

PY 2016 ADWS WIOA Subgrant Award Package Instructions

Notice of Subgrant Award – Page 1

1. **SUBGRANT RECIPIENT NAME AND ADDRESS:** Insert the name and address of the subgrant award recipient.
2. **DUNS NUMBER:** Insert the subgrant award recipient's DUNS number.
3. **FEIN:** Insert the subgrant award recipient's federal tax identification number.
4. **CFDA #/FEDERAL GRANT NUMBER/NAME:** Insert the program's CFDA number and name. (Leave the federal grant number blank. It will be communicated at a later date.)

17.259/ Leave Blank /WIOA Youth Program
17.258/ Leave Blank /WIOA Adult Program
17.278/ Leave Blank /WIOA Dislocated Worker Program

5. **FEDERAL AWARD DATE:**

PY Subgrants

April 1, 2016 WIOA Youth Program
July 1, 2016 WIOA Adult Program
July 1, 2016 WIOA Dislocated Worker Program

FY Subgrants

October 1, 2016 WIOA Adult Program
October 1, 2016 WIOA Dislocated Worker Program

6. **SUBGRANT AWARD NUMBER:** Refer to the issuance of the allocations.

7. **START DATE and END DATE:**

PY Subgrants

April 1, 2016 June 30, 2018 WIOA Youth Program
July 1, 2016 June 30, 2018 WIOA Adult Program
July 1, 2016 June 30, 2018 WIOA Dislocated Worker Program

FY Subgrants

October 1, 2016 June 30, 2018 WIOA Adult Program
October 1, 2016 June 30, 2018 WIOA Dislocated Worker Program

8. **FUNDING:** Refer to the issuance of the allocations for both the July and October funding. For initial PY and FY funding, check the "INITIAL" box, enter -0- in the "PREVIOUS FUNDING" box, enter the initial PY or FY funding in the "FUNDING THIS ACTION" box, and then enter the same number in the "FUNDING TOTAL" box.

For funds transfers between the WIOA Adult Program and the WIOA Dislocated Worker Program, or for any other funding modification, check the "MODIFICATION" box, enter the current "FUNDING TOTAL" in the "PREVIOUS FUNDING" box, enter the amount of the funding increase or

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decrease in the “FUNDING THIS ACTION” box, add this amount to or subtract this amount from the amount in the “PREVIOUS FUNDING” box, and then enter the result in the “FUNDING TOTAL” box.

9. **TOTAL FEDERAL AWARD:** (This is the amount allotted to the state.)

PY Subgrants

\$7,839,730.00	WIOA Youth Program
\$951,561.00	WIOA Adult Program
\$1,225,789.00	WIOA Dislocated Worker Program

FY Subgrants

\$6,521,138.00	WIOA Adult Program
\$6,531,255.00	WIOA Dislocated Worker Program

10. **FEDERAL FUNDS OBLIGATED TO SUBGRENTEE:** The federal funds obligated to subgrantee will always equal the funding total under number 8.
11. **INDIRECT COST RATE:** Insert the subgrant award recipient’s indirect cost rate, if applicable. If not applicable, insert N/A.
12. **BRIEF PROJECT DESCRIPTION:** Insert the following program specific verbiage:

Youth

This subgrant represents an allocation of Workforce Innovation and Opportunity Act (WIOA) youth program funding to help low income youth, between the ages of 14 and 24, acquire the educational and occupational skills, training, and support needed to achieve academic and employment success and successfully transition into careers and productive adulthood.

Adult

This subgrant represents an allocation of Workforce Innovation and Opportunity Act (WIOA) adult program funding to prepare workers, particularly individuals with barriers to employment, for good jobs by providing job search assistance and training. The Adult Program provides an emphasis on serving public assistance recipients, other low-income individuals, and individuals who are low-skilled.

Dislocated Worker

This subgrant represents an allocation of Workforce Innovation and Opportunity Act (WIOA) dislocated worker program funding to help dislocated workers become reemployed through job search assistance and/or training that builds their occupational skills to meet labor market needs.

13. **SPECIAL CONDITIONS:** This section is pre-filled. Make no changes.

TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL

1. Insert the name and title of the authorized representative of the subgrant award recipient.
2. Have the authorized representative of the subgrant award recipient sign and date the signature.

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Detailed Project Description – Page 2

- **Administrative Staffing (FTEs) and Titles**

Insert the number of full-time equivalents that will have administrative responsibilities for the program, by position title.

- **Program Staffing (FTEs) and Titles**

Insert the number of full-time equivalents that will have program responsibilities, by position title.

- **Planned Activities**

Provide a narrative detailing how the youth, adult or dislocated worker funds will be expended on the required and allowable activities that will take place in the local area.

Funding Allocation – Page 3

1. Complete the heading.

In the “MODIFICATION NUMBER” box, enter -0- for initial PY and FY funding or the appropriate modification number if submitting a funds transfer or any other funding modification.

2. Allocate the funding currently available to the categories provided.

ATTACHMENT A - SUBGRANT AWARD TERMS AND CONDITIONS – Page 9

1. Insert the name and title of the authorized representative of the subgrant award recipient.
2. Insert the name of the subgrant award recipient.
3. Have the authorized representative of the subgrant award recipient sign and date the signature.