

TRANSFER OF FUNDS REQUEST FORM

1. Subrecipient/Sub-awardee: _____

2. Subrecipient/Sub-awardee 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 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).

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 _____

Arizona Department Of Economic Security

Signature of Authorized Individual:

Typed Name: _____

Title: _____ Date: _____

Subrecipient/Sub-Awardee

Signature of Authorized Individual:

Typed Name: _____

Title: _____ Date: _____

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

Written Request

Date: _____

Local Workforce Development Board: _____

Funding Source of Transfer		Amount of Transfer Requested	Percent of Transfer Requested
Adult	DW	\$	%

1. Describe the situation that necessitates the LWDAs need to transfer of 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, taking into account that individuals who may be eligible for the Dislocated Worker Program include displaced homemakers, certain spouses of active-duty members of the Armed Forces, etc*. For example, if the LWDB is requesting to transfer 100% of its funding for Dislocated Worker Programs to the Adult Program, the LWDB must provide a detailed explanation of how it plans to ensure career and training services are available to eligible dislocated workers in the LWDA, such as transferring the dislocated worker funds from the prior year and using current funding to provide dislocated worker services. Provide an estimate of the number of Adults and Dislocated Workers 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.

* Refer to the State policy, section 100 for a description of the Dislocated Worker eligibility categories: The policy is located at the [Title I-B Policy and Procedure Manual](#), under the tab policy and Procedure Manual.

4. Describe the expected change in WIOA performance outcomes in terms of percentage (for example an increase in employment rate) of both funding streams if funding is better aligned with participants' needs in the LWDA.

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. Is made after conferring with the Chief Elected Official.

Name of LWDB Director (Printed)

Signature

Date

Name of LWDB Chairperson (Printed)

Signature

Date

Submittal Instructions

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

Statewide Workforce System Manager

Program Oversight and Support Administration

Division of Employment & Rehabilitation Services (DERS)

Email to: [WIOA Program](#)