



ARKANSAS DEPARTMENT OF WORKFORCE SERVICES NOTICE OF SUBGRANT AWARD

1. SUBGRANT RECIPIENT NAME AND ADDRESS		2. DUNS NUMBER:	3. FEIN:						
		4. CFDA #/FEDERAL GRANT NUMBER/NAME:							
		5. FEDERAL AWARD DATE:							
6. SUBGRANT AWARD NUMBER:	7. START DATE:	TO	END DATE:						
8. FUNDING: <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION		9. TOTAL FEDERAL AWARD:							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">PREVIOUS FUNDING</th> <th style="width: 33%;">FUNDING THIS ACTION</th> <th style="width: 33%;">FUNDING TOTAL</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>		PREVIOUS FUNDING	FUNDING THIS ACTION	FUNDING TOTAL				10. FEDERAL FUNDS OBLIGATED TO SUBGRANTEE:	
PREVIOUS FUNDING	FUNDING THIS ACTION	FUNDING TOTAL							
		11. INDIRECT COST RATE:							

12. BRIEF PROJECT DESCRIPTION:

13. SPECIAL CONDITIONS:
 This subgrant is hereby awarded to the subgrant recipient by the Arkansas Department of Workforce Services (ADWS) and is subject to the attached terms and conditions.

The Subgrant Recipient hereby assures ADWS that it is capable of complying with the Workforce Innovation and Opportunity Act, its implementing regulations and all subsequent state level implementing legislation, policies, procedures and guidelines.

ATTACHMENT A – SUBGRANT AWARD TERMS AND CONDITIONS

SUBGRANTEE APPROVAL	AWARDING AGENCY APPROVAL
TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL	TYPED NAME AND TITLE OF APPROVING OFFICIAL Daryl Bassett, Director Department of Workforce Services
SIGNATURE OF AUTHORIZED OFFICIAL:	SIGNATURE OF APPROVING OFFICIAL:
DATE:	DATE:



**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES
SUBGRANT AWARD
DETAILED PROJECT DESCRIPTION**

SUBGRANT ORGANIZATION:

SUBGRANT NUMBER:

PERIOD OF PERFORMANCE:

THROUGH

Administrative Staffing (FTEs) and Titles

Program Staffing (FTEs) and Titles

Planned Activities



**ARKANSAS DEPARTMENT OF WORKFORCE SERVICES
SUBGRANT AWARD
FUNDING ALLOCATION**

SUBGRANT ORGANIZATION:			
SUBGRANT NUMBER:			
PROGRAM YEAR:		MODIFICATION NUMBER:	

ADMINISTRATION <i>(Limited to 10%)</i>	
Administrative Entity	
Fiscal Agent	
One-Stop Operator	
ADMINISTRATION TOTAL	

PROGRAM ACTIVITIES	
Incumbent Worker Training <i>(Limited to 20% of Adult and DLW Funds Combined)</i>	
Transitional Jobs <i>(Limited to 10% of Adult and DLW Funds Combined)</i>	
Pay-for-Performance Contracts <i>(Limited to 10%)</i>	
Other Training	
Work Experience	
Career Services	
Other Program Related Expenses	
PROGRAM ACTIVITIES	

TOTAL FUNDING	
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