer taxes	Direct charged as % of time on grant
<b>PREMISES LEASE</b>	<b>\$91,649</b>	Rent costs, staff and infrastructure cost for WIOA Cor Partners	Shared direct based on FTE or % of FTE, per CAP
<b>INFORMATION TECHNOLOGY (LOCAL)</b>	<b>\$31,849</b>	IT hardware, software support & maintenance (non-citrix), Equipment of WIOA Core Partners	Shared direct based on FTE or % of FTE, per CAP
<b>NON PERSONNEL SERVICES - OTHER</b>	<b>\$866,486</b>	Internal Parking, phones, supplies, copying, audit, accounting and other consulting services, bank fees, postage, staff training, travel, dues/subscriptions, outside printing, advertising and marketing, other miscellaneous. Also, MA/MAE, Hurricane vouchers & fees, FHREB sub-contract for Regional Planning are included. WIOA Core Partner other infrastructure costs (phone, supplies, etc.)	Direct charged when applicable (e.g., travel), otherwise shared direct based on FTE or % of FTE
<b>INDIRECT / DeMinimus</b>	<b>\$133,171</b>	Indirect based on % of federal grants	Based on % of modified total direct costs
<b>SUPPORT SERVICES</b>	<b>\$56,888</b>	WIOA Adult, Youth, DLW, NDWG, NEG Support Services	Direct charged based on approved participant requests
<b>TRAINING (30% allocation minimum)</b>	<b>\$0</b>		
Occupational Skills Training (ITA)	\$915,857	WIOA Adult, Youth, DLW, NDWG and NEG ITA Training; WIOA A-DLW at 35% of Program allocations	Direct charged to grant of participant enrollment
All other training			
Sub-Total TRAINING	\$915,857		
All other training	\$3,389,174	NDLW Grants Training (WBT, OJT, Classroom), YouthWorks and WIOA Youth vendors, DESE STC contracts, Re-entry services, Precision Machining and Healthcare Training (OJT and non-ITA)	Direct charged to grant of participant enrollment
Sub-Total TRAINING	\$4,305,031		61% Training of WFB-FA portion
<b>WFB EXPENSES (NON-ADD) TOTAL</b>	<b>\$206,060</b>	ESTIMATE: Includes WFB, Youth Council monies and portion of sector initiatives (less funds to training & consultants); As we are both a WDB and WIOA/FA some portion of all WIOA could also be attributable to WFB related expenses but can't separate out those expenses based on how we budget and charge off actual costs	
<b>SUBTOTAL-WFB FA EXP (locally paid)</b>	<b>\$7,052,598</b>		

\$10,041,083

43% % Training of Total OSCC/WFB Budget

**ATTACHMENT I**  
**PROGRAM SUMMARY CHARTS**  
**FISCAL YEAR 2019**  
**CHART S -- SUBMITTAL HISTORY**

**WORKFORCE DEVELOPMENT AREA**

Hampden

**CONTACT NAME/PHONE:**

Steve Trueman, Christine Abramowitz, 413-787-1547

Submittal Sequence	Date	Modification To	Yes/No
First Submittal Annual Business Plan	8/31/2018	Chart 1: Wagner-Peyser	N
		Chart 2: WIOA Adult	N
		Chart 3: WIOA Dislocated Worker	N
		Chart 4: WIOA Youth	N
Second Submittal		Chart 1: Wagner-Peyser	
		Chart 2: WIOA Adult	
		Chart 3: WIOA Dislocated Worker	
		Chart 4: WIOA Youth	
Third Submittal		Chart 1: Wagner-Peyser	
		Chart 2: WIOA Adult	
		Chart 3: WIOA Dislocated Worker	
		Chart 4: WIOA Youth	
Fourth Submittal		Chart 1: Wagner-Peyser	
		Chart 2: WIOA Adult	
		Chart 3: WIOA Dislocated Worker	
		Chart 4: WIOA Youth	
Fifth Submittal		Chart 1: Wagner-Peyser	
		Chart 2: WIOA Adult	
		Chart 3: WIOA Dislocated Worker	
		Chart 4: WIOA Youth	

Note: The entire Attachment I, Charts S and 1-4 must be submitted each time a modification is made.  
 Enter date (cell is formatted) and Y or N next to each Chart to identify Chart(s) with changes.

Please email the entire workbook to Lisa Caissie at [lisa.j.caissie@state.ma.us](mailto:lisa.j.caissie@state.ma.us) .

**ATTACHMENT I**

Date Submitted or Resubmitted: August 31, 2018 Modification # if not new: \_\_\_\_\_

**CHART 1**

**FY2019 LABOR EXCHANGE PROGRAM SUMMARY**

Hampden

**Workforce Board Name**

A	B	C	D	E
Program Activity in MOSES	July-June FY2016	July-June FY2017	July-April FY2018	Planned FY2019
<b>A. Job Seekers Services</b>				
1. Total Job Seekers Served	21,282	21,445	19,512	21,000
a. Total Job Seekers Unemployed	19,475	19,828	17,925	19,290
b. Persons with Disabilities	1,666	1,588	1,397	1,500
c. UI Claimants Served	9,500	10,170	8,413	9,500
d. Veterans Served	705	706	574	700
<b>B. Employer Services</b>				
1.Total Employers Served (= 1.a + 1.b)		<b>1,875</b>	<b>1,335</b>	<b>1,500</b>
a. New to Career Center		1,143	751	600
b. Repeat		732	584	900
2. Employers Receiving Job Seeker Referrals		0	356	450
3. Employers Hiring from Referrals		0	25	200

Column Instructions:

Column B - Enter data from the Year-to-Date Column of the Workforce Area level June 2016 OSCCAR.

Column C - Enter data from the Year-to-Date Column of the Workforce Area level June 2017 OSCCAR.

Column D - Enter data from the Year-to-Date Column of the Workforce Area level April 2018 OSCCAR.

Column E - Enter planned numbers for the July-June period of FY 2019.

Notes:

"**New**" means that the employer has never received services from the Career Center. An employer that is new in a given month will appear in the monthly and the cumulative "new" counts on OSCCAR for the remaining months of the fiscal year.

"**Repeat**" means that the employer has returned to the Career Center for service after having received services in the prior three (3) fiscal years.

**ATTACHMENT I**

Date Submitted or Resubmitted: \_August 31, 2018

Modification # if not new: \_\_\_\_\_

**CHART 2**

**FY2019 WIOA TITLE I PROGRAM SUMMARY FOR  
ADULTS**

Hampden

**Workforce Board Name**

A	B	C	D
	Formula Carry-in from FY2018	Formula New in FY2019	FY2019 TOTAL
1. Participants	194	106	<b>300</b>
2. Program Exiters (= 2.a + 2.b)	116	68	<b>184</b>
a. Enter Employment			156
i. Average Hourly Wage at Placement			\$11.50
b. Other Exit Reasons			<b>28</b>
3. Carry-Out to FY2020 (= 1 - 2)			<b>116</b>
4. Entered Employment Rate at Exit (= 2.a / 2)			<b>85%</b>
5. Total Participants in Training Activities (single count*)	10	140	<b>150</b>
a. Basic Education / Literacy Skills	0	0	<b>0</b>
b. ESOL (ESL)	0	0	<b>0</b>
c. Occupational Skills Training (all including ITA)	10	140	<b>150</b>
i. Occupational Skills Training (Customized)	10	140	<b>150</b>
ii. Occupational Skills Training (Group Contracts)	0	0	<b>0</b>
d. On-the-Job Training (OJT)	1	2	<b>3</b>
6. Training Participants Obtaining Certificate/Credential	6	77	<b>83</b>
7. Support Services	0	15	<b>15</b>
a. Needs Based Payments	0	0	<b>0</b>

\* Enter the number of unique individuals; should be less than or equal to the number of participants on line 1.  
 Column B: Enter estimates of WIOA Title I Adult FY18 participants that will carry-in to WIOA Title I Adults FY19  
 Column C: Enter estimates of newly enrolled participants to be served in WIOA Title I Adults in FY2019  
 Column D: Enter estimates only in cells that contain regular font

Note: Cells shown in **bold blue** font contain formulas that will calculate automatically based on data entered in Columns C and D. **Do not type in bold blue cells.**

**ATTACHMENT I**

Date Submitted or Resubmitted: August 31, 2018 Modification # if not new: \_\_\_\_\_

**CHART 3**

**FY2019 WIOA TITLE I PROGRAM SUMMARY FOR  
DISLOCATED WORKERS**

Hampden

**Workforce Board Name**

A	B	C	D
<b>DISLOCATED WORKER PROGRAM</b>	<b>Formula Carry-in from FY2018</b>	<b>Formula New in FY2019</b>	<b>FY2019 TOTAL</b>
1. Participants	167	185	<b>352</b>
2. Program Exiters (= 2.a + 2.b)	140	60	<b>200</b>
a. Enter Employment			170
i. Average Hourly Wage at Placement			\$15.79
b. Other Exit Reasons			<b>30</b>
3. Carry-Out to FY2020 (= 1 - 2)			<b>152</b>
4. Entered Employment Rate at Exit (= 2.a / 2)			<b>85%</b>
5. Total Participants in Training Activities (single count*)	27	123	<b>150</b>
a. Basic Education / Literacy Skills	0	0	<b>0</b>
b. ESOL (ESL)	0	0	<b>0</b>
c. Occupational Skills Training (all including ITA)	27	123	<b>150</b>
i. Occupational Skills Training (Customized)	27	123	<b>150</b>
ii. Occupational Skills Training (Group Contracts)	0	0	<b>0</b>
d. On-the-Job Training (OJT)	0	0	<b>0</b>
6. Training Participants Obtaining Certificate/Credential	15	68	<b>83</b>
7. Support Services	0	15	<b>15</b>
a. Needs Based Payments	0	0	<b>0</b>

\* Enter the number of unique individuals; should be less than or equal to the number of participants on line 1.  
 Column B: Enter estimates of WIOA Title I FY18 DW participants that will carry-in to WIOA Title I DW FY2019  
 Column C: Enter estimates of newly enrolled participants to be served in WIOA Title I DW in FY2019  
 Column D: Enter estimates only in cells that contain regular font

Note: Cells shown in **bold blue** font contain formulas that will calculate automatically based on data entered in Columns C and D. **Do not type in bold blue cells.**

**ATTACHMENT I**

Date Submitted or Resubmitted: August 31, 2018

Modification # if not new: \_\_\_\_\_

**CHART 4**

**FY2019 WIOA TITLE I PROGRAM SUMMARY FOR YOUTH**

Hampden

**Workforce Board Name**

A	B	C	D
YOUTH PROGRAM	In School Youth	Out of School Youth	FY2019 TOTAL
<b>1. Participants (= 1.a + 1.b)</b>	<b>222</b>	<b>442</b>	<b>664</b>
a. New Enrollments during FY2019	113	287	<b>400</b>
b. Carry-Overs from FY2018	109	155	<b>264</b>
c. Youth Age 14 - 15	0	0	<b>0</b>
d. Youth Age 16 - 18	188	208	<b>396</b>
e. Youth Age 19 - 21	34	144	<b>178</b>
f. Youth Age 22 - 24	0	90	<b>90</b>
<b>2. Program Exiters (= 2.a+2.b+2.c)</b>	<b>142</b>	<b>185</b>	<b>327</b>
a. Enter Employment	31	98	<b>129</b>
b. Enter Post-Secondary Education or Training	76	44	<b>120</b>
c. Other Exit Reasons	35	43	<b>78</b>
<b>3. Carry-Out to FY2020 (formula = 1 - 2)</b>	<b>80</b>	<b>257</b>	<b>337</b>
<b>4. Employment or Education Rate (= (2.a + 2.b) / (2))</b>	<b>75%</b>	<b>77%</b>	<b>76%</b>
<b>5. Enrollments by Fourteen Program Elements</b>			
a. Tutoring and Dropout Prevention	200	384	<b>584</b>
b. Alternative Secondary School, HiSET Prep, ESOL	10	440	<b>450</b>
c. Work Experience, Internships, OJT, Summer Empl Op	195	280	<b>475</b>
d. Occupational Skills Training	195	165	<b>360</b>
e. Leadership Development Opportunities	45	30	<b>75</b>
f. Adult Mentoring	215	384	<b>599</b>
g. Comprehensive Guidance and Counseling	222	442	<b>664</b>
h. Education Concurrently w/ Workforce Prep	22	325	<b>347</b>
i. Entrepreneurial Skills Training	15	30	<b>45</b>
j. Financial Literacy Education	185	332	<b>517</b>
k. Post Sec Education/Training Transition Activities	186	155	<b>341</b>
l. Labor Market/Employment Information Services	222	442	<b>664</b>
m. Supportive Services	150	332	<b>482</b>
n. Follow-up Services	107	142	<b>249</b>
6. Attained Degree/Diploma/HiSET/Certificate	97	120	<b>217</b>
<b>7. Attained Degree/Diploma/HiSET/Certificate Rate(= 6/2)</b>	<b>68%</b>	<b>65%</b>	<b>66%</b>

Note: All cells shown in **bold blue** font contain formulas that will calculate automatically.

**Do not type in bold blue cells!**

Additional calculations:

Out-of-School Percentage of Total Participants

**67%**

**ATTACHMENT M1**

<b>WIOA - LOCAL AREA FY2019/FY2020 PROPOSED PERFORMANCE GOALS REQUEST FORM</b>				
<b>CONTACT PERSON / EMAIL:</b>				
<b>WORKFORCE BOARD NAME:</b>				
<b>A</b>  <b>PERFORMANCE MEASURE</b>	<input type="checkbox"/> <b>Accept Statewide Goals FY2019</b>		<input type="checkbox"/> <b>Accept Statewide Goals FY2020</b>	
	<b>STATE</b>		<b>LOCAL AREA</b>	
	<b>B</b> <b>FY 2019 STATE GOAL</b>	<b>C</b> <b>FY 2020 STATE GOAL</b>	<b>D</b> <b>FY2019 PROPOSED LOCAL GOAL</b>	<b>E</b> <b>FY 2020 PROPOSED LOCAL GOAL</b>
<b>WIOA ADULT MEASURES</b>				
Employment Q2	86.0%	86.5%	84.50%	85%
Employment Q4	78.0%	78.0%	75%	76%
Median Earnings Q2	\$5,200	\$5,300	\$4,600	\$4,700
Credential Rate	71.0%	72.0%	70.0%	71.0%
<b>WIOA DISLOCATED WORKER MEASURES</b>				
Employment Q2	86.0%	86.0%	85.0%	85.0%
Employment Q4	85.0%	85.0%	79.0%	80.0%
Median Earnings Q2	\$7,700	\$7,800	\$7,500	\$7,600
Credential Rate	60.0%	62.0%	56.0%	57.0%
<b>WIOA YOUTH MEASURES</b>				
Employment/Education Q2	80.5%	81.0%	80.5%	81.0%
Employment/Education Q4	73.0%	73.5%	73.0%	73.5%
Median Earnings Q2				
Credential Rate <b>(see Notes Tab)</b>	70.5%	70.5%	65.5%	66.0%

If requesting a goal other than the State goal, local areas must provide a justification with evidential data.

Submit by email to [Lisa.J.Caissie@mass.gov](mailto:Lisa.J.Caissie@mass.gov)



For Adult and Dislocated Worker we are requesting less than the State Goal but higher than our FY 2018 goals based on the level of barriers that are evident in the Participant Characteristics Summary for WIOA Title I as well as past performance in the WIOA measures.

We are proposing an increase in Youth Credential Rate from our current 65%, but less than Statewide Rate based on higher than statewide averages of disadvantaged and unemployed youth in our region and that on average (see 4th QTR CCPR), 60% of our youth test out below 9th grade in Math/Reading as compared to 48% statewide.