

## Letter of Intent for WIOA Eligible Training Providers

The Workforce Innovation and Opportunity Act (WIOA) enacted July 22, 2014 contains new requirements for obtaining status as an Eligible Training Provider (ETP). One of the new requirements is for WIOA Eligible Training Providers to provide program-related information for all students or participants enrolled in a program. This information must include both WIOA participants and non-WIOA participants. The program-related information (data elements) will be used to publish annual performance reports for each of the Eligible Training Providers.

Addendum A to this letter of intent asks each provider to individually list the programs that they want to submit for WIOA eligibility. These programs will be accepted or rejected on an individual basis.

Attachment B includes a draft list of data elements that Eligible Training Providers must provide to obtain or maintain ETP status.

For more information about this requirement, please refer to the FAQs.

The following is an agreement providers are required to sign in order to qualify for inclusion to the Idaho WIOA Eligible Training Provider List. Please sign to acknowledge your institution's intent to comply with the requirements outlined below.

- My institution agrees to sign a Memorandum of Understanding (MOU) for data exchange with the Idaho Department of Labor and, if applicable, the Office of State Board of Education. If the MOU is not executed prior to June 30, 2016, this institution and all of its programs will no longer be listed on the WIOA Eligible Training Provider List. The MOU template will be sent to institutions after January 1, 2016.
- My institution will begin to implement a system for collecting required data elements for participants of eligible programs beginning January 1, 2016. These elements are listed in Attachment B.
- My institution agrees to work with staff from the Idaho Department of Labor and, if applicable, the Office of the State Board of Education to provide the required data elements and receive training on collection, secure storage and transmission.

Institution/Provider point of contact for data collection: Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

- The list of programs this institution wishes to submit for WIOA training eligibility is listed in Addendum A and will be emailed to [WIOAETP@labor.idaho.gov](mailto:WIOAETP@labor.idaho.gov).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Institution or Provider Name