

ATTACHMENT L1

• WIA-Funded Youth Service Providers Survey •

Workforce Investment Area:

Youth Program Design Framework

1. Which of the following functions do you consider to be included in your 'youth program design framework'? (Check all that apply)

- _____ Outreach and recruitment
- _____ Eligibility determination
- _____ Objective assessment
- _____ Development of Individual Service Strategy
- _____ Case management
- _____ Follow-up services
- _____ Data collection, tracking and reporting

2. Identify the organization(s) that provide these framework services to eligible youth in your workforce area.

- _____ Outreach and recruitment
- _____ Eligibility determination
- _____ Objective assessment
- _____ Development of ISS
- _____ Case management
- _____ Follow-up services
- _____ Data collection, tracking and reporting

3. Please estimate the cost of providing your youth program design framework functions paid for by WIA Youth funds.

4. *Were any of the framework services awarded as a result of a competitive bid? Check one answer that best fits your situation.*

- _____ Yes. Most of the framework functions were awarded to a single* organization, which is performing those tasks on behalf of eligible youth and all youth service providers in our workforce area.
- _____ Yes. Most of the framework functions are being performed by youth service providers as a part of their delivery of youth services.
- _____ No. Our framework functions are being performed by the WIA fiscal agent, and did not have to be awarded on a competitive basis.
- _____ Other. (Please describe): _____
- _____

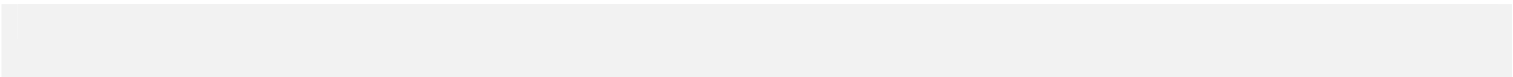
Approved Youth Service Providers

Complete the form that appears on the next page, using additional pages as necessary. Make sure you include the following information:

- Identify each **organization** that has been approved by your workforce investment board or youth council to provide WIA youth services.
- For each provider, provide basic **contact information**, the **amount of contract award**, and a brief **description of the youth who will be served** through the contract. If necessary, estimate the amounts for individual training account providers paid through WIA youth funds.
- For each provider, place a check mark in the column indicating which of the **WIA program elements (framework Services, Ten Elements and Individual Training Account providers)** will be provided through the service contract.

Attachment I

Service Providers	Framework Services	Tutoring, study skills	Alternative education	Summer jobs	Work experience	Occupational training	Leadership Development	Supportive Services	Adult Mentoring	Follow-up Services	Guidance counseling	ITA Provider
Service provider (include contact name, address, city, & phone number): Amount of Regular contract award: Amount of ARRA contract award: Describe youth to be served (e.g., age level, whether in-school, etc.): Number of Slots:												
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