





**Notice of Grant Award Modification**

**Georgia Workforce Innovation and Opportunity Act**

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**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

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**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  
Deputy Commissioner or Title I Executive Director  
Office of Workforce Development

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date