

**WIA INSTRUCTION LETTER**

**INSTRUCTION NUMBER:** WIA 13-19

**TO:** All WIA Funded Contractors and Program Staff

**SUBJECT:** To Request Technical Assistance & Site Visits


DATE	DATE	DATE
<b>REISSUED:</b> <u>February 3, 2014</u>	<b>EFFECTIVE:</b> <u>August 6, 2004</u>	<b>EXPIRES:</b> <u>Indefinite</u>

**PURPOSE:** To transmit our local procedure for requesting technical assistance and site visits from WIB staff. The instruction letter replaces WIA 04-02.

**BACKGROUND:** The Upstate WIB staff has always been available to provide technical assistance or visit sites when asked. We want to continue to have open communication with all contractors and WIA funded staff when our assistance is needed. We developed this procedure for you in August of 2004. It is to be used to request technical assistance so we may prioritize the requests and decide who would be best to address the need.

**ACTION:** Please continue using the attached form to request technical assistance and forward to me via email [angermeier@upstatewib.org](mailto:angermeier@upstatewib.org) or fax 596-2199. We will act as quickly as possible to help you. Should we think a consultant could provide you with better training or technical assistance, we will arrange for their visit..

**INQUIRIES:** Should you have any questions concerning this instruction, please contact Ann Angermeier at telephone number (864) 596-2028, fax number (864) 596-2199, or by email [angermeier@upstatewib.org](mailto:angermeier@upstatewib.org).

  
Ann Angermeier, Director  
Upstate Workforce Investment Board

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Source WIA Instruction Letter 04-02

**REQUEST FOR TECHNICAL ASSISTANCE AND/OR SITE VISIT**

**Date:** \_\_\_\_\_

**Fax or email to:**

**ANN ANGERMEIER – Fax 864-596-2199 or [angermeier@upstatewib.org](mailto:angermeier@upstatewib.org)**

**FROM:**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Site Name** **Fax Number**

**Assistance Requested (use additional page if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How many individuals will take part?** \_\_\_\_\_

**When would you prefer to have someone provide this service?** \_\_\_\_\_  
**Date**

**Do not write below this line. This will be filled in by WIB Director and faxed back to you promptly.**

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**The following individual has been selected to provide the above request:**

\_\_\_\_\_  
**Name** **Title**

**Date to provide assistance:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location to provide assistance:** \_\_\_\_\_

**Materials that should be provided for assistance:**  
\_\_\_\_\_