|  |  |
| --- | --- |
| **WDA:** |  |
| **CONTACT (Name, Phone)** |  |

**A. Check one and fill in amount.** **Indicate % percent** of original allocation to be transferred from the contributing program. Do not exceed the program year's formula allocation of the contributing program.

|  |  |
| --- | --- |
| □ Transfer $ from the Dislocated Worker program year \_\_\_\_\_\_ to the Adult program. | □ Transfer $ from the Adult program year \_\_\_\_\_ to the Dislocated Worker program. |

**B. The reason(s) we are requesting this transfer is (are):**

*Please be sure to also address the following in your rational:*

* *Information on the employment and service needs of the local area*
* *Current labor market information for the local area*
* *Demographic information on job seekers and customers in the local area*
* *Alignment with goals of the local plan*
* *Assurance that transfer of funds will not negatively impact the negotiated performance standards for either program*

**C. Please provide budget information below.** Transferred funds must not exceed the approved budget category percentages for the receiving program without a waiver request.

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTING PROGRAM:** | | |
|  | BEFORE TRANSFER | AFTER TRANSFER |
| Administration |  |  |
| Career Services |  |  |
| Direct Customer Training Services |  |  |
| Support Services |  |  |
| **TOTAL** |  |  |
| **RECEIVING PROGRAM:** | | |
|  | BEFORE TRANSFER | AFTER TRANSFER |
| Administration |  |  |
| Career Services |  |  |
| Direct Customer Training Services |  |  |
| Support Services |  |  |
| **TOTAL** |  |  |

I approve the submittal of this request and certify that the contributing program has sufficient existing funds, from federal and/or state funds, to ensure participants continue to receive service in both programs. At this time, we expect remaining contributing program funds to be sufficient for this program year's customer needs.

*WDA Director Date*