

## **WIOA Funds Transfer Request**

MassHire Workforce 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 effect on the following and a **modification** of ***Chart 2 Title I Program Summary for Adults and Dislocated Workers***. You can locate them at <https://www.mass.gov/service-details/massworkforce-wioa-local-plan-guidance-policy-issuances>

A description of the participants/population for whom the funds were originally allocated; 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.

---

---

---

---

---

---

---