



STATE OF TENNESSEE  
**DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
DIVISION OF WORKFORCE SERVICES  
220 French Landing Drive  
Nashville, TN 37243-1002  
(615) 741-1031

**Attachment A - Interlocal Agreement**

**LWDA:** \_\_\_\_\_

**1) State the Purpose of This Agreement:** Describe the purpose and the term of the Interlocal Agreement.

**2) Designation of a Chief Local Elected Official (CLEO):** Explain who is selected as CLEO within the Local Workforce Development Area.

**3) Participating Local Elected Officials (LEOs):** In **Appendix A - located on page 4** of this document - list all LEOs within the LWDA and include: name, representation, contact information, and the LEOs signature.

**4) Dispute Resolution:** State how disputes among LEOs will be resolved regarding Local Board appointments and carrying out other responsibilities under WIOA.

**5) Fiscal Agent or Grant Subrecipient Designation:** In **Appendix B – located on page 5** of this document – designate the Fiscal Agent (if applicable) within the LWDA and include: name, representation, contact information, and the individual’s signature.

**6) Grant Recipient/Liability of Funds:**

The CLEO must sign to acknowledge their county’s responsibility of financial liability as the recipient of grant funds by signing in **Appendix C located on page 6**. For further information, reference WIOA Section 107(d)(12)(B)(i).

Outline the process for determining each LEO’s share of responsibility on Appendix C.

**7) Communication:** Describe the process and procedures the CLEO will use to keep the LEOs informed regarding LWDB activities. Determine how many times a year the LEOs will meet and how often a joint meeting with the LWDB will be held.

**8) LWDB Budget Approval:** Describe the process for reviewing and approving the LWDB annual budget among the LEOs.

**9) LWDB Member Representation:** Outline how LEOs will ensure LWDB representation is fair and equitable across the LWDA and is in accordance with WIOA policy regarding LWDB member nominations

**10) Selection of a New Chief Elected Official:** When applicable the newly elected CLEO or LEO must submit a written statement to the LWDB acknowledging that they have read, understood, and will comply with the Interlocal Agreement. Agreements must be reviewed within 90 days of county mayor elections to determine if updates are needed. Signing below demonstrates that the newly elected individual understands their roles and responsibilities. Please carry this out on **Appendix D on page 7** of this document.

**11) Election of a County Mayor:** When applicable, the newly selected county mayor (LEO) must submit a written statement to the LWDB acknowledging that they have read, understood, and will comply with the current Interlocal Agreement. Please carry this out on **Appendix D on page 7** of this document.

**12) Amendment or Change to the Interlocal Agreement:** Outline the process for amendments or changes to the Interlocal Agreement. Remember: all amendments or changes must be submitted to the LWDB and the TDLWD.

**13) LWDB Performance:**

Determine how the CLEO and LEOs will monitor and review the performance of the LWDA to ensure each county's workforce goals and needs are being addressed. Determine and monitor the performance of the One-Stop system to ensure the system maintains an efficient and effective capacity to serve the LWDA

**Appendix A: Signatures of LEOs\***

LEO Name:  
Representation:  
Contact Info:

LEO Name:  
Representation:  
Contact Info:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

LEO Name:  
Representation:  
Contact Info:

LEO Name:  
Representation:  
Contact Info:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

LEO Name:  
Representation:  
Contact Info:

LEO Name:  
Representation:  
Contact Info:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

LEO Name:  
Representation:  
Contact Info:

LEO Name:  
Representation:  
Contact Info:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

LEO Name:  
Representation:  
Contact Info:

LEO Name:  
Representation:  
Contact Info:

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Add signature lines as needed**

**Appendix B: Designation of the Fiscal Agent**

This document is to acknowledge the designation, by the Chief Local Elected Official, of a Fiscal Agent to act as the grant subrecipient. By signing this document the Fiscal Agent has read and understood the responsibilities and liabilities of the role as subrecipient described in WIOA Section 107(d)(12)(B)(i)(II). *This document is only an acknowledgement that the Fiscal Agent has been designated.* Contracts between the Fiscal Agent and the CLEO should ensure that the Fiscal Agent’s roles and responsibilities are clearly outlined, and include the functions stated in 20 CFR 679.420.

**Fiscal Agent Name:**

Representation:

Contact Info:

Signature: \_\_\_\_\_

**CLEO Name:**

Representation:

Contact Info:

Signature: \_\_\_\_\_

**Appendix C:**

**The LEOs must sign to acknowledge their responsibility of financial liability as the recipient of grant funds.**

Utilize this section to describe the percentage or amount of liability assigned to each county or local unit of government in terms of fiscal responsibility in the event of misuse or misappropriation of WIOA funds. This is required under 20 CFR 683.710(b)(2).

County: \_\_\_\_\_ Percentage of Liability: \_\_\_\_\_

Printed name with signature of LEO: \_\_\_\_\_

County: \_\_\_\_\_ Percentage of Liability: \_\_\_\_\_

Printed name with signature of LEO: \_\_\_\_\_

County: \_\_\_\_\_ Percentage of Liability: \_\_\_\_\_

Printed name with signature of LEO: \_\_\_\_\_

County: \_\_\_\_\_ Percentage of Liability: \_\_\_\_\_

Printed name with signature of LEO: \_\_\_\_\_

County: \_\_\_\_\_ Percentage of Liability: \_\_\_\_\_

Printed name with signature of LEO: \_\_\_\_\_

**Appendix D:**

When applicable the newly elected CLEO or LEO must submit a written statement to the LWDB acknowledging that they have read, understood, and will comply with the Interlocal Agreement. Agreements must be reviewed within 90 days of county mayor elections to determine if updates are needed. Signing below demonstrates that the newly elected individual understands their roles and responsibilities.

**Newly Selected CLEO:**

Name:

Representation:

Contact Info:

Signature: \_\_\_\_\_

**Newly Selected LEO:**

Name:

Representation:

Contact Info:

Signature: \_\_\_\_\_

Name:

Representation:

Contact Info:

Signature: \_\_\_\_\_

Name:

Representation:

Contact Info:

Signature: \_\_\_\_\_