



## Local Workforce Development Board: Title I Service Delivery Waiver Request Form

New Jersey's Local Governance policy, WD-PY21-6 requires that all Local Workforce Development Areas (LWDAs) competitively procure (1) One Stop Operators, (2) One Stop Career Services Providers, and One Stop Youth Services Providers. Local Workforce Development Boards (LWDBs) and/or the entities supporting the LWDB may be allowed to be the provider of these services, if selected fairly through a competitive procurement process and with the approval of both the local Chief Elected Official (CEO) and the Governor. Some Youth Services may be provided by the LWDB without competitive procurement, if identified as a unique service strength of the LWDB.

Local Workforce Development Boards (LWDBs) must submit this form to request approval from the State to directly provide services as part of the LWDA's One Stop Service Delivery system. This waiver must be used to document requests to serve as the One Stop Operator or a One Stop Career Services Provider. Submissions must include documentation of competitive procurement and plans for ensuring that appropriate separations and firewalls are in place.

This waiver must also be used to request the provision of specific Youth Services by the LWDB, including documenting (1) the selection process, whether through procurement or identified by the LWDB as a unique service strength of the LWDB, and (2) the oversight of such services.

Please note, if seeking provision of services in more than one service area, please submit a unique waiver form for each service area (i.e., if seeking to serve as the One Stop Operator and One Stop Career Services provider, please submit two individual waivers and corresponding documentation.).

### **Request for Waiver to Serve in Operational Role**

Date	
LWDB	
Contact Person/Title	
Phone	
E-mail Address	
Mailing Address	

**Waiver Request and Documentation Requirements**

1. Please indicate what services your LWDB and/or the organization supporting your LWDB are seeking a waiver to provide:

- One Stop Operator
  One Stop Career Services
  One Stop Youth Services

2. What specific services are you seeking a waiver to provide? If seeking a waiver to provide youth services, please reference the specific Youth Program Elements you are seeking a waiver to provide.

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3. Please indicate the specific One Stop Career Centers in which you are seeking to serve as an operational partner:

1	
2	
3	

4. If relevant, please attach a written narrative describing the competitive process that was undertaken to support the selection of the One Stop Operator, One Stop Career Services Provider, and/or One Stop Youth Services Provider.. Please include information about how you ensured that no unfair advantage was afforded to the LWDB and/or its supporting organization, as well as the specific strengths of the proposal that led to this selection. In addition, please attach the following documents to this waiver.

- RFP
- Evidence of RFP Distribution and Outreach
- Evidence of Pre-proposal Conference
- All Submitted Proposals
- Summary of Proposal Evaluations
- LWDB Approval of Award

5. If relevant, please attach a written narrative describing the unique service strengths of the LWDB in providing identified Youth Program Elements and how this determination was made.



6. Please attach a written narrative describing policies and procedures that describe the internal controls, firewalls, and conflict of interest mitigation that the LWDB and/or supporting organization will impose on itself when performing in an operator or service provision role. Please include details about how the LWDB will (1) ensure that appropriate oversight and monitoring practices are in place, as well as (2) secure against conflict of interests in any future competitive procurement processes. Please include any specific policies and/or procedure documents that codify these separations.
  
  7. Please attach a written narrative that highlights specific details regarding the anticipated scope of services, budget for these services, the expected level of service, whether this is a new or existing service delivery method, and in cases where this provider has previously provided these services, an overview of service levels and performance from the last three years.
  
  8. Please attach documentation that the local Chief Elected Official reviewed the information prepared for this waiver request and approved the waiver request.
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**Submit the completed request and documentation to:**

WIOA Program Oversight and Development  
[WIOAPOD@dol.nj.gov](mailto:WIOAPOD@dol.nj.gov)

