

Local Plan Modification Transmittal Form

To Be Completed by LWDB		STATE USE ONLY	
LWDB:	12	Date Received:	
Date Submitted:		Date Approved:	
Provide a description of Local Plan changes below:		Effective Date:	
		Title I Rep:	

Workforce Innovation Opportunity Act

I. This is to document the -

It is requested that the amount of \$15,000 formula funds be transferred from the FY20 Adult Program to the Dislocated Worker Program as follows:

From: Adult Formula Funds \$15,000

To: Dislocated Worker Formula Funds \$15,000

Total Transfer to Dislocated Worker Formula \$ 15,000.00

Approvals:

LWDB Chair Date

CEO Chair Date

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Workforce Innovation Opportunity Act

Region 12 Local Service Plan Change
(Increase FAS assistance from \$600.00 to \$1,000.00)

Financial Assistance (FAS): The purpose of a Financial Assistance Payment is to make a payment to a service provider or vendor on behalf of a participant. This payment is used to cover an emergency financial need that, if unmet, would prevent the participant from participating in WIOA Title I activities. Maximum expenditure is \$1,000 ~~\$600.00~~ per program year. FAS may be used for such things as: housing assistance, auto repair, eyewear repair, and other critical participants' needs. FAS may not be used pay any type of fines or penalties imposed because of failure to comply with any federal, state, local law or statute.

Approvals:

 LWDB Chair

 Date

 CEO Chair

 Date