



NORTH CAROLINA DEPARTMENT OF COMMERCE
DIVISION OF WORKFORCE SOLUTIONS

DWS Policy Statement Number: PS 07-2015

Date: July 13, 2015

Subject: Voluntary Transfer of Workforce Innovation and Opportunity Act (WIOA) Funds

From:


William H. Collins, Jr. Assistant Secretary of Workforce Solutions

Purpose: To transmit procedures for voluntary transfers of WIOA funds between Local Workforce Development Areas and to rescind DWS Policy Statement, Number: PS 08-2013.

Background: Local Workforce Development Areas (Local Areas) may negotiate a voluntary transfer of current Program Year funds with the approval of the Workforce Development Board Chairman and the Chief Election Official of both Local Areas, and the concurrence of the Division of Workforce Solutions.

Action: Upon receipt of Administrative Adjustment requests, with required documents (attached) from the participating Local Areas, the Division will issue Notices of Fund Availability (NFAs) reducing funds from the donor and increasing funds for the recipient. Funds must be transferred within a single funding category. Each Local Area involved must submit an Administrative Adjustment request via the Workforce Information System Enterprise (WISE), to the Local Area Plan to remove or add funds.

Donor Local Areas must ensure that the amount of funds available to be drawn down is greater than the amount of the proposed transfer. The donor Local Area must also ensure that the amount of the transfer does not reduce the Program Year fund availability below actual expenditures.

Transfers involving Youth funds retain the 75% required expenditure minimum for Out-of-School Youth; *i.e.*, the 75% minimum is calculated on the increased funding level for the recipient Local Area and on the reduced funding level for the donor.

All transfer requests and transfer forms must be submitted to the Division by June 7, 2016.

Effective Date: Immediately

Expiration: June 30, 2016

Contact: Division Planner

Attachments (2)

**Workforce Innovation and Opportunity Act Voluntary Transfer Request
for
Local Workforce Development Area Releasing Funds**

Name of Local Area Releasing Funds: _____

Name of Local Area to Receive Funds: _____

Program Year: _____

		Amount
Release:	<input type="checkbox"/> Administration (4010)	\$ _____
	<input type="checkbox"/> WIOA Adult Funds (4020)	\$ _____
	<input type="checkbox"/> WIOA Dislocated Worker Funds (4030)	\$ _____
	<input type="checkbox"/> WIOA Youth Funds (4040)	\$ _____

Comments: _____

Local Area Authorization for Releasing Funds:

Workforce Development Board (WDB) Chairman

WDB Chairman Signature

Date

Chief Elected Official (CEO)

CEO Signature

Date

Workforce Development Board Director

WDB Director Signature

Date

