



## Memorandum of Understanding /Youth Services

This Memorandum of Understanding (MOU) is between West Central Arkansas Workforce Development Board (WCAWDB), West Central Arkansas Planning and Development District (WCAPDD), and National Park Adult Education.

### Purpose of MOU

The purpose of this MOU is to ensure that young people participating in the WIOA Youth Program in West Central's local area have access to the services they need.

We'll offer parts of our program to people referred by WCAPDD staff if they meet our requirements. Our services are for young people aged 16 to 24. We provide services in the following counties: Garland. Here is a list of what program element(s) we can provide and a description of what each element involves.

Element # 1: Tutoring, study skills training, instruction, and evidence-based dropout prevention and recovery strategies that lead to completion of the requirements for a secondary school diploma or its recognized equivalent (including a recognized certificate of attendance or similar document for individuals with disabilities) or for a recognized post-secondary credential.  
postsecondary credential

Element # 2: Alternative secondary school services, or dropout recovery services, as appropriate.

Element #4: Occupational skill training, which includes priority consideration for training programs that lead to recognized postsecondary credentials that align with in-demand industry sectors or occupations in the local area involved, if the Local WDB determines that the programs meet the quality criteria described in WIOA sec. 123

Element # 5: Education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster.

Program Element #7 - Supportive services, including services listed in §681.570.

Element # 11: Financial literacy education.

Element # 13: Services that provide labor market and employment information about in-demand industry sectors or occupations available in the local area, such as career awareness, career counseling, and career exploration services.

Element #14: Activities that help youth prepare for and transition to postsecondary education and training.


## Additional Terms

It is understood and agreed to by the parties that:

- If National Park College- Adult Education is unable to provide services identified in this MOU to a participant, then National Park College – Adult Education will provide WCAPDD staff an explanation of why the services were not able to be provided immediately.
- This MOU is not an obligation of funds to either parties.
- Modification of this agreement may be made by mutual agreement between either party. An amended agreement must be signed at that time.
- If either party would like to terminate this MOU, both parties agree to make a good-faith effort to notify the other party within 30 days.

This MOU becomes effective on 11/4/2024 and expires on 06/30/2028. WCAPDD staff must review the MOU with the Partner Provided Authorized Representatives on an annual basis to ensure the services are still available. This must be done through email or by letter for documentation purposes. If there are no change, redoing the signatures are not applicable. If there are changes then a new MOU will need to be completed and signed by all parties. This must be submitted to the Administrative Entity within 10 days of signatures.

By signing this MOU, National Park College – Adult Education acknowledges they have received guidance and definitions for each program element listed in this agreement and will provide WCAPDD contact names addresses and phone numbers of each representative that will be providing services to youth.

 _____	<u>11/4/24</u> _____
<b>WCAPDD Authorized Representative Signature</b>	<b>Date</b>
Cora Easterday _____	Director of Workforce Development _____
<b>Print Name</b>	<b>Title</b>
<a href="mailto:ceasterday@wcapdd.org">ceasterday@wcapdd.org</a> _____	501. 525.7577 _____
<b>Email Address</b>	<b>Telephone Number</b>
WCAPDD _____	501.545.7577 _____
<b>Organization</b>	<b>Telephone Number</b>



*Bill Ritter*

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**Partner Provider Authorized Representative**

Bill Ritter

**Print Name**

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[bill.ritter@np.edu](mailto:bill.ritter@np.edu)

**Email Address**

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National Park College

**Organization**

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11/4/2024

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**Date**

Vice President Workforce

**Title**

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501.760.4349

**Telephone Number**

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