Mark Sanford
Governor

SOUTH CAROLINA
DEPARTMENT OF COMMERCE

Joe E. Taylor, Jr.
Secretary

STATE WIA INSTRUCTION NUMBER: 08-02

TO: Local Workforce Investment Areas (LWIAs)

SUBJECT: Approval of Waiver for 100% Transfer between Adult and Dislocated Worker Fund Streams

ISSUANCE DATE: August 27, 2008

EFFECTIVE DATE: Immediately

PURPOSE: To notify all local workforce investment areas of the waiver approval received from the US Department of Labor relevant to WIA fund transfer limitations.

BACKGROUND: The State requested a waiver to increase local WIA fund transfer authority between the Adult and Dislocated Worker fund streams from the existing 50% (obtained through a prior waiver) to 100%. This waiver was requested to allow local workforce investment boards maximum flexibility to respond to the changes in their local labor markets, to ensure that customer service needs are being met, and to increase overall WIA fund utilization. USDOL approved the State's waiver request on August 14, 2008.

POLICY: Effective immediately, local workforce investment areas will have the added flexibility to request transfers up to 100% between the Adult and Dislocated Worker fund streams. Transfer requests must be submitted to the State for approval using the attached form. Justification should be provided, along with documentation of local board approval. Transfer of new program year funds cannot be made until October, when the State receives the fiscal year portion of allocated funds.

ACTION: You are responsible for the appropriate distribution of this State Instruction within your local workforce area.

INQUIRIES: Questions regarding this instruction may be directed to Ms. Pat Sherlock at 803-737-2601 or psherlock@SCcommerce.com.

Margaret Torrey
Deputy Secretary for Workforce

Attachment

LWIA Name: _____

Provide the information requested and submit to your Workforce Development Grants Manager. Each transfer requires a separate request form. **Attach documentation of LWIB approval (excluding Administration to Program transfers within a fund stream).**

I.   TRANSFER TYPE

Check the box adjacent to the type of transfer being requested (check only one box):

☐ Transfer from Adult to Dislocated Worker
☐ Transfer from Dislocated Worker to Adult
☐ Transfer of Administration Funds to Program Funds

- Indicate the fund stream being affected by the transfer from administration (check one):
   ☐ Adult
   ☐ Dislocated Worker
   ☐ Youth

II.   TRANSFER AMOUNT

- Provide the following information for Transfers between Programs: **(Do Not Include Admin. Funds)**

   PY/FY Allocation: _____

   % of Allocation requested for transfer: _____

   $ Amount of Allocation requested for transfer: _____

- Provide the following information for Transfers of Administration to Program within a Fund Source:

   PY/FY Allocation: _____

   Current Administration: _____ Transfer Amount: _____ Balance: _____
                                                                                  (CA-TA=B)

   Current Program: _____ Transfer Amount: _____ Balance: _____
                                                                                  (CP+TA=B)

III.   TRANSFER JUSTIFICATION

_____

_____

IV.   LWIA ADMINISTRATOR SIGNATURE   **DATE**

_____   _____

V.   WORKFORCE DEVELOPMENT SIGNATURE
Approved By:

_____   _____
Pat Sherlock   **Date**
Workforce Operations Manager