**TRANSFER OF FUNDS REQUEST NARRATIVE**

**LOCAL WORKFORCE DEVELOPMENT BOARD**

Choose a WDB.

**Program Year:** Click here to enter year.

**Amount of the transfer request:** Click here to enter amount.

**From:** Choose a program. **To:** Choose a program.

**Impact Analysis**

1. **The situation necessitating the transfer, including local conditions, labor market, economic, etc.**

Click here to enter text.

**2. How the funds transfer will impact participant levels in both programs.**

Click here to enter text.

**3. A description of how the receiving program’s participants will benefit from the transfer as well as how the impact on the contributing program will be mitigated, including how the remaining participants will be served.**

Click here to enter text.

**4. The transfer’s effect on current providers of training and other services.**

Click here to enter text.

**5. A description of the expected impact on WIOA performance outcomes for both programs.**

 Click here to enter text.

**6.** **Other impacts:**

 Click here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Workforce Development Board

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_