

TOTAL FUNDS: \$ 731,000

STATEMENT OF GRANT AWARD

RECIPIENT: City of Savannah

LOCAL WORKFORCE AREA: 019	REGION: 12	Admin not to exceed: \$ 73,100			
GRANT NO: QST31-22-23-12-019		Admin not to exceed. \$ 75,100			
FAIN: DW-39200-22-60-A-13					
GRANT PERIOD:					
FROM: 9/26/2022	THRU: 9/30/2024				
GRANT YEAR: FY 202.	3				
PROGAM TITLE/TYPE:	Dislocated Worker F	Program CFDA NO: 17.277			
This award, is hereby made, in the amount a 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	.L. is		
office of workforce Developitient (Owb) a	Id the United States Denartment of La	ns as prescribed by the Technical College System of Georgia's abor. It is also subject to such further laws, rules, regulations and overnment under Public Law 113-128, as amended.	1		
This grant becomes effective on the beginnin properly executed original Statement of Granare returned to OWD.	g of the grant period, provided that wi t Award and any of the attached prope	ithin thirty (30) days of the award execution date (below), the erly 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 (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 Assistant Commissioner, Office of Work	force Development	12/12 =			
I, <u>Joseph A. Melder</u> (typed) ac and conditions stated above or incorporated by	ting under my authority to contract on reference therein, do hereby accept the	Date Executed a behalf of the recipient of the above described grant on the terms his Grant Award.	l		
June 23, 2023					
Date of Acceptance					
Lynn TootleCity Manager Chairperson Title (typed)					





Notice of Grant Award Modification

Georgia Workforce Innovation and Opportunity Act

RECIPIENT: City of Savannah					
LOCAL WORKFORCE AREA: 019 REGION: 12					
GRANT NO: QST31-22-23-12-019					
FAIN: DW-39200-22-60-A-13					
GRANT PERIOD:					
FROM: 09/26/2022	THRU: 09/30/2025				
GRANT YEAR: FY 2023					
PROGRAM TITLE/TYPE: I Dislocated	Worker	CFDA NO: 17.277			
Nature of Modification: To extend the grant period.					
QST31-22-23-12-019 Modification #1: This modification extends the Grant Period to September 30,2025.					
Signature	Print Name	Date			
Deputy Commissioner or Title I Executive Director					

Office of Workforce Development