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

STATEMENT OF GRANT AWARD

RECIPIENT: Baldwin County

| RECIPIENT: Baldwin County | TOTAL FUNDS: \$ 122,015 |
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| LOCAL WORKFORCE AREA: 011 REGION: 06 | Admin not to exceed: \$ 12,202 |
| GRANT NO : SP31-22-23-06-011 FAIN: AA-38524-22-55-A-13 | |
| GRANT PERIOD: FROM: 07/01/2023 THRU: 06/30/2024 | |
| GRANT YEAR: PY 2023 PROGAM TITLE/TYPE: I Dislocated Worker Program | ram CFDA NO: 17.278 |
| This award is hereby made, in the amount and for the period shown above, fr 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.L. with the Workforce Innovation Plan project application. This award is |
| This award is subject to all applicable policies, rules and regulations, and cond Office of Workforce Development (OWD) and the United States Department of 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 pare returned to OWD. | nat 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 to | 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) | |
| | |
| Fechnical College System of Georgia Executive Director, Office of Workforce Development | |
| | Date Executed |
| , <u>Emily Davis</u> (typed) acting under my authority to contract of onditions stated above or incorporated by reference therein, do hereby accept | on behalf of the recipient of the above described grant on the terms and this Grant Award. |
| Date of Acceptance | Authorized Signature |
| Emily Davis CI | hair, Baldwin County Board of Commissioners |
| Chairperson | Title (typed) |