



# New Jersey State Employment and Training Commission

Dennis M. Bone, *Chairman*

Phil Murphy, *Governor*

**POLICY RESOLUTION: SETC #2018-05**

**SUBJECT:** New Jersey WIOA Adult and Dislocated Worker Funds Transfer Requests

**Purpose**

This policy will identify the process for local workforce development boards (WDBs) in New Jersey to request a transfer of funds between WIOA Title I Adult and Dislocated Worker programs, to ensure a transparent and equitable process for the use of such funds in New Jersey.

**Background**

The guidance letter, TEGL 19-16, issued by US Department of Labor-Employment and Training Administration (USDOL-ETA), indicates that WIOA sec. 133(b)(4) provides the authority for Local WDBs, with the written approval of the Governor, to expend up to 100 percent of the Adult activities funds on Dislocated Worker activities, and up to 100 percent of Dislocated Worker activities funds on Adult activities. Governors must have a written policy in place to evaluate transfer requests from local workforce areas which is documented in the State Plan or another written policy.

In TEGL 19-16, USDOL-ETA “encourages the Governor’s policy to take into account the employment and service needs of the local area (both job seekers and employers), current labor market information and demographics, consistency with broader strategies in the local plan, meeting the Local Area’s negotiated levels of performance, and any other considerations the Governor considers necessary to determine the appropriateness of a transfer. Expenditures of monies transferred between the local dislocated workers and adult programs are reported on the ETA-9130 reports. ETA notes when considering such transfers that career and training services must continue to be made available to both adults and dislocated workers in the American Job Centers (see WIOA sec. 134(c)(1)).”

The New Jersey Department of Labor and Workforce Development has created the attached process template for use by local WDBs in New Jersey, when requesting the transfer of funds between WIOA Title I Adult and Dislocated Worker programs.

**RESOLUTION:** The State Employment and Training Commission hereby resolves that the State of New Jersey and its WIOA programs, delivered through the New Jersey Department of Labor and Workforce Development and New Jersey’s local workforce development boards, will use the attached template and process to effect transfers of funds between WIOA Adult and Dislocated Worker accounts at the local level.

**Commission Approved: November 13, 2018**

**Attachment: Draft NJWIN 4-15 Adult-DW Funds Transfer Procedures (Change 2)**

# New Jersey

## Workforce Innovation Notice 4-15, Change 2 (F)

**TO:** Workforce Development system

**SUBJECT:** WIOA Adult and Dislocated Worker Funds Transfer Authority

**DATE:**

### **Purpose**

To provide the revised procedures for the transfer of funds between the Workforce Innovation and Opportunity Act (WIOA) Adult and Dislocated Worker programs.

### **Background**

Local workforce development boards, with the approval of the Governor, have the authority to transfer up to 100 percent of the Adult Activities funds to Dislocated Worker Activities, and up to 100 percent of the Dislocated Worker Activities funds to Adult Activities. There is no authority to transfer funds to or from the Youth Activities Program.

### **Procedure**

To request a transfer of funds between the WIOA Adult and Dislocated Worker funds, a local workforce development board (LWDB) must complete the WIOA Title IB Adult and Dislocated Worker Transfer Request Form (attached). The form must be completed by the WDB Chair, the entire board must be notified and the transfer must be recorded in the LWDB's minutes.

### **Criteria**

The WIOA Final Rules at 29 CFR 683.130 requires the development of criteria that will be considered when determining whether to approve transfer requests. The criteria are provided below:

**Adult transfer to Dislocated Worker:** The LWDB must certify that they have sufficient adult funds (i.e. TANF, GA, WIOA Adult) to serve the WIOA Adult priority population (public assistance recipients, other low-income individuals and basic skills deficient individuals) in the local area.

**Dislocated Worker to Adult:** The LWDB must determine that there will be enough funds available to serve dislocated workers in their area. The LWDB must also determine that there are no pending layoffs that may impact need for Dislocated Worker services in the local area.

**Contracts:** A local WDB may not request a transfer of funds if any local area contracts between LWD and the LWDB are outstanding.

**Additional Factors:** The New Jersey Department of Labor and Workforce Development will examine relevant fiscal and program data, including participant service levels and accruals/expenditure reports upon receipt of the transfer request as part of the review process. For requests to transfer funds from the Dislocated Worker Program, the State will consider any impact on potential eligibility for National Dislocated Worker Grants. LWDBs should be aware that under-spending and a lack of or limited number of participants for a particular funding stream does not automatically provide justification for transfer of funds to another program. The LWDB must make every available effort to (a) expend the program funds appropriately in accordance with the area's economic and business environment and for Adult funds, the mandatory priority of service; (b) explore innovative ideas for outreach/marketing services. Additional information may be required for any requests to transfers of greater than 50 percent. If the transfer is approved, a notification will be sent to the Chief Elected Official serving as the Grant Recipient, with a copy to the LWDB Director and Fiscal Coordinator. If the transfer is denied, the LWDB will be notified.

All transfer requests for a Program Year allocation must be received by LWD no later than June 30th, the last day of that Program Year.

### **Completing the Transfer Request Form**

The following are the instructions for completing the Transfer Request Form.

1. Enter the Program Year, the date the form is being submitted and the name of the local Workforce Development Area.
2. Provide a detailed explanation of why the request is necessary. This explanation can be copied and pasted from a Word document into the text box in the form.
3. Specify whether the local area contracts between LWD and the local WDB for the current and previous two program years have been signed.
4. **Field A1:** Enter the current program year allocation for WIOA Title IB Adult funds.
5. **Field A2:** If there was a previous transfer from the Dislocated Worker Program into the Adult program in the current program year, enter the amount of that transfer, otherwise enter "0" or leave blank.
6. **Field A3:** If making a new transfer request from Adult to Dislocated Worker funds, enter the amount requested to be transferred into the Dislocated Worker funds.
7. **Field A4:** If there was a previous transfer from the Adult Program into the Dislocated Worker program in the current program year, enter the amount of that transfer, otherwise enter "0" or leave blank.

8. **Field B1:** Enter the current program year allocation for WIOA Title IB Dislocated Worker funds.
9. **Field B2:** If there was a previous transfer made from the Adult Program into the Dislocated Worker program in the current program year, enter the amount of that transfer, otherwise enter "0" or leave blank.
10. **Field B3:** If making a new transfer request from Dislocated Worker to Dislocated Worker funds, enter the amount requested to be transferred into the Dislocated Worker funds.
11. **Field B4:** If there was a previous transfer from the Dislocated Worker Program into the Adult program in the current program year, enter the amount of that transfer, otherwise enter "0" or leave blank.

**NOTE:** The percentages of funds being transferred, and the new total resulting from transfers will be calculated automatically.

12. Enter the currently available funds for each of the following programs:
  - Temporary Assistance for Needy Families (TANF)
  - General Assistance (GA)
  - Supplemental Nutrition Assistance Program (SNAP)
13. Enter the amount of funds currently expended on occupational training in the program year on the following programs:
  - TANF
  - GA
  - SNAP

**NOTE:** The amounts of these funds are included to provide the full scope of the local area resources. The TANF, GA, and SNAP funds are not part of the transfer request.

14. If requesting to transfer funds from the Dislocated Worker program to the Adult program, the LWDB must ensure that there are sufficient funds to serve dislocated workers in their area. The local authorized personnel completing the form must initial and date this assurance.
15. If requesting to transfer funds from the Dislocated Worker program to the Adult program, the LWDB must determine that there are no pending layoffs in the local area that will impact the need for Dislocated Worker funding.
16. The LWDB Chair must provide the date, their name, and signature on the form. This request, and its outcomes, must then be shared with the full board and recorded in the board meeting minutes.
17. Once completed, the form must be e-mailed to [William.sarboukh@dol.nj.gov](mailto:William.sarboukh@dol.nj.gov); [john.bicica@dol.nj.gov](mailto:john.bicica@dol.nj.gov); and cc: [joann.brooks@dol.nj.gov](mailto:joann.brooks@dol.nj.gov) .

**Sample Form:** Below is a sample completed form of a request to transfer \$4500 from Dislocated Worker funds into the Adult program.

PY 18 WIOA Title IB Adult and Dislocated Worker Funds Transfer Request			
<i>Note: Data entry required in grey areas.</i>			
Program Year:		<b>Reason for request (REQUIRED)</b>	
Date Submitted:		The board has determined that the current funds available to serve the WIOA Adult priority population of public assistance recipients is insufficient. We estimate that we will exhaust our TANF, GA and SNAP funds, as well as our Title I Adult, before the end of the program year. We are therefore requesting that \$45,000 be transferred from our WIOA Title I Dislocated Worker program to the Adult program. Based on our level of service, there will be no denial of service as a result of this transfer.	
LWDA #			
<b>Contracts</b>		<b>Yes/No</b>	
PY 16 Contract between LWDB and LWD is signed by all parties			
PY 17 Contract between LWDB and LWD is signed by all parties			
PY 18 Contract between LWDB and LWD is signed by all parties			
			% Transferred
<b>WIOA Title IB Adult Allocation</b>			
Current amount transferred from Dislocated Worker (Max - 100%)			#DIV/0!
Prior amount transferred from Dislocated Worker			
Current amount transferred to Dislocated Worker (Max - 100%)			#DIV/0!
Prior amount transferred to Dislocated Worker		\$ -	
<b>Revised Title IB Adult Allocation</b>		\$ -	
<b>WIOA Title IB Dislocated Worker Allocation</b>			
Current amount transferred from Adult (Max - 100%)			#DIV/0!
Prior amount transferred from Adult			
Current amount transferred to Adult (Max - 100%)			#DIV/0!
Prior amount transferred to Adult		\$ -	
<b>Revised Title IB Dislocated Worker Allocation</b>		\$ -	
<b>All transfer requests must include the following information:</b>		<b>If requesting transfer from Dislocated Worker to Adult program, complete:</b>	
Enter the current funds available for each of the following programs:		The LWDB determined there are sufficient funds to serve dislocated workers.	
TANF		Initials of person completing form:	
GA		Date:	
SNAP			
Enter amount of current PY funds expended on <b>occupational</b> training:		The LWDB has determined there are no pending layoffs in the local area.	
TANF		Initials of person completing form:	
GA		Date:	
SNAP			
By completing this form, I assure that the LWDB had determined the requested transfer will not result in any customers being denied service.			
Date:			
Name:			
Title: WDB Chair			
Save as an Excel document and send to:			
<a href="mailto:william.sarboukh@dol.nj.gov">william.sarboukh@dol.nj.gov</a>		<a href="mailto:john.bicica@dol.nj.gov">john.bicica@dol.nj.gov</a>	
		cc: <a href="mailto:Joann.brooks@dol.nj.gov">Joann.brooks@dol.nj.gov</a>	

**Reference and Links**

WIOA Se. 133(b) (4); 20 CFR 683.130(b)

**Rescissions**

NJWIN 4-15, Change 1

**Authority**

New Jersey Department of Labor and Workforce Development	X
State Employment And Training Commission	X

For any questions regarding this guidance, please contact John Bicica, Chief, WDB Coordination and Support, at [john.bicica@dol.nj.gov](mailto:john.bicica@dol.nj.gov)

Attachment: PY 2018 WIOA Title IB Adult and Dislocated Worker Funds Transfer Request Form

## PY 18 WIOA Title IB Adult and Dislocated Worker Funds Transfer Request

Note: Data entry required in grey areas.

Program Year: _____ Date Submitted: _____ LWDA #: _____	<b>Reason for request (REQUIRED)</b> The board has determined that the current funds available to serve the WIOA Adult priority population of public assistance recipients is insufficient. We estimate that we will exhaust our TANF, GA and SNAP funds, as well as our Title I Adult, before the end of the program year. We are therefore requesting that \$45,000 be transferred from our WIOA Title I Dislocated Worker program to the Adult program. Based on our level of service, there will
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	Yes/No	
<b>Contracts</b>		
PY 16 Contract between LWDB and LWD is signed by all parties	_____	
PY 17 Contract between LWDB and LWD is signed by all parties	_____	
PY 18 Contract between LWDB and LWD is signed by all parties	_____	
		% Transferred
<b>WIOA Title IB Adult Allocation</b>		
Current amount transferred from Dislocated Worker (Max - 100%)	_____	#DIV/0!
Prior amount transferred from Dislocated Worker	_____	
Current amount transferred to Dislocated Worker (Max - 100%)	_____	#DIV/0!
Prior amount transferred to Dislocated Worker	\$ -	
<b>Revised Title IB Adult Allocation</b>		\$ -
<b>WIOA Title IB Dislocated Worker Allocation</b>		
Current amount transferred from Adult (Max - 100%)	_____	#DIV/0!
Prior amount transferred from Adult	_____	
Current amount transferred to Adult (Max - 100%)	_____	#DIV/0!
Prior amount transferred to Adult	\$ -	
<b>Revised Title IB Dislocated Worker Allocation</b>		\$ -

<b>All transfer requests must include the following information:</b> Enter the current funds available for each of the following programs: TANF: _____ GA: _____ SNAP: _____ Enter amount of current PY funds expended on <b>occupational training</b> : TANF: _____ GA: _____ SNAP: _____	<b>If requesting transfer from Dislocated Worker to Adult program, complete:</b> The LWDB determined there are sufficient funds to serve dislocated workers. Initials of person completing form: _____ Date: _____ The LWDB has determined there are no pending layoffs in the local area. Initials of person completing form: _____ Date: _____
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By completing this form, I assure that the LWDB had determined the requested transfer will not result in any customers being denied service.

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: WDB Chair

Save as an Excel document and send to:  
[william.sarboukh@dol.nj.gov](mailto:william.sarboukh@dol.nj.gov)     [john.bicica@dol.nj.gov](mailto:john.bicica@dol.nj.gov)     cc: [Joann.brooks@dol.nj.gov](mailto:Joann.brooks@dol.nj.gov)