

**DIRECTIVE**  
WORKFORCE SERVICES

Number: WSD12-6

Date: August 15, 2012  
69:112:nb:15663

TO: WORKFORCE DEVELOPMENT COMMUNITY

SUBJECT: TRANSFER OF FUNDS FOR WIA ADULT AND DISLOCATED WORKER PROGRAMS

**EXECUTIVE SUMMARY:**

**Purpose:**

This directive addresses the transfer policy for the Program Year (PY) 2012-13 adult and dislocated worker funds. Based on a waiver submitted by the California Workforce Investment Board (CWIB) and approved by the Department of Labor (DOL), the Local Workforce Investment Boards (local board) may transfer up to 50 percent of the Workforce Investment Act (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. The transfer request, budget, and participant forms are provided as attachments to this directive.

Note: This waiver has been extended through December 31, 2012. The CWIB will submit a request to extend this waiver, as well as California's other waivers, through June 30, 2013 as part of its State Plan submission. The new State Plan and waiver extension request will be submitted to the DOL by September 15, 2012 and is expected to be approved by December 31, 2012.

**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) 19-11, WIA Adult, Dislocated Worker and Youth Activities Program Allotments for PY 2012; Final PY 2012 Allotments for the Wagner-Peyser Act Employment Service Program

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

- DOL TEGL 26-10, WIA Adult, Dislocated Worker and Youth Activities Program Allotments for PY 2011; Final PY 2011 Allotments for the Wagner-Peyser Act Employment Service Program Allotments; and Workforce Information Grants to States Allotments for PY 2011. (May 10, 2011)
- DOL TEGL 17-10, Instructions for Submitting WIA and Wagner-Peyser Act State Plans and Waiver Requests for PY 2011. (December 30, 2010)
- DOL TEGL 19-09, WIA Adult, Dislocated Worker and Youth Activities Program Allotments for PY 2010; Final Wagner-Peyser Act Employment Service Program Allotments for PY 2010; and Workforce Information Grants to States Allotments for PY 2010, (March 30, 2010)
- Workforce Services Directive WSD12-5, WIA Statewide Waivers and Extension of State Plan for PY 2011-12 (August 15, 2012)
- WIA Directive WIAD02-13, Subject: Dislocated Worker 25 Percent Fund Requirements (April 24, 2003)

#### **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 WSD11-5 dated August 26, 2011 and finalizes Workforce Services Draft Directive WSDD-73, issued for comment on July 12, 2012. There were no comments received 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 15, 2012, 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 December 31, 2012. 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.

# ~ I N A C T I V E 8/21/13 ~

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 (i.e., PY 2011-12 or PY 2012-13). 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 unspent PY 2011-12 and PY 2012-13 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 One-Stop Career Centers
- 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.

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**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.

The assigned Regional Advisor will review the transfer request forms to validate the need for the transfer. On approval of the transfer request, the Workforce Services Division (WSD) Financial Management Unit will unilaterally transfer the funds within the local area master subgrant. This entire process will be completed as quickly as possible after receipt of the transfer request. The WSD will then forward a completed copy of the subgrant package to the local area.

Mail requests to one of the following addresses:

MAIL:

Attn: (Name of Regional Advisor)  
Workforce Service Division, MIC 50  
Employment Development Department  
P.O. Box 826880  
Sacramento, CA 94280-0001

COURIER SERVICE/  
OVERNIGHT MAIL:

Attn: (Name of Regional Advisor)  
Workforce Services Division, MIC 50  
Employment Development Department  
800 Capitol Mall  
Sacramento, CA 95814

## **ACTION:**

Make the appropriate local area policy, administrative, and fiscal staff aware of this directive.

## **INQUIRIES:**

Direct all technical questions regarding this directive to your [Regional Advisor](#) at (916) 654-7799.

/S/ MICHAEL EVASHENK, Chief  
Workforce Services Division

Attachments

**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](#)

**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.

<b>TOTALS FOR PY 20__</b>	<b>ADULT</b>	<b>DW</b>	<b>YOUTH</b>
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	

<b>PROGRAM SERVICES</b>			
6. Core Self Services			
7. Core Registered Services			
8. Intensive Services			
9. Training Services			

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

<b>EXIT STATUS</b>			
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 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	Adult to Dislocated Worker Dislocated Worker to Adult <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.