



Request for Transfer of WIOA Funds

Date of request:

Name of organization:

Amount of transfer request:

Program Year of funds:

Nature of transfer request:

- Transfer of WIOA Title I Adult funds to Title I Dislocated Worker funds
- Transfer of WIOA Title I Dislocated Worker funds to Title I Adult funds

% of Total Allocation
Transferred:

Expected begin and end date
for expenditure of requested
funds:

Start Date:

End Date:

Please certify that the following attachments are included in this request:

- Submission of current budget expenditures and level of service for both Adult and Dislocated Worker funds for all current program year funding as of request date
- Justification for transferring funds, must include data and narrative detailing/referencing current service delivery and performance, reasons for requesting transfer, and assurance that transfer of funds will have no negative impact on Adult or Dislocated Worker populations in the LWDA
- Plans for use of transferred funds, must include data and narrative detailing/referencing expected service delivery

LWDB Director

Date

Chief Local Elected Official

Date

LWDB Chair

Date

Determination

Approved

Denied

Reason for Approval or Denial

Signature:

Date: