

TRANSFER OF FUNDS REQUEST FORM

1. Contractor: _____ 2. Contractor ID Number: _____

WIOA Section 133 (b) (4) provides the authority for Local Workforce Development Boards (LWDBs) the ability to transfer, if such a transfer is approved by the Arizona Department of Economic Security (ADES), up to and including 100 percent of the funds allocated to the Local Workforce Development Area (LWDA) under paragraph (2)(A) or (3), and up to and including 100 percent of the funds allocated to the local area under paragraph (2)(B), for a fiscal year between– (A) adult employment and training activities; and (B) dislocated worker employment and training activities.

WIOA Title I-B Fiscal Policy, Section 400-Transfer of Funds, allows LWDBs to request a transfer of unexpended Rapid Response funds to the WIOA Title I-B Dislocated Worker Program when dislocated worker funds in a LWDA have been fully expended for a Program Year.

This request does not change the amount of the allocation, but only the use of funds for respective programs.

Adult PY/ FY Original Allocation of \$ _____ To New Allocation of \$ _____

Dislocated Worker PY/ FY Original Allocation of \$ _____ To New Allocation of \$ _____

Unobligated Rapid Response PY/ FY Original Allocation of \$ _____ To New Allocation of \$ _____

**can only be transferred to DW when all DW funds have been expended.*

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Signature of Authorized Individual:

Typed Name: _____

Title: _____ Date: _____

CONTRACTOR

Signature of Authorized Individual:

Typed Name: _____

Title: _____ Date: _____

WRITTEN REQUEST

Date:

Local Workforce Development Board:

Funding Source of Transfer			Amount of Transfer Requested	Percent of Transfer Requested
Adult	DW	Rapid Response (to DW)	\$	%

1. Describe the situation that necessitates the LWDA's need to transfer funds. Include labor market information and other economic conditions that contributed to the need for this transfer request.
2. Explain how the transfer of funds will impact the participant levels in both the Adult and Dislocated Worker Programs. Provide an estimate of the number of Adult and Dislocated Worker expected to be served if the transfer is granted.
3. Explain the effect of the transfer on current providers of training and other services. Include the impact on jointly funded employment and training programs in the local ARIZONA@WORK Job Center.
4. Describe the expected improvement in WIOA performance outcomes in terms of percentage for both funding streams, if funding is better aligned with participants' needs in the LWDA.

ASSURANCES

I assure that the transfer of funds requested herein will not:

1. Adversely affect individuals needing services provided by the program subject to reduced funding.
2. Reduce the required rate of expenditure by the end of the program year for the funding source to which funds are transferred.

Name of LWDA Director (Printed)

Signature

Date

Name of LWDB Chairperson (Printed)

Signature

Date

SUBMITTAL INSTRUCTIONS

This form may be submitted electronically or by mail to the Department of Economic Security for review to:

Financial Manager, Division of Employment & Rehabilitation Services (DERS)

Finance and Budget Unit

Phone:

Email: