

MEMORANDUM OF UNDERSTANDING BETWEEN  
**Employ Milwaukee**  
AND  
**Partner Provider**

This Memorandum of Understanding (MOU) is between Employ Milwaukee and \_\_\_\_\_ for the period beginning on July 1, 2023 and ending on \_\_\_\_\_.

## Introduction

The Workforce Innovation and Opportunity Act (WIOA) Youth Program serves teens and young adults, ages 14 to 24, who need assistance to further their education and/or successfully enter the workforce. The Youth Program focuses on serving individuals who have one or more barriers to success. Barriers to success include: being a high school dropout or at risk of dropping out, lacking basic skills, being an English language learner, being an offender or ex-offender, being homeless or a runaway, being in foster care or having aged out of foster care, being low-income, being pregnant or a parent, or having a disability.

**Workforce Development Board** oversees the WIOA Youth Program in its local area and must ensure that the program offers the 14 program elements required by WIOA. One or more services fall under the umbrella of each program element.

**Workforce Development Board** 's youth service provider(s) operates the WIOA Youth Program under a subaward with **Workforce Development Board**. The service provider(s) is responsible for connecting program participants to appropriate services. The service provider(s) is listed on the **Addendum: Youth Service Provider**.

## Purpose of MOU

The purpose of this MOU is to ensure that teens and young adults participating in the WIOA Youth Program in **Workforce Development Board** 's local area have access to the service(s) shown on **Attachment: Service Description**. Through this MOU, **Partner Provider** agrees to provide Youth Program participants the services shown on **Attachment: Service Description** upon **Workforce Development Board**'s service provider's referral.

## Additional Terms

It is understood and agreed to by the parties that:

- If **Partner Provider** is unable to provide the service(s) identified in this MOU to a participant, it will aim to provide notice to **Workforce Development Board** no later than 10 business days after it is unable to provide the service(s) and explain why it is unable to provide the service(s).
- This MOU is not a commitment or obligation of funds to **Workforce Development Board** on behalf of **Partner Provider** or to **Partner Provider** on behalf of **Workforce Development Board**.
- Modifications to this agreement may be made by mutual agreement between **Workforce Development Board** and **Partner Provider**. It is the **Workforce Development Board** 's responsibility to notify its service provider(s) of any modifications to this MOU.

- If either the **Partner Provider** or the **Workforce Development Board** would like to terminate this MOU, **Partner Provider** and **Workforce Development Board** agree to make a good faith effort to provide the other party at least 30 days advance notice.

## Signatures

\_\_\_\_\_  
WDB Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Partner Provider Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Organization

## Addendum: Youth Service Provider

Complete an addendum for each youth service provider.

**Organization name:** Enter Organization Name

**Address:** Enter Address

**City:** Enter Address

**State:** Enter State

**Zip code:** Enter Zip Code

**Phone number:** Enter Phone Number

**Geographic area served:** Enter County(ies), City(ies), or Region(s) served by this provider

**Contact person's name:** Enter name of contact person

**Contact person's title:** Enter title of contact person

**Dates of current contract with Workforce Development Board:** Date to Date

## Attachment: Service Description

Service Name and Description	Client/Participant Eligibility Criteria	Description of the Referral Process	Corresponding WIOA Youth Program Element
Enter the service name and description.	Describe any eligibility guidelines an individual must meet to receive this service from the partner provider.	Describe the process the WIOA Youth Program service provider must use to refer participants to the services identified in this MOU.	Select the number of the Youth Program Element from the list at the bottom of this page.

**WIOA Youth Program Elements** (defined in the WIOA Title I Policy & Procedure Manual at <https://dwd.wisconsin.gov/wioa/policy/10/10.5.3.htm>)

1. Tutoring, study skills training, instruction, and dropout prevention and recovery strategies
2. Alternative secondary school services and dropout recovery services
3. Paid and unpaid work experience
4. Occupational skills training
5. Education offered concurrently with and in the same context as workforce preparation and training
6. Leadership development opportunities
7. Supportive services
8. Adult mentoring
9. Comprehensive guidance and counseling
10. Financial literacy education
11. Entrepreneurial skills training
12. Career Awareness, Career Exploration, and Career Counseling
13. Postsecondary preparation and transition activities
14. Follow-up services

**(Attach additional sheets if necessary)**