

## 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, [Section 400 - WIOA Title I-B Transfer of Funds](#), 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 \_\_\_\_\_

Rapid Response Current Allocation\* of \$ \_\_\_\_\_ To New Allocation of \$ \_\_\_\_\_ PY \_\_\_\_ / FY \_\_\_\_\_

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

Local Workforce Development Board: \_\_\_\_\_

Funding Source 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).*





**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).

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Name of LWDB Designee (Printed)

Signature

Date

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Name of CEO Designee (Printed)

Signature

Date

**Arizona Department of Economic Security**

Signature of Authorized Individual: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ 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: [wioaprogram@azdes.gov](mailto:wioaprogram@azdes.gov)