



Prior Approval Transfer Request Form - WIOA Adult and Dislocated Worker (DW) Programs
From _____ through _____

LWDB Number and Name (Requestor):

Name / Title of Requestor Representative:

Adult and Dislocated Worker Transfer Request

Program Year	Program	Total Award Amount	Amount of Adult Requested to be Spent on DW	Percentage of Adult Requested to be Spent on DW	Amount of DW Requested to be Spent on Adult	Percentage of DW Requested to be Spent on Adult

COMPLETE THE BELOW SECTIONS FOR REQUESTS THAT EXCEED 25% OF THE PROGRAM'S ANNUAL ALLOCATION

Reason for requesting the use of one program's funding for the other (e.g. anticipated depletion of current funds, changes in labor market conditions, etc.):

A description of outreach/marketing activities conducted to ensure underserved populations were aware of available services:

Labor market conditions contributing to the need for the transfer:

The number of participants originally planned to be served by the base allocation compared to the estimated number of participants expected to be served after funds are transferred.

COMPLETE THE BELOW CERTIFICATION FOR REQUESTS THAT EXCEED 25% OF THE PROGRAM'S ANNUAL ALLOCATION

I certify the following:

1. When transferring from Adult to Dislocated Worker - The LWDB has sufficient funds to serve the WIOA Adult priority populations.
2. When transferring from Dislocated Worker to Adult - The LWDB has sufficient Dislocated Worker funds to serve dislocated workers in the local area; there are no pending layoffs that may impact the need for dislocated workers in the local area.
3. The full board voted to approve this request to transfer funds and a copy of the LWDB's meeting minutes are included with this request.

I certify the above information is true and correct.

Signature of Board Chair

Print Name

Date