# Request for Subsequent Local Workforce Development Area Designation Name of Local Workforce Development Area: CareerSource Pasco Hernando Name of Contact Person: Brenda Gause Phone Number: 352 593-2226 **Title: Chief Operations Officer** Email Address: bgause@careersourcepascohernando.com Date of Request: April 15, 2024

Local workforce development areas that receive an initial designation will be granted a subsequent designation if, for the two most recent program years, the local workforce develorment area performed successfully and sustained fiscal integrity.

#### Performed Successfully

The term "Performed Successfully" means the local workforce development area met or exceeded the adjusted levels of performance for primary indicators of performance for the last two consecutive years for which data are available, and the local area has not failed the same individual measure for the last two consecutive program years.

#### **Sustained Fiscal Integrity**

The term "Sustained Fiscal Integrity" means that the Secretary of Labor has not made a formal determination, during either of the last two consecutive years preceding the determination regarding such integrity, that either the grant recipient or the administrative entity of the local workforce development area has mis-expended funds provided.

### LOCAL AREA LEVELS OF PERFORMANCE

For subsequent designation of local workforce development areas, the local area must include the local negotiated levels of performance and actual levels of performance for the two program years (PY) for which data are available prior to the program year for which designation is requested.

Name of Local Workforce Development Area:						
	Negotiated	Actual	Negotiated	Actual	Negotiated	Actual
Measures		PY: 21/22		PY:22/23		PY:23/24
Adult	P1:21/22	F1. 21/22	F 1 .22/23	P 1.22/23	1 .23/24	11.23/24
Employed 2 <sup>nd</sup> Quarter After Exit	93.50	<mark>77.60</mark>	92.50	85.50	92.50	93.00
Median Wages 2 <sup>nd</sup> Quarter After Exit	\$9500	\$9296	\$9600	\$11428	\$9600	\$11344
Employed 4 <sup>th</sup> Quarter After Exit	91.50	88.30	89.00	70.00	89.00	91.60
Credential Attainment Rate	93.00	94.40	85.40	82.50	85.40	96.80
Measurable Skill Gains	60.00	74.20	63.20	88.00	63.20	81.60
Dislocated Worker						
Employed 2 <sup>nd</sup> Quarter After Exit	92.00	<mark>73.30</mark>	86.00	88.70	86.00	92.40
Median Wages 2 <sup>nd</sup> Quarter After Exit	\$7300	\$10644	\$9099	\$10963	\$9099	\$10099
Employed 4 <sup>th</sup> Quarter After Exit	88.00	81.30	83.10	<mark>74.70</mark>	83.10	85.90
Credential Attainment Rate	89.00	94.70	92.90	86.10	92.90	93.30
Measurable Skill Gains	50.30	61.40	56.00	70.70	56.00	75.00
Youth			R. W. Allendar			
Employed 2 <sup>nd</sup> Quarter After Exit	81.50	<mark>68.00</mark>	78.00	78.60	78.00	79.30
Median Wages 2 <sup>nd</sup> Quarter After Exit	\$3400	\$3418	\$3457	\$4337	\$3457	\$4686
Employed 4 <sup>th</sup> Quarter After Exit	77.00	75.00	73.00	<mark>65.40</mark>	73.00	76.80
Credential Attainment Rate	90.30	100.00	91.90	94.40	91.90	96.40
Measurable Skill Gains	57.00	68.10	80.30	95.50	80.30	84.10
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Employed 2 <sup>nd</sup> Quarter After Exit	68.00	51.60	58.50	63.60	58.50	65.60
Median Wages 2 <sup>nd</sup> Quarter After Exit	\$5700	\$6344	\$5889	\$6901	\$5889	\$7623
Employed 4 <sup>th</sup> Quarter After Exit	67.50	53.50	58.50	60.60	58.50	62.60

## CERTIFICATION AND APPROVAL OF REQUEST

By signing below, the local workforce board chairperson and chief local elected official certify that the local area has performed successfully and sustained fiscal integrity for subsequent designation of the existing local area.

Local Workforce	Development Board Chairperson				
Name: Charles Gibbons					
Signature: Charles Gibbons (har 12, 2024 1397 EDI)					
<b>Date:</b> Apr 12, 2024					
Chief	Local Elected Official				
Name: Commissioner John Allocco	County: Hernando and Pasco				
Title: Pasco Hernandøj Workforce Developm	ent Consortium Chair				
Signature:					
Date: (4/15/24)					
Chief	Local Elected Official				
Name:	County:				
Signature:					
Date:					
Chief Local Elected Official					
Name:	ne: County:				
Signature:					
Date:					
Chie	f Local Elected Official				
Name:	County:				
Signature:					
Date:					

The completed request and certification page(s) must be submitted to: <u>LWDBGovernance@commerce.fl.gov</u>.