Transfer of Funds Request Form

1. Subrecipient/Sub-awardee: _____

2. Subrecipient/Sub-awardee ID Number: _____

Under WIOA Section 133 (b) (4), Local Workforce Development Boards (LWDBs) may request approval from, the Arizona Department of Economic Security (ADES), to transfer up to 100 percent of the funds allocated to the Local Workforce Development Area (LWDA) in a fiscal year between adult employment and training activities; and dislocated worker employment and training activities.

In accordance with WIOA Title I-B Fiscal Policy, <u>Section 400 - WIOA Title I-B Transfer of Funds</u>, allows LWDBs to request a transfer of funds between the WIOA Title I-B Adult and the Dislocated Worker Programs when funds in a LWDA have not been fully expended for a Program Year (PY). The policy also allows for the transfer of Rapid Response to the Dislocated Worker (DW) Programs after the first year of availability, subject to the conditions found in Section 401.01.C.

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

Adult Current Allocation* of \$	To New Allocation of \$	PY	/ FY	
Dislocated Worker Current Allocation* of \$ _	To New Allocation of \$ _	PY	′/ FY _	

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Rapid Response Current Allocation* of \$ _____ To New Allocation of \$ _____ PY ____/ FY ___

Date: _____

Local Workforce Development Board: _____

Fundi	ing Source o	of Transfer	Amount of Transfer Requested	Percent of Transfer Requested
Adult	DW	Rapid Response	\$	%

*Any previously approved transfers should be included in the respective "Current Allocation" (e.g. A previously approved DW to Adult transfer should be reflected in the "Current Allocation" for Adult).

1. Describe the labor market information and other economic conditions in the local area or the region that support the need for this transfer of funds:

- 2. Number of Adults to be served with the transfer: Increase Decrease Number of DWs to be served with the transfer: Increase Decrease
 - a. How will the LWDA ensure the quality of services provided, and how will the LWDA maintain or adjust services for specific eligible populations such as, e.g., displaced homemakers and spouses of active-duty members of the Armed Forces*?

b. If transferring funds to the Adult Program from the DW Program, describe how this transfer of funds will impact the LWDA's ability to meet the 75 percent goal for Adult priority of service as outlined in Training and Employment Guidance Letter (TEGL) 07-20:

c. If requesting to transfer funds from a program due to low participation, describe outreach efforts to ensure that potentially eligible individuals are made aware of available services (e.g., outreach to workers affected by facility closures, separating service members, and others who may be eligible for Dislocated Worker services, etc.).

^{*} Refer to the State policy, section 100 for a description of the Dislocated Worker eligibility categories: The policy is located at the <u>Title I-B Policy and Procedure Manual</u>, under the Policy and Procedure Manual tab.

3. How will the transfer of funds impact current providers of training and other services within the ARIZONA@WORK Job Center including any effects on jointly funded employment and training programs ?

4. What are the expected impacts of the funds transferred on WIOA performance outcomes in terms of percentage changes in metrics such as the employment rates for both, the adult and DW programs if the funds are reallocated to align better with participants needs?

Assurances

I assure that the transfer of funds requested herein:

- 1. Will not adversely affect individuals needing services provided by the program subject to reduced funding;
- 2. Will not reduce the required rate of expenditure by the end of the program year for the funding source to which funds are transferred; and
- 3. Was made after conferring with the Chief Elected Official (CEO).

Name of LWDB Designee (Printed)	Signature	Date
Name of CEO Designee (Printed)	Signature	Date
Arizona Department of Econom	ic Security	
Signature of Authorized Individual:		
Typed Name:		
Title: Da		Date:

Submittal Instructions

This form should be submitted electronically to the Arizona Department of Economic Security for review:

Statewide Workforce System Manager Program Oversight and Support Administration Division of Employment & Rehabilitation Services (DERS) Email to: <u>wioaprogram@azdes.gov</u>