

# WIOA Implementation Assistance Funding Subgrant Award Package Instructions

## Notice of Subgrant Award – Page 1

1. **SUBGRANT RECIPIENT NAME AND ADDRESS:** Insert the name and address of the subgrant award recipient.
2. **DUNS NUMBER:** Insert the subgrant recipient's DUNS number.
3. **FEIN:** Insert the subgrant recipient's federal tax identification number.
4. **CFDA #/FEDERAL GRANT NUMBER/NAME:** This section is pre-filled. Make no changes.
5. **FEDERAL AWARD DATE:** This section is pre-filled. Make no changes.
6. **SUBGRANT AWARD NUMBER:** Refer to the issuance of the allocations.
7. **START DATE and END DATE:** These sections are pre-filled. Make no changes.
8. **FUNDING:** This section is pre-filled. Make no changes.
9. **TOTAL FEDERAL AWARD:** This section is pre-filled. Make no changes.
10. **FEDERAL FUNDS OBLIGATED TO SUBGRENTTEE:** This section is pre-filled. Make no changes.
11. **INDIRECT COST RATE:** Insert the subgrant recipient's indirect cost rate, if applicable.
12. **BRIEF PROJECT DESCRIPTION:** This section is pre-filled. Make no changes.
13. **SPECIAL CONDITIONS:** This section is pre-filled. Make no changes.

### **TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL**

1. Insert the name and title of the authorized representative of the subgrant recipient.
2. Have the authorized representative of the subgrant recipient sign and date the signature.

## Detailed Project Description – Page 2

**Subgrant Organization:** Insert the name of the subgrant recipient.

**Subgrant Number:** Refer to the issuance of the allocations.

**Period of Performance:** This section is pre-filled. Make no changes.

- **Program Staffing (FTEs) and Titles**

Insert the number of full-time equivalents that will have program responsibilities, by position title.

## **WIOA Implementation Assistance Funding Subgrant Award Package Instructions**

- **Planned Activities**

Provide a narrative detailing how the funds will be expended on the outreach and planning activities that will take place in the local area.

### **Funding Allocation – Page 3**

**Subgrant Organization:** Insert the name of the subgrant recipient.

**Subgrant Number:** Refer to the issuance of the allocations.

**Program Year:** This section is pre-filled. Make no changes.

**Modification Number:** This section is pre-filled. Make no changes.

Allocate the funding currently being made available to the program categories provided.

### **ATTACHMENT A - SUBGRANT AWARD TERMS AND CONDITIONS – Page 9**

1. Insert the name and title of the authorized representative of the subgrant recipient.
2. Insert the name of the subgrant recipient.
3. Have the authorized representative of the subgrant recipient sign and date the signature.