



July 1, 2015

**EASTERN CAROLINA LOCAL AREA ISSUANCE NO. 2015-15**

**SUBJECT:** Contractor Request for Additional Program Funds

**PURPOSE:** To transmit the current Local Area Policy concerning the process for requesting additional Workforce Innovation and Opportunity Act (WIOA) program funds.

**BACKGROUND:** This issuance provides Service Providers with the procedures for requesting additional Workforce Innovation and Opportunity Act (WIOA) program funds through the Eastern Carolina Workforce Development Board. These procedures are intended to give consistency and uniformity to the requests and to simply the review process.

**ACTION:** Service Providers are required to adhere to the attached procedures when requesting additional Workforce Innovation and Opportunity Act (WIOA) program funds.

**EFFECTIVE DATE:** July 1, 2015

**EXPIRATION DATE:** Indefinite

**CONTACT:** Tammy Childers, Executive Director

**DISTRIBUTION:** All Service Providers

  
\_\_\_\_\_  
Tammy Childers  
Executive Director

Attachment: Procedures for requesting additional program funds.

## **PROCEDURES FOR REQUESTING ADDITIONAL PROGRAM FUNDS**

In an effort to establish and maintain consistency with the information provided when requesting additional Workforce Innovation and Opportunity Act (WIOA) program funds, all service providers must complete the attached Request for Additional WIOA Funds form (which is also available in an Excel format to simplify the completion process).

Requests must be completed and submitted to Eastern Carolina Workforce Development Board, Inc. as follows:

1. The request must be submitted on your agency letterhead
2. Each of the following elements of the Request for Additional WIOA Funds form must be completely filled out:
  - Date
  - From (Name of Agency making request)
  - WIOA Program Name
  - Amount of Additional Funds Requested
  - Program Year of Request
  - Purpose of Request to include impact on program if additional funding is not provided
  - Enter current approved budget by line item
  - Enter current expenditures by line item
  - Enter additional funds requested by line item
  - Enter name and title of authorized individual making request
  - Signature of authorized individual making request
3. Requests which are not completed in accordance with the above instructions will be returned for corrective action.

DATE: \_\_\_\_\_

TO: Tammy Childers, Executive Director  
Eastern Carolina Workforce Development Board, Inc.

FROM: \_\_\_\_\_

SUBJECT: Request for Additional Workforce Innovation and Opportunity Act Funds

WIOA PROGRAM: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ PROGRAM YEAR: \_\_\_\_\_

**Purpose**

(to include impact on program if funding not provided):

Line Item Description	Line Item #	Current Approved Budget	Current Expenditures	Budget Balance	Additional Funds Requested	New Budget (pending approval)
Staff Salaries	1000	\$	\$	\$	\$	\$
Staff Fringe Benefits	1010	\$	\$	\$	\$	\$
Other Staff Expenses	1020	\$	\$	\$	\$	\$
Participant Compensation	1030	\$	\$	\$	\$	\$
Participant Fringe Benefits	1040	\$	\$	\$	\$	\$
Individual Training Accounts	1050	\$	\$	\$	\$	\$
Employer OJT Incentive	1060	\$	\$	\$	\$	\$
Other Training Costs	1070	\$	\$	\$	\$	\$
Equipment (Over \$500)	1080	\$	\$	\$	\$	\$
Equipment (Under \$500)	1082	\$	\$	\$	\$	\$
Equip Repair & Maintenance	1084	\$	\$	\$	\$	\$
Supplies	1090	\$	\$	\$	\$	\$
Miscellaneous	1100	\$	\$	\$	\$	\$
Occupancy	1110	\$	\$	\$	\$	\$
Participant Support Costs	1120	\$	\$	\$	\$	\$
Indirect Costs	1130	\$	\$	\$	\$	\$
<b>Total</b>		\$	\$	\$	\$	\$

Sincerely,

**\*\*FOR ECWDB USE ONLY\*\***

% of Budget for Staff	% of Budget for Training	% of Budget for Program