



Paul R. LePage
GOVERNOR

STATE OF MAINE
DEPARTMENT OF LABOR
BUREAU OF EMPLOYMENT SERVICES
55 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0055

Jeanne S. Paquette
COMMISSIONER

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|------------------------------|---|-------------------|--|
| Subject of Policy: | WIOA Transfer of Funds | Policy No. | PY15-04 REVISION 1 |
| To: | <ul style="list-style-type: none"> • Local WDBs • Chief Elected Officials • Title I CareerCenter Managers • Title I Fiscal Agents | From: | Edward D. Upham, Director Bureau of Employment Services |
| Original Issuance | December 18, 2015 | Revised | December 6, 2016 |
| Reference/ Authority: | WIOA Section 133(b)(4) 20 CFR 683.130 | Rescinds | WIA Policy 06-07 |
| | | Status | ACTIVE |

Explanation of Revision:

WIOA final regulation 20 CFR 683.130 stipulates that the Governor must establish written policy that identifies criteria that will be used for approving a request to transfer adult or dislocated worker employment and training funds. Local areas must still meet the negotiated performance levels of the program from which the funds are being transferred. This policy-revision identifies the criteria that will be considered in approving a request for transfer of funds.

Funds transferred from one program to another adopt the eligibility requirements of the program into which they are placed; for example, DW funds transferred for use in the Adult program adhere to Adult priority of service and eligibility requirements.

The Bureau requires additional information regarding the amounts of funds being identified for transfer at the service provider level; to accommodate this, the Request for Transfer of Funds Form has been revised.

Funds Transfer Authority

Upon Governor approval, WIOA Section 133(b)(4) allows a Local Board to transfer up to 100 percent of the formula funds allocated to the local area for Adult program services and up to 100 percent of funds allocated to the local area for Dislocated Worker formula program services for **a fiscal year**, between:

- A. Adult employment and training activities; and
- B. Dislocated Worker employment and training activities.

Policy:

On behalf of the Governor, the Maine Department of Labor, Bureau of Employment Services (BES) will review and approve requests from a Local Board seeking to transfer funds between the Adult and Dislocated Worker formula programs. Such requests will be reviewed upon receipt, and unless there are extenuating circumstances, notification of approval will be provided within ten business days or less. Local Areas may not transfer funds to or from the Youth formula program.

Criteria for approval of a local area transfer request:

In order to approve a request for fund transfer the local area must establish they have met one of the following criteria for making the transfer:

- A. The local area has significant discretionary funding targeted to serve one population over the other; for example, ample Trade Act and Dislocated Worker Grant funds are available to serve DWs, but only formula funds are available to serve Adults;

- B. The local area has fully expended funds in one program that still has unmet need, yet has ample unobligated funds in the other program; or
- C. Other: The local board may explain the rationale for the transfer request, identify the situation necessitating the need, and articulate the benefits that will result from the transfer. Such rationale should be supported by the Local/Regional Plan and include assurance that the target group from which funds will be taken will not suffer negative consequences as a result.

Local Boards seeking to transfer funds must submit the request to the Bureau using the form below.

Local Board minutes reflecting board approval of the transfer request must be attached or referenced as a link.

IMPORTANT: Transfer of funds **does not require a fiscal amendment** to the award agreement contract, but may require a modification of the participant service implementation plan of that contract if the number of participants to be served under either program changes by 30% or more. As always, original program funds must be spent prior to expenditure of transferred funds.

As funds identified for transfer are expended they **must be reported on the FR10** as directed by lines **t** and **u**.

- t. Expenditure of Adult Funds Transferred to DW Program:** Enter expenditures resulting from the transfer of Adult funds to the Dislocated Worker program. Up to 100% of Adult WIOA funds may be transferred per MDOL policy guidelines. Expenditures are also included in line **f** in the Adult program. Line **d** does not get changed as the result of transfers.
- u. Expenditure of DW Funds Transferred to Adult Program:** Enter expenditures resulting from the transfer of Dislocated Worker funds to the Adult program. Up to 100% of WIOA DW funds may be transferred according to MDOL policy guidelines. Expenditures are also included in line **f** in the Dislocated Worker

Please direct questions to: **Ginny Carroll, Director**
Division of Policy & Evaluation
Bureau of Employment Services
Maine Department of Labor
Augusta, ME 04333-0055
Virginia.A.Carroll@maine.gov
207-623-7974

REQUEST FOR TRANSFER OF WIOA FUNDS

Please complete this form in full, attach documentation of board approval, sign, date, scan and email to Virginia.A.Carroll@maine.gov and cc: Lisa.A.Baldassini@maine.gov

Local Board: _____

Contract Number: CT: _____ **PY** _____

| TRANSFER of DW to ADULT | |
|--|------------------|
| Total amount of ADULT funds expended to date: \$ _____ | |
| Total amount of DW Funds to be transferred to ADULT \$ _____ | |
| Amount of funds to be transferred per service provider: | |
| Service Provider Name: _____ | Amount: \$ _____ |
| Service Provider Name: _____ | Amount: \$ _____ |
| Service Provider Name: _____ | Amount: \$ _____ |
| Revised Numbers to be Served: ADULTS _____ DWs _____ | |
| TRANSFER of ADULT to DW | |
| Total amount of DW funds expended to date: \$ _____ | |
| Total amount of ADULT Funds to be transferred to DW \$ _____ | |
| Amount funds to be transferred per Service Provider: | |
| Service Provider Name: _____ | Amount: \$ _____ |
| Service Provider Name: _____ | Amount: \$ _____ |
| Service Provider Name: _____ | Amount: \$ _____ |
| Revised Numbers to be Served: ADULTS _____ DWs _____ | |

Copy of Local Board meeting minutes approving the transfer attached? Yes ___ No ___

Criteria necessitating the transfer of funds request:

Board Director Signature: _____

Submitted on: ___/___/___

BES Approval Signature: _____

Approved on: ___/___/___