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

## STATEMENT OF GRANT AWARD

**RECIPIENT: Worksource Coastal/City of Savannah**

**LOCAL WORKFORCE AREA:** 019 **REGION: 12**

**GRANT NO: 31-24-25-12-019**
**FAIN: 24A55AW000059**

**GRANT PERIOD:**
**FROM:10/01/2024** **THRU: 06/30/2026**

**TOTAL FUNDS: $1,517,993**

**Admin not to exceed: $151,799**

**GRANT YEAR: FY 2025**
**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 Technical College System of Georgia's Office of Workforce Development (OWD) 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 OWD.

__X__ **This award is subject to Certification Regarding the Role of the Local Grant Recipient**

__X__ **This award is subject to Subrecipient Designation (if applicable)**

__X__ **This award is subject to Liability Waiver**

__X__ **This award is subject to Certification on Nondiscrimination and Equal Opportunity Requirements**

__X__ **This award is subject to Certification Regarding Drug-Free Workplace Requirements**

__X__ **This award is subject to Certification Regarding Debarment and Suspension**

__X__ **This award is subject to Certification For Lobbying**

__X__ **This award is subject to Statement of Assurances**

__X__ **This award is subject to special conditions (attached)**

_____
Technical College System of Georgia
Title I Executive Director, Office of Workforce Development

_____
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)