



## Request for Additional WIOA Funding

Date of request:

Name of organization:

Amount of funding request:

Nature of funding request:

- Individual Training Accounts (ITAs)
- On-the-Job Training (OJT)
- Other special projects/initiatives
- Other request

Funding requested for:

- WIOA Title I Adult
- WIOA Title I Dislocated Worker
- WIOA Title I Youth

Number of participants to be served:

Expected begin and end date for  
expenditure of requested funds:

Start Date:

End Date:

**Please certify that the following attachments are included in this request:**

- Submission of current budget expenditures and level of service for Adult, Dislocated Worker, and/or Youth funds associated with funding request, for all current program year funding as of request date
- Justification for request of funds, must include data and narrative detailing/referencing current service delivery and performance and reasons for requesting additional funds
- Plans for use of requested funds, must include data and narrative detailing/referencing expected service delivery

LWDB Director

Date

Chief Local Elected Official

Date

LWDB Chair

Date

**Determination**

Approved

Denied

Reason for Approval or Denial

Signature:

Date: