STATEMENT OF GRANT AWARD

RECIPIENT: City of Savannah

RECIPIENT: City of Savannah	TOTAL FUNDS: \$ 1,105,555	
LOCAL WORKFORCE AREA: 19 REGION: 12	Admin not to exceed: \$ 110,556	
GRANT NO: 31-23-24-12-19 FAIN: 23A55AW000013		
GRANT PERIOD: FROM: 10/01/2023 THRU: 06/30/2025		
GRANT YEAR: FY 2024 PROGAM TITLE/TYPE: I Dislocated Worker Progr	ram CFDA NO: 17.278	
This award is hereby made, in the amount and for the period shown above, fi 113-128), as amended, to the above mentioned recipient, and in accordance subject to any attached assurances, revisions, special conditions, or waivers.	rom a grant under the Workforce Innovation and Opportunity Act (P. with the Workforce Innovation Plan project application. This award	
This award is subject to all applicable policies, rules and regulations, and conc Office of Workforce Development (OWD) and the United States Department policies as may be reasonably prescribed by the State of Georgia or the Federa	of Labor. It is also subject to such further laws rules regulations and	
This grant becomes effective on the beginning of the grant period, provided the properly executed original Statement of Grant Award and any of the attached are returned to OWD.	at within thirty (30) days of the award execution date (below), the properly executed revisions, waivers and special condition statements	
X This award is subject to Certification Regarding	the Role of the Local Grant Recipient	
X This award is subject to Subrecipient Designation	ı (if applicable)	
X This award is subject to Liability Waiver		
X This award is subject to Certification on Nondisc	rimination 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		
Technical College System of Georgia	ned)	
Executive Director, Office of Workforce Development	03/12/24	
I, <u>Joseph A. Melder</u> (typed) acting under my authority to contract on beh conditions stated above or incorporated by reference therein, do hereby accept	Date Executed half of the recipient of the above described grant on the terms and this Grant Award.	
January 30, 2024 Date of Acceptance	Authorized Signature	
Lynne Tootle Chairperson	City Manager Title (typed)	

STATEMENT OF GRANT AWARD

RECIPIENT: City of Savannah	TOTAL FUNDS: \$ 303,973		
LOCAL WORKFORCE AREA: 019 REGION: 12	Admin not to exceed: \$ 30,397		
GRANT NO: 31-23-23-12-019 FAIN: 23A55AW000013	Admin not to exceed. 3 30,397		
GRANT PERIOD: FROM: 07/01/2023 THRU: 06/30/2025			
GRANT YEAR: PY 2023 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 113-128), as amended, to the above mentioned recipient, and in accordance with the subject to any attached assurances, revisions, special conditions, or waivers.	grant under the Workforce Innovation and Opportunity Act (P.L he Workforce Innovation Plan project application. This award is		
This award is subject to all applicable policies, rules and regulations, and conditions Office of Workforce Development (OWD) and the United States Department of Lab policies as may be reasonably prescribed by the State of Georgia or the Federal Government	or. It is also subject to such further laws, rules, regulations and		
This grant becomes effective on the beginning of the grant period, provided that with properly executed original Statement of Grant Award and any of the attached proper are returned to OWD.	hin thirty (30) days of the award execution date (below), the rly executed revisions, waivers and special condition statements		
X This award is subject to Certification Regarding the R	ole of the Local Grant Recipient		
X This award is subject to Subrecipient Designation (if a	pplicable)		
X This award is subject to Liability Waiver			
X This award is subject to Certification on Nondiscrimin	ation 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 Executive Director, Office of Workforce Development			
I, <u>Joseph A. Melder</u> (typed) acting under my authority to contract on behalf of the conditions stated above or incorporated by reference therein, do hereby accept this G September 28, 2023 Date of Acceptance	irant Award.		
_ <u>Lynn Tootle</u>	City Manager Title (typed)		

STATEMENT OF GRANT AWARD

RECIPIENT: City of Savannah		TOTAL FUNDS: \$ 636,322	
LOCAL WORKFORCE AREA: 19	REGION: 12	,	
GRANT NO: 11-23-24-12-19 FAIN: 23A55AT000010		Admin not to exceed: \$ 63,632	
GRANT PERIOD: FROM: 10/01/2023	THRU: 06/30/2025		
GRANT YEAR: FY 2024 PROGAM TITLE/TYPE:	Adult Program	CFDA NO: 17.258	
This award is hereby made, in the amount at 113-128), as amended, to the above mention subject to any attached assurances, revisions,	led recipient, and in accordance with	a grant under the Workforce Innovation and Opportunity Act (P. the Workforce Innovation Plan project application. This award	
office of workforce Development (OWD) at	nd the United States Department of La	s as prescribed by the Technical College System of Georgia's bor. It is also subject to such further laws, rules, regulations and ernment under Public Law 113-128, as amended.	
This grant becomes effective on the beginnin properly executed original Statement of Gran are returned to OWD.	g of the grant period, provided that wi t Award and any of the attached prope	thin thirty (30) days of the award execution date (below), the orly executed revisions, waivers and special condition statements	
X This award is subject	to Certification Regarding the I	Role of the Local Grant Recipient	
X This award is subject	to Subrecipient Designation (if a	applicable)	
X This award is subject	to Liability Waiver		
X This award is subject	to Certification on Nondiscrimin	nation and Equal Opportunity Requirements	
		g-Free Workplace Requirements	
X This award is subject to Certification Regarding Debarment and Suspension			
X This award is subject to Certification For Lobbying			
	to Statement of Assurances		
	to special conditions (attached)		
Technical College System of Georgia Executive Director, Office of Workforce	Davidonment		
I, _Joseph A. Melder_ (typed) acting unde conditions stated above or incorporated by ref January 30th, 2024 Date of Acceptance	r my authority to contract on behalf of	Authorized Signature	
Lynn Tootle		City Manager	
Chairperson	\sim	Title (typed)	

STATEMENT OF GRANT AWARD

RECIPIENT: City of Savannah	TOTAL FUNDS: \$ 155,788	
LOCAL WORKFORCE AREA: 019 REGION: 012	Admin not to exceed: \$ 15,579	
GRANT NO: 11-23-23-012-019 FAIN: 23A55AT000010	Admin not to exceed, 3 13,379	
GRANT PERIOD: FROM: 07/01/2023 THRU: 06/30/2025		
GRANT YEAR: PY 2023 PROGAM TITLE/TYPE: I Adult Program	n CFDA NO: 17.258	
This award is hereby made, in the amount and for the period shown above, 113-128), as amended, to the above mentioned recipient, and in accordanc subject to any attached assurances, revisions, special conditions, or waivers.	e with the Workforce Innovation Plan project application. This award	
This award is subject to all applicable policies, rules and regulations, and co Office of Workforce Development (OWD) and the United States Department policies as may be reasonably prescribed by the State of Georgia or the Federal	nt of Labor. It is also subject to such further laws, rules, regulations and	
This grant becomes effective on the beginning of the grant period, provided properly executed original Statement of Grant Award and any of the attache are returned to OWD.	that within thirty (30) days of the award execution date (below), the ad properly executed revisions, waivers and special condition statements	
X This award is subject to Certification Regardin	g the Role of the Local Grant Recipient	
X This award is subject to Subrecipient Designation	on (if applicable)	
X This award is subject to Liability Waiver		
X This award is subject to Certification on Nondis	scrimination 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		
This award is subject to special conditions (atta	ched)	
Executive Director, Office of Workforce Development	Date Executed	
I, <u>Joseph A. Melder</u> (typed) acting under my authority to contract on behaconditions stated above or incorporated by reference therein, do hereby acce	alf of the recipient of the above described grant on the terms and epithis Grant Award.	
September 28, 2023 Date of Acceptance	Authorized Signature	
Lynn Tootle Chairperson	City Manager Title (typed)	