

## Local Workforce Development Area Designation Application

### I. Point of Contact

Fill in the information below regarding the individual who is completing this application on behalf of the chief local elected official who will serve as the point of contact for future correspondence.

Chief local elected official	
Contact Name	
Title	
Address	
Email Address	
Date of Application	

### II. Additional Information Regarding Designation/Transfer Request

Is the request for a new Local Area?  Yes  No

Is the request regarding the transfer of county(ies) of an existing Local Area by a unit (or group of units) of local government?  Yes  No

### III. Participating Counties

List all counties that will form the reorganized Local Area.

### IV. Adding or Removing a County(ies)

Indicate the names of each county requesting removal from their currently designated Local Area and addition to a reorganized Local Area. Please indicate which Local Area the county is being removed from.

### V. Circumstances for the Request

Attach a summary which clearly states the circumstances for the request of transfer of county(ies)/reorganization.

**VI. Impact of the Withdrawal County(ies) to the Withdrawing Area**

Attach a summary that clearly states how the proposed transfer of county(ies) will impact those Local Areas from which it is withdrawing, such as impact on service delivery, economic development regions, commuting patterns, availability of educational and training providers, needs and services related to the business and employer community, and other community-based needs.

Additionally, please indicate the impact of the move to the restructured Local Area the county wishes to be included in, if applicable.

**VII. Local Area Designation Criteria**

Attach a summary to address each of the specific considerations that follow, as well as any additional information or evidence to support the claims.

1. Impact on service delivery in the proposed reorganized Local Area;
2. Costs and benefits of a potential reorganization including, availability of educational and training providers (such as institutions of higher education and career and technical education schools in the area), needs and services related to the business and employer community and other community-based needs;
3. Consistency with natural labor market areas and commuting patterns;
4. Consistency with regional economic development areas;
5. Local backing by county commissioners, municipal elected officials – including mayors and/or city council members, where appropriate – and business or community leaders within the area of the implementation strategies to provide quality services to employers and individuals; backing may be demonstrated by meeting minutes, letters of support, resolutions or a vote of support by a commission, council, or other applicable board; and
6. Local capacity to manage funds, provide oversight of programs, and provide for the proper stewardship of public funds.

**VIII. Signatures of Representatives from each County in the Proposed Reorganized Local Area**

The chief local elected official from each county to be named on the Local Area’s Consortium Agreement in the proposed Local Area must sign the attached signature sheet to show their approval. If necessary, a separate signature page from each representative may be attached. Additional signature lines may be added as needed.

**IX. Approvals on Proposed Reorganization of WDB(s) (Optional)**

Have the WDB(s) impacted by the transfer of county(ies)/reorganization approved?

Yes  No

If yes, attach Board resolution(s), meeting minutes, or letter of support.  
If no, explain why not.

**X. Email the Application**

Send the completed application with the attachments to: AssistantSecretary@ncworks.gov. The subject line of the email should contain “Local Area Designation.”

**Signatures of Representatives from each County in the Proposed  
Reorganized Local Area**

County/Municipality Name, Title		Date
	Sign Above Insert Name	
County/Municipality Name, Title		Date
	Sign Above Insert Name	

**Additional Supporting Approvals on Proposed Reorganization of Existing Local  
Area and/or WDBs (OPTIONAL)**

County/Municipality Name or Board Name, Title		Date
	Sign Above Insert Name	
County/Municipality Name or Board Name, Title		Date
	Sign Above Insert Name	