**Voluntary Deobligation of Funds Request Form**

1. Grantee Name & Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number)

1. Program that Funds are being

 Voluntarily Deobligated from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program NOO Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contract Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Amount of Voluntary Deobligation

 by Cost Category and Total:

 Administrative Cost Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program Cost Category \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Amount of Deobligation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Grantee Assurance

The Grantee (LWDAs must have LWDB’s written approval) has approved this request to voluntarily deobligate funds and assures that the deobligation will not adversely impact the employment and training activities of the program from which the funds are being deobligated.

1. Typed Name and Title of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory Agent for (Typed Name)

the Grant Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title)

1. Signature of the Authorized Signatory

Agent for the Grant Recipient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Voluntary Deobligation of Funds Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **BWDA Approval Signature and Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Date)**

**Submission date and mailing address:**

While a specific date for when written requests for the voluntary deobligation of funds is not being established, Grantees are asked to keep in mind the time needed to deobligate and then redistribute the funds and for the grantees receiving the funds to spend them. Therefore, the Commonwealth retains the authority to not approve the voluntary deobligation of funds if the Commonwealth determines that insufficient time remains for the receiving grantee(s) to spend the funds and/or puts the receiving grantees(s) in a situation of possible noncompliance with federal and state obligation and expenditure requirements.

Written requests must be submitted to the following address:

Department of Labor and Industry

Bureau of Workforce Development Administration

ATTN: Fiscal Operations

651 Boas St., Room 1200

Harrisburg, PA 17121

Or fax to (717) 705-3799