



Transfer of WIOA Title I Dislocated Worker Formula Funds to WIOA Title I Adult Formula Funds



March 13, 2019



**OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT
WORKFORCE DEVELOPMENT DIVISION
MEMORANDUM**

DATE: February 22, 2019
TO: Members of the Workforce Investment San Francisco Board
FROM: Joshua Arce, OEWD Workforce Development Division Director
RE: Action Requested: Approval of Transfer Request to EDD

ACTION REQUESTED

The OEWD Workforce Development Division Director recommends to the Workforce Investment San Francisco Board to approve the proposed request to transfer WIOA Title I Dislocated Worker Formula funds in the amount of \$400,000 to WIOA Title I Adult Formula funds.

BACKGROUND

For the Program year 2018-19, the San Francisco LWIA was awarded a total of \$2,843,479 in WIOA Title 1 Adult and Dislocated Worker funds. The split between the two funding streams is 42% Adult and 58% Dislocated Worker.

It was the intent of the LWIA to provide services that reflect the funding stream split. Outreach was conducted to attract individuals from both Adult and Dislocated Worker populations who could benefit from the various programs the LWIA runs (Sector Academies, Neighborhood Access Points, etc). The LWIA implemented Job Transition Assistance Services (JTAS) to cater to dislocated worker clients and had some success with these programs. However, majority of clients enrolled in intensive programs are eligible under the adult criteria rather than dislocated worker. The basis of this request is to adjust the allocation to reflect actual clients served.

Per Employment Development Department (EDD) Directive No. WSD15-23,

“Local Boards may transfer up to and including 100 percent of their adult and dislocated worker funds between the two funding streams.”

The amount of the transfer request is for \$400,000 of dislocated worker funds for WIOA Title I. If approved, the allocation will be as follows:

| | Original Allocation | Allocation after Transfer |
|---------------------------|---------------------|---------------------------|
| Title 1 Adult | \$1,203,369 | \$1,603,369 |
| Title 1 Dislocated Worker | \$1,640,110 | \$1,240,110 |

Transfer of Funds Request

1. Local Area San Francisco

2. Subgrant Number K9110055 3. Request Date 02/22/19

4. Program Year 2018-19 5. Transfer Request No 1

6. Direction of Transfer (Check One):

Adult to Dislocated Worker

Dislocated Worker to Adult

 201 → 299 501 → 499 202 → 200 502 → 500

7. Amount of Transfer \$400,000.00

8. Contact Person Katherine Daniel

9. Contact Person's Telephone Number (415) 701-4848

10. All transfer requests must be approved and signed off by the Local Board.

Date of Local Board meeting to discuss transfer 03/13/2019Date of Local Board meeting to approve transfer 03/13/2019

11. By signing below, the Local Area Administrator/Designee requests a transfer of funds and certifies that this transfer request was approved at the Local Board Meeting on the date indicated above.

Signature _____

Name Joshua ArceTitle Director of Workforce Development DivisionDate 02/22/2019

12. Taking into account the factors described under the Transfer of Funds Procedures section on page 5 of the directive, describe the Local Board's reasoning to request a transfer of funds.

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Instructions for Completing the Transfer of Funds Request Form

TRANSFER OF FUNDS REQUEST FORM

- Line 1. Enter the Local Area name.

- Line 2. Enter the subgrant number.

- Line 3. Enter the date of the request

- Line 4. Enter the program year.

- Line 5. Enter the transfer request number for reference purposes. If this is your Local Area's first transfer of funds request enter 01; subsequent requests are 02, 03, etc.

- Line 6. Check the appropriate block regarding the direction of transfer. Only one type of transfer can be entered on each form.

- Line 7. Provide the amount of the transfer. Do not include any amount previously transferred.

- Line 8. Enter the contact person's name.

- Line 9. Enter the contact person's telephone number.

- Line 10. 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. Also enter the date that the Local Board approved the transfer.

- Line 11. Have the Local Area Administrator/Designee sign the form. Also enter the name of the Local Area Administrator/Designee, title, and the date the Local Area Administrator/Designee signed the Transfer of Funds Request forms.

- Line 12. Provide the reason(s) for the transfer of funds along with any other pertinent data.

Transfer of Funds Request Participant Plan

Local Area: San Francisco

Prepared Date 2/22/2019

Enter the number of individuals in each category.

| TOTALS FOR PY 2015 | ADULT | DW |
|--|-------|----|
| 1. Registered Participants Carried in from PY 2017 | | |
| 2. New Registered Participants for PY 2018 | | |
| 3. Total Registered Participants for PY 2018 (Line 1 plus 2) | | |
| 4. Exiters for PY 2018 | | |
| 5. Registered Participants Carried Out to PY 2019 (Line 3 minus 4) | | |

| PROGRAM SERVICES | | |
|--|--|--|
| 6. Career Services | | |
| a. Basic Career Services (WIA Core Services) | | |
| b. Individualized Career Services (WIA Intensive Services) | | |
| 7. Training Services | | |

| EXIT STATUS | | |
|-------------------------------------|--|--|
| 8. Entered Employment | | |
| 9. Training-Related | | |
| 10. Entered Military Service | | |
| 11. Entered Apprenticeship Program | | |
| 12. Exited for Exclusionary Reasons | | |

Katherine Daniel, Deputy Director of Workforce Development Division

(415)701-4848

Contact Person, Title

Telephone Number

Comments:

Instructions for Completing the Participant Plan Form

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.
- Line 4. Enter the number of planned exiters for the program year.
- Line 5. This line will auto-fill.

PROGRAM SERVICES

- Line 6. Enter the number of participants that will receive career services.
- Line 7. Enter the number of participants that will receive training services.

EXIT STATUS

- Line 8. Enter the number of participants who began employment.
- Line 9. Enter the number of participants who began employment that is training-related.
- Line 10. Enter the number of participants who entered military service.
- Line 11. Enter the number of participants who entered an apprenticeship program.
- Line 12. Enter the number of participants who exited for other exclusionary reasons.

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

Transfer of Funds Request Budget Plan

Local Area San Francisco **Date Prepared** 2/22/2019

Subgrant Number K9110055 **Grant Code** 201 → 299 501 → 499
Year of Appropriation 2018-19 202 → 200 502 → 500

| FUNDING IDENTIFICATION | ADULT | DW |
|--|------------------|------------------|
| 1. Formula Allocation | 1,203,369 | 1,640,110 |
| 2. Prior Adjustments - Plus or Minus | 0 | 0 |
| 3. Previous Amounts Transferred | 0 | 0 |
| 4. Current Amount to be Transferred | 400,000 | (400,000) |
| 5. TOTAL FUNDS AVAILABLE (Lines 1 through 4) | 1,603,369 | 1,240,110 |

| TOTAL ALLOCATION COST CATEGORY PLAN | | |
|---|----------------|----------|
| 6. Program Services (Lines 6a through 6c) | 418,968 | 0 |
| a. Career Services (WIA Core Services / Intensive Services) | 310,045 | 0 |
| b. Training Services | 108,923 | 0 |
| c. Other | 0 | 0 |
| 7. Administration | 28,298 | 0 |
| 8. TOTAL (Lines 6 plus 7) | 447,266 | 0 |

| QUARTERLY TOTAL EXPENDITURE PLAN (cumulative) | | |
|---|---------|---|
| 9. September 2018 | 0 | 0 |
| 10. December 2018 | 447,266 | 0 |
| 11. March 2019 | | |
| 12. June 2019 | | |
| 13. September 2019 | | |
| 14. December 2019 | | |
| 15. March 2020 | | |
| 16. June 2020 | | |

| COST COMPLIANCE PLAN (maximum 10%) | | |
|---|--------------|--------------|
| 21. % for Administration Expenditures (Line 7/Line 5) | 1.76% | 0.00% |

Katherine Daniel, Deputy Director of Workforce Development Division

(415)701-4848

Contact Person, Title

Telephone Number

Comments

Instructions for Completing the Budget Plan Form

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 WIOA 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 – 6c.
- 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

Line 9-20. Enter the amount of funds expended for each quarter for each funding stream.

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, and telephone number. Use the comments block as necessary.

