

DIRECTIVE

WORKFORCE SERVICES

Number: WSD13-5

Date: August 21, 2013

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TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: TRANSFER OF FUNDS—WIA ADULT/DISLOCATED WORKER
PROGRAMS PY 2012-13—PY 2016-17

EXECUTIVE SUMMARY:

Purpose:

This directive addresses the transfer policy for Workforce Services Act (WIA) adult and dislocated worker funds. Based on a waiver submitted by the California Workforce Investment Board (State Board) and approved by the Department of Labor (DOL), the Local Workforce Investment Boards (local board) may transfer up to 50 percent of the WIA formula adult funds and up to 50 percent of the dislocated worker funds allocated to the Local Workforce Investment Area (local area) between the adult and dislocated worker funding streams. This waiver is approved through June 30, 2017. The transfer request, budget, and participant forms are provided as attachments to this directive.

Scope:

This directive applies to all local areas that transfer adult and dislocated worker funds.

Effective Date:

This directive is effective on date of issue.

REFERENCES:

- WIA Sections 133(b)(4) and 134(d)(4)(E)
- Title 20 Code of Federal Regulations (CFR) Section 667.140
- DOL Training and Employment Guidance Letter (TEGL) 25-12, WIA Adult, Dislocated Worker and Youth Activities Program Allotments for Program Year (PY) 2013; Final PY 2013 Allotments for the Wagner-Peyser Act Employment Service Program Allotments; and Workforce Information Grants to States Allotments for PY 2013. (May 1, 2013)
- DOL TEGL 19-11, WIA Adult, Dislocated Worker and Youth Activities Program Allotments for PY 2012; Final PY 2012 Allotments for the Wagner-Peyser Act

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Employment Service Program Allotments; and Workforce Information Grants to States Allotments for PY 2012. (March 16, 2012)

- DOL TEGL 17-10, Instructions for Submitting WIA and Wagner-Peyser Act State Plans and Waiver Requests for PY 2011. (December 30, 2010)

STATE-IMPOSED REQUIREMENTS:

This document contains some State-imposed requirements. These requirements are indicated by ***bold italic*** type.

FILING INSTRUCTIONS:

This directive supersedes Workforce Services Directive WSD12-6 dated August 15, 2012, and finalizes Workforce Services Draft Directive WSDD-91, issued for comment on July 18, 2013. The Workforce Services Division received no comments during the draft comment period. Retain this directive until further notice.

BACKGROUND:

The WIA allows the transfer of funds between the adult and dislocated worker funding streams in order to maximize customer service and provide local boards with greater flexibility to respond to changes in their local labor markets.

On June 7, 2013, the DOL granted California an extension of the waiver to permit an increase of the funds transfer limitation in WIA Section 133(b)(4). This waiver is granted through June 30, 2017. Under this waiver, the local board may transfer up to 50 percent of the WIA adult funds and up to 50 percent of the dislocated worker funds allocated to the local area between the adult and dislocated worker funding streams.

POLICY AND PROCEDURES:

Title 20 CFR Section 667.140(b) states that before making any fund transfers, a local area must obtain the Governor's approval. The Employment Development Department (EDD) has been given the authority to approve transfers on behalf of the Governor.

Each program year the DOL provides funds to the State in two separate allotments. The first allotment begins July 1. The second allotment begins October 1. The State uses the following grant codes when it allocates the funds to local areas:

	<u>Adult</u>	<u>Dislocated Worker</u>
First Allocation (July 1)	201	501
Second Allocation (October 1)	202	502

Funds transferred must stay within the original year of allocation. They must also stay within their respective allocation time period (i.e., July 1, first allocation funds, or October 1, second allocation funds). Accordingly, local areas cannot transfer funds

between program years or between first and second allocations. The local areas must ensure that the funds are not overdrawn during the time a transfer takes place. If this condition occurs, the transfer will not be approved. In order to accommodate DOL reporting requirements, formula funds are no longer transferred directly from the dislocated worker grant codes to the adult grant codes (501 to 201 and 502 to 202) or vice versa (201 to 501 and 202 to 502). Instead, the funds are transferred to distinct grant codes that remain attached to their original funding stream. These grant codes are designated as follows:

	<u>Adult</u>	<u>Dislocated Worker</u>
First Allocation (July 1)	299	499
Second Allocation (October 1)	200	500

Grant Code 299 = *First allocation, adult funds that are now to be used as first allocation, dislocated worker funds*

Grant Code 499 = *First allocation, dislocated worker funds that are now to be used as first allocation, adult funds*

Grant Code 200 = *Second allocation, adult funds that are now to be used as second allocation, dislocated worker funds*

Grant Code 500 = *Second allocation, dislocated worker funds that are now to be used as second allocation, adult funds*

Adult participants served with funds in grant codes 499 or 500 (transferred dislocated worker funds) are to be entered into the Job Training Automation (JTA) system under grant code 201. Dislocated worker participants served with funds in grant codes 299 or 200 (transferred adult funds) are to be entered into the JTA system under grant code 501.

Transfer requests can be submitted anytime during the two-year life of the funds except after April 30 of the second year of availability. However, if during the first year of life of the funds a transfer request is received between May 1 and June 30, the transfer will be reviewed and processed in the following fiscal year.

Transfers Allowed:

Local boards may transfer up to 50 percent of their PY 2012-13 through PY 2016-17 adult and dislocated worker funds between the two funding streams.

Additional Participant Tracking Requirements:

Local areas must track participants by the original funding source. For example, if a local area transfers dislocated worker funds to the adult funding stream, then

any dislocated worker participants served with that money must still be identified for federal audit purposes.

Procedures:

The local area must submit transfer requests in writing to their Regional Advisor (see address options below). All requests must contain the reason(s)/rationale for the transfer, including effects on local services and proposed changes to the local plan. The State will consider the following factors in its review of transfer requests:

- Changes in planned services to eligible participants
- Unexpected layoffs requiring additional funds
- Changes in the goals for serving eligible participants
- Changes in labor market conditions
- Effect of transfer on jointly funded employment and training programs in America's Job Center of California (formerly known as One-Stop Career Center)
- Effect on existing agreements for the delivery and/or coordination of employment and training services
- Effect on current State and local area employment and training systems
- Effect on the employment and training needs of eligible participants in the local area

All transfer requests must be approved and signed off by the local board and reflected in the local plan of each local area. The "Sunshine Provision," WIA Section 117(e) requires the local board to make available to the public, on a regular basis through open meetings, information regarding the activities of the local board. The local board must make the transfer request a specific board agenda item with public comment time available.

New local plan funding amounts will need to be computed based on the completed funds transfer. The local plan will have the new budget and participant forms included as the performance baseline. Though the local plan may reflect a planned transfer, approval of the transfer must still be requested on the appropriate transfer request forms. Approval of the local plan does not constitute approval of the transfer.

The following three documents must be submitted in order to request a transfer. These documents are included as attachments to this directive.

1. **Transfer Request Form**—This form describes who is making the request, the transfer amount, and why the transfer is being requested. This document requires signature approval of the designated local board representative.
2. **Participant Plan Summary**—This form shows the revised participant plan after the funds transfer has taken place.
3. **Budget Plan Summary**—This form shows the transfer of funds using the plus and minus format. One form is needed for each transfer of funds.

TRANSFER REQUEST

- 1. Local Area Name _____ Transfer Request No. _____
- 2. Subgrant Number _____
- 3. Program Year _____
- 4. Direction of Transfer (check one)
Adult to Dislocated Worker Dislocated Worker to Adult
 201 → 299 501 → 499
 202 → 200 502 → 500
- 5. Amount of Transfer _____
- 6. Reason for Transfer (Include effects on local services and proposed changes to the local plan.)

- 7. Date of local board meeting to discuss transfer _____
- 8. Print name of Local Area Administrator/Designee _____
- 9. "I certify this transfer request was approved at the local board meeting date of _____".
- 10. Signature of Local Area Administrator/Designee _____
- 11. Contact Person _____
- 12. Telephone Number _____
- 13. Date of Request _____

[Form in MS Word](#)

INSTRUCTIONS FOR COMPLETING THE TRANSFER REQUEST FORM

TRANSFER REQUEST FORM

- Line 1. Enter the local area name. Enter the transfer request number for reference purposes. If this is your local area first transfer request enter 01; subsequent requests are 02, 03, etc.

- Line 2. Enter the Subgrant Number.

- Line 3. Enter the Program Year.

- Line 4. Check the appropriate block regarding the direction of transfer. Only one type of transfer can be entered on each form.

- Line 5. Provide the amount of the transfer. Do not include any amount previously transferred.

- Line 6. Provide the reason(s) for the transfer along with any other pertinent data. Enter the data in the box provided.

- Line 7. Enter the date of the local board meeting during which the transfer request was a specific agenda item with public comment time made available. This is needed to fulfill the "Sunshine Provision" requirement.

- Line 8. Print the name of the Local Area Administrator/Designee with authority to sign for the request.

- Line 9. Enter the date of the local board meeting which the transfer request was approved.

- Line 10. Have the Local Area Administrator/Designee sign the form.

- Line 11. Provide the name of the contact person for reference.

- Line 12. Provide the telephone number of the contact person for reference.

- Line 13. Enter the date of the request.

TRANSFER REQUEST PARTICIPANT PLAN

Local Area: _____

Date: _____

TITLE IB PARTICIPANT PLAN SUMMARY

WIA 118; 20 CFR 661.350(a)(13); TEGL 17-05

Enter the number of individuals in each category.

TOTALS FOR PY 20__	ADULT	DW	YOUTH
1. Registered Participants Carried in from PY 20__			
2. New Registered Participants for PY 20__			
3. Total Registered Participants for PY 20__ (Line 1 plus 2)	0	0	
4. Exiters for PY 20__			
5. Registered Participants Carried Out to PY 20__ (Line 3 minus 4)	0	0	

PROGRAM SERVICES			
6. Core Self Services			
7. Core Registered Services			
8. Intensive Services			
9. Training Services			

YOUTH MEASURES			
10. Attainment of a Literacy and/or Numeracy Gain			
11. Attainment of a High School Diploma, GED, or Certificate			

EXIT STATUS			
12. Entered Employment			
12A. Training-related			
13. Remained with Layoff Employer			
14. Entered Military Service			
15. Entered Advanced Training			
16. Entered Postsecondary Education			
17. Entered Apprenticeship Program			
18. Returned to Secondary School			
19. Exited for Other Reasons			

Contact Person, Title

Telephone Number

Date Prepared

Comments:

[Form in MS Excel](#)

INSTRUCTIONS FOR COMPLETING THE TITLE IB PARTICIPANT PLAN SUMMARY

TOTALS FOR CURRENT PROGRAM YEAR

- Line 1. Enter the number of registered participants carried in from the prior program year for each funding stream.
- Line 2. Enter the new total of registered participants for the program year after funds have been transferred.
- Line 3. This line will auto-fill when using the worksheet from the directive.
- Line 4. Enter the number of planned exiters for the program year.
- Line 5. This line will auto-fill when using the worksheet from the directive.

PROGRAM SERVICES

- Line 6. Enter the number of participants that will receive core self services.
- Line 7. Enter the number of participants that will receive core registered services.
- Line 8. Enter the number of participants that will receive intensive services.
- Line 9. Enter the number of participants that will receive training services.

YOUTH MEASURES

Lines 10-11. No entry is needed.

EXIT STATUS

- Line 12. Enter the number of participants who began employment.
- Line 12A. Enter the number of participants who have begun employment that is training-related.
- Line 13. Enter the number of dislocated worker participants that remained with the layoff employer.
- Lines 14-18. No entry is needed.
- Line 19. Enter the number of participants that exited for other reasons.

Complete the contact person name, title, telephone number and date prepared. Use the comments block as necessary.

TRANSFER REQUEST BUDGET PLAN

	Local Area: _____
	Date: _____

TITLE IB BUDGET PLAN SUMMARY (Adult and Dislocated Worker Funds)

WIA 118; 20 CFR 661.350(a)(13)

Subgrant # _____	Grant Code	<input type="checkbox"/> 201 → 299 <input type="checkbox"/> 202 → 200	<input type="checkbox"/> 501 → 499 <input type="checkbox"/> 502 → 500	
Year of Appropriation _____				

FUNDING IDENTIFICATION	ADULT	DISLOCATED
1. Formula Allocation		
2. Prior Adjustments - Plus or Minus		
3. Previous Amounts Transferred		
4. Current Amount to be Transferred		
5. TOTAL FUNDS AVAILABLE (Lines 1 thru 4)	0	0

TOTAL ALLOCATION COST CATEGORY PLAN		
6. Program Services (Lines 6A through 6E)	0	0
A. Core Self Services		
B. Core Registered Services		
C. Intensive Services		
D. Training Services		
E. Other		
7. Administration		
8. TOTAL (Lines 6 plus 7)	0	0

QUARTERLY TOTAL EXPENDITURE PLAN (Cumulative)		
9. September 20__		
10. December 20__		
11. March 20__		
12. June 20__		
13. September 20__		
14. December 20__		
15. March 20__		
16. June 20__		
17. September 20__		
18. December 20__		
19. March 20__		
20. June 20__		

COST COMPLIANCE PLAN (maximum 10%)		
21. % for Administration Expenditures (Line 7/Line 5)		

Contact Person, Title	Telephone Number	Date Prepared
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Comments:

INSTRUCTIONS FOR COMPLETING THE TITLE IB BUDGET PLAN SUMMARY

Enter the subgrant number and the year of appropriation in the area provided. Use one form for each year of appropriation.

Check the appropriate block regarding the direction of transfer. Use one form for each type of transfer.

FUNDING IDENTIFICATION

Line 1. Enter the amount of formula funds originally allocated to your local area. Include both the July 1 and October 1 WIA allocations for adult (grant codes 201 and 202) and dislocated worker (grant codes 501 and 502).

Line 2. Enter the amount of any prior adjustments using the plus or minus format. Plus adjustments include reallocations (adult grant codes 203 and 204 and dislocated worker grant codes 503 and 504). Minus adjustments include recaptures, rescissions, and other involuntary deobligations.

Line 3. Enter the previous amounts transferred. (see further information below*)

Line 4. Enter the current amount to be transferred. (see further information below*)

*For lines 3 and 4:

- Adult column – Minus amounts are under grant codes 299 and 200; plus amounts are under grant codes 499 and 500.
- Dislocated worker column – Minus amounts are under grant codes 499 and 500; plus amounts are under grant codes 200 and 299.

Line 5. This line will auto-fill from amounts entered on lines 1-4.

TOTAL ALLOCATION COST CATEGORY PLAN

Line 6. This line will auto-fill from amounts entered on lines 6A – 6E.

Line 7. Enter the amount of administrative expenditures.

Line 8. This line will auto-fill from amounts entered on lines 6 and 7.

QUARTERLY TOTAL EXPENDITURE PLAN (Cumulative)

Lines 9-20. Enter the amount of funds expended for each quarter for each funding stream and fill in year.

COST COMPLIANCE PLAN

Line 21. This line will auto-fill from amounts entered on lines 5 and 7. This amount must be less than or equal to 10 percent of line 5.

Complete the contact person, title, telephone number and the date prepared. Use the comments block as necessary.