



Letter of Intent to Participate

As part of Kentucky's overall strategic plan to transform the workforce development system, the Kentucky Workforce Innovation Board and its strategic partners created this certification in order for counties to validate the skill level of the workforce. Participating in this effort offers counties the opportunity to transform the local economy and gain a competitive advantage in attracting new businesses and jobs.

In order to qualify, communities must meet certain thresholds in criteria such as graduation rates, National Career Readiness Certificate holders and educational attainment rates. In addition, communities are required to bring various key agencies and employers together in the process. The process is designed to align education, workforce development and economic development strategies for the state and within communities by using a collaborative approach.

Additional information about the program is available at: <u>http://workready.ky.gov</u>.

Participant Information

This Letter of Intent represents the first step in the process to achieving Kentucky Work Ready Community status. It is a symbol of your community's commitment to validating and continuously improving the quality of your workforce and alerts state officials of this commitment so that technical assistance along with other resources (as available) can be targeted to such communities.

Please complete the following information and forward a signed copy of this document as instructed at the end of the letter.

NAME OF COUNTY

DATE _____

COUNTY TEAM LEADER

..

(This individual will serve as the primary contact for state officials with regard to opportunities, questions and program updates.)

Name	
Title	
Organization	
Mailing Address	
City, State, Zip	
Daytime Phone	
Email	

COUNTY TEAM MEMBERS

(Please list the names and organizations serving on your county committee or team. If an organization has agreed to participate but not yet named a representative, simply use TBD for the name. You may list more than one organization for each stakeholder category, but must have at least one entity listed for each category. Attach additional pages as necessary)

Economic Development

Name	Title	Organization	
Name	Title	Organization	
Name	Title	Organization	
Name	Title	Organization	
Elected Officials			
Name	Title	Organization	
Education			
Name	Title	Organization	
Business & Industr	у		
Name	Title	Organization	
	T 11		
Name	Title	Organization	
Name	Title	Organization	
Name	Title	Organization	
Workforce Develop	oment		
Name	Title	Organization	
Name	The	organization	

CURRENT STATUS

(Please mark all that apply to your current status in the application process)

Committee Formed
Subcommittees Assigned
Tasks Assigned
Tasks Underway Tasks
Completed Application
Started Application Draft
Complete
Application In Final Local Review

ASSISTANCE REQUESTED

(Please indicate any assistance you would like to receive. Staff from the state board will follow up with your team leader to arrange for all technical assistance.)

Program Overview Presentation
Topic/Criteria Specific Presentation (Specify)
Best Practice Linkages
Printed Materials (Specify Topics)
Conference Call to Answer Questions
Other (Specify)

ESTIMATED SUBMISSION DATE

(Please indicate when you believe your application will be submitted to the state for review)

Month _____ Year _____

SIGNATURE

(Your signature below indicates your county team's commitment to working through the process to become a Certified Work Ready Community or Work Ready Community In Progress and authorizes the state to add your county's name to the list of others working toward this achievement.)

County Team Leader

County

Return completed Letter of Intent to:

Kentucky Work Ready Communities 500 Mero Street, 4th Floor Frankfort, KY 40601

Email: workready@ky.gov