

**GEORGIA DEPARTMENT OF ECONOMIC DEVELOPMENT, WORKFORCE DIVISION
GEORGIA WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**

STATEMENT OF GRANT AWARD

RECIPIENT: City of Savannah

LOCAL WORKFORCE AREA: 020

REGION: 12

GRANT NO: DW-15-16-12-020

FAIN: AA267741555A13

GRANT PERIOD:

FROM: 10/1/2017

THRU: 06/30/2018

TOTAL FUNDS: \$ 1,000,000

GRANT YEAR: FY 2016

PROGAM TITLE/TYPE: I Dislocated Worker Program

CFDA NO: 17.278

This award, is hereby made, in the amount and for the period shown above, from a grant under the Workforce Innovation and Opportunity Act (P.L. 113-128), as amended, to the above mentioned recipient, and in accordance with the Workforce Innovation Plan project application. This award is subject to any attached assurances, revisions, special conditions, or waivers.

This award is subject to all applicable policies, rules and regulations, and conditions as prescribed by the Georgia Department of Economic Development's Workforce Division (WFD) and the United States Department of Labor. It is also subject to such further laws, rules, regulations and policies as may be reasonably prescribed by the State of Georgia or the Federal Government under Public Law 113-128, as amended.

This grant becomes effective on the beginning of the grant period, provided that within thirty (30) days of the award execution date (below), the properly executed original Statement of Grant Award and any of the attached properly executed revisions, waivers and special condition statements are returned to WFD.

- This award is subject to Certification Regarding the Role of the Grant Recipient**
- This award is subject to Subrecipient Designation (if applicable)**
- This award is subject to Liability Waiver**
- This award is subject to Certification on Nondiscrimination and Equal Opportunity Requirements**
- This award is subject to Certification Regarding Drug-Free Workplace Requirements**
- This award is subject to Certification Regarding Debarment and Suspension**
- This award is subject to Certification For Lobbying**
- This award is subject to Statement of Assurances**
- This award is subject to special conditions (attached)**

Georgia Department of Economic Development
Deputy Commissioner, Workforce Division

Date Executed

I, _____ (typed) acting under my authority to contract on behalf of the recipient of the above described grant on the terms and conditions stated above or incorporated by reference therein, do hereby accept this Grant Award.

Date of Acceptance

Authorized Signature

Chairperson

Title (typed)