

ATTACHMENT A

WIA Funds Transfer Request

Workforce Investment Area: _____

Address: _____

Contact Person: _____

Telephone number: _____

E-mail Address: _____

Fax number: _____

Amount of Transfer Requested:

Transfer \$ _____ **From** _____ **To** _____

New Total Funds available:

Dislocated Worker Program \$ _____ **Adult Program \$** _____

Justification:

Provide below a brief justification supporting the transfer request. The justification should include a description of the affect on the following and a modification of *Chart 2 Title I Program Summary for Adults and Dislocated Workers (see attached)*:

- **The participants/population for whom the funds were originally allocated; i.e., assurance that the transfer of funds will not impact the level of services available to this population.**
- **The number of participants to be served by each program.**
- **The number of participants receiving training services for each program.**
