## Technical College System of Georgia, Office of Workforce Development GEORGIA WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)

## **STATEMENT OF GRANT AWARD**

| RECIPIENT: City of Savannah   |   | TOTAL FUNDS: \$ 1,089,920.00   |
|---|---|--|
| LOCAL WORKFORCE AREA:   | 019 <b>REGION:</b> 012  | Admin not to exceed: \$ 108,992.00   |
| GRANT NO: 31-21-22-12-019<br>FAIN: AA-36314-21-55-A-13                  |   |  |
| GRANT PERIOD:<br>FROM: 10/01/2021                                       | THRU: 6/30/2023   |  |
|   | 2022<br>I Dislocated Worker   | CFDA NO: 17.278  |
|   | entioned recipient, and in accordance v   | rom a grant under the Workforce Innovation and Opportunity Act (P.I with the Workforce Innovation Plan project application. This award   |
| Office of Workforce Development (OW                                     | /D) and the United States Department  | litions as prescribed by the Technical College System of Georgia's of Labor. It is also subject to such further laws, rules, regulations and al Government under Public Law 113-128, as amended. |
|   |   | at within thirty (30) days of the award execution date (below), the properly executed revisions, waivers and special condition statements  |
| X This award is su  | bject to Certification Regarding  | the Role of the Local Grant Recipient  |
| X This award is su  | bject to Subrecipient Designation   | ı (if applicable)  |
| X This award is su  | bject to Liability Waiver   |  |
| X This award is su  | bject to Certification on Nondisc   | rimination and Equal Opportunity Requirements  |
| X This award is su  | bject to Certification Regarding  | Drug-Free Workplace Requirements   |
|   | bject to Certification Regarding  |  |
|   |   | ·  |
| <del></del>   | bject to Certification For Lobbyi   |  |
| X This award is su  | bject to Statement of Assurances  |  |
| X This award is su  | bject to special conditions (attach   | ned)   |
| Technical College System of Georg<br>Executive Director, Office of Work |   |  |
|   |   | Date Executed  |
| I,(typed) acconditions stated above or incorporated                     | eting under my authority to contract on<br>by reference therein, do hereby accept | behalf of the recipient of the above described grant on the terms and this Grant Award.  |
| Date of Acceptance  |   | Authorized Signature   |