

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF WORKFORCE DEVELOPMENT

GUIDANCE NAME: Local Workforce Development Board Drawdown

GUIDANCE NUMBER: 16-025
DATE OF ISSUE: Reissued April 4, 2024
EFFECTIVE DATE: August 1, 2018

APPLIES/OF INTEREST TO: Local Workforce Development Board staff, Fiscal Agents and Grantees

POINT OF CONTACT: OETLWIAREQUEST@ky.gov

HISTORY: Issued 08/01/2018, replacing Policy 16-025; reissued April 4, 2024 with no substantive change, thus effective date remains.

GUIDANCE: Effective August 1, 2018, the Department of Workforce Development (DWD) requires each Local Workforce Development Board (LWDB) to implement a revised method for drawing reimbursements of expenses incurred for all federally funded grants. This revised method is to streamline the process for all interested parties. Each LWDB will be required, at a minimum, to request reimbursements **on a monthly basis**. Any procurement transaction that is being submitted by the LWDB for reimbursement is based on a cost-reimbursable basis. DWD requires the LWDBs to submit supporting documentation for the following categories:

- Travel
- Meal Expenses
- Legal Fees
- Consulting Fees
- Board Meetings

Please note that for all categories listed above, the supporting documentation **MUST** also be inclusive of the contractors and sub-contractors. In signing the DWD-105 form (see Attachment A), there is an acknowledgement that the local grant subrecipient or local fiscal agent will be disbursing the grant funds associated with the submitted draw request for workforce activities at the direction of the LWDB.

DWD must be provided adequate information to cross match the documentation to the amounts in the request prior to the request being approved for processing in the State's accounting system of record. All grant program funds drawn from the Commonwealth must match the program funding stream of the expenditures to be reimbursed. A LWDB/Fiscal Agent/local grant sub recipient must

not draw from any program funding streams other than the grant in which the expenditure was incurred. Incomplete forms and/or documentation will cause a delay in processing the drawdown request. Please be advised that in the event the DWD reimburses a local area for a submitted cost item, the payment by DWD is not an admission that a particular cost item submitted for reimbursement is in compliance with applicable federal and state statutes, federal and state regulations, state policies, any Training and Employment Guidance Letter (“TEGL”) or informal guidance issued by the United States Department of Labor.

PROCEDURAL GUIDANCE: The Local Workforce Development Board / fiscal agent / local grant subrecipient grantee is required to use the Cash Drawdown Request form (i.e., DWD-105, see Attachment A) to request reimbursement from the DWD incurred for their grants.

The Fiscal Agent or local grant subrecipient will submit a financial report from their accounting system (in excel format) detailing their draw request (see Attachment B). At a minimum, the report must show the Program, Admin/Program, Date, Category, Vendor Name, Document Number, Category Description, Amount, and Grant Number. The Fiscal Agent or local grant subrecipient will ONLY submit supporting documentation for the categories listed in the Guidance section above.

A random sampling can occur at any given time on other cost categories. Through this validation process, should a local area be found in non-compliance, they will be subject to full submittal of all supporting documentation and any other restrictions on future draw requests that is necessary to ensure compliance with applicable federal and state laws until further notice.

REFERENCES:

- WIOA Section 184(a)(1) and 184(a)(3)(B) (29 USC Section 3244).
- WIOA Section 107(d)(12)(B)(i)(III) (29 USC Section 3122).

Education and Labor Cabinet
Department of Workforce Development

DWD-105
rev. 03/2019
PON3-531 23*14
PON2-531-20*3214

Request for Transfer of Funds

Contractor's Name					Federal I.D.	VENDOR ID	Location No.	
Local Workforce Development Area					00000000	KY000000	8000	
Address					Phone No.	Modification Date		
123 Main Street, Anywhere, KY 00000					XXX-XXX-XXXX	xx/xx/xxxx		
MARS Template	Function	Subfunct	Program	Vendor Suffix	Amount Available	Cash Drawdown	New Balance	Expenses should be incurred before this Expiration Date
EBWD10	BD00	BDDW	272DW21					xx/xx/xxxx
		Total	27221		\$ -	\$ -	\$ -	
EBDD55	BD00	BDYT	274YT21					xx/xx/xxxx
EBDD36	BD00	BDSR						
EBDD04	BD00	BDLA						
		Total	27421		\$ -	\$ -	\$ -	
EBWD11	BD00	BDAD	270AD21					xx/xx/xxxx
EBWD30	BD00	BDSR	270SR21					
		Total	27021		\$ -	\$ -	\$ -	
EBDD05	BD00	BDYT	274YT22				\$ -	xx/xx/xxxx
EBDD42	BD00	BDYT	274SR22					
EBDD06	BD00	BDLA						
		Total	27422		\$ -	\$ -	\$ -	
EBWD08	BD00	BDDW	272DW22					xx/xx/xxxx
EBWD09	BD00	BDSR	272SR22					
EBWD00	BD00	BDRR						
EBWD07	BD00	BDRR						
		Total	27222		\$ -	\$ -	\$ -	
EBWD12	BD00	BDAD	270AD22					xx/xx/xxxx
EBWD13	BD00	BDSR						
EBWD14	BD00	BDLA						
		Total	27022		\$ -	\$ -	\$ -	
EBDD15	BD00	BDDW	271DW21					xx/xx/xxxx
EBDD16	BD00	BDRR	271RR21					
EBDD17	BD00	BDRR						
EBDD18	BD00	BDRR						
		Total	27121		\$ -	\$ -	\$ -	
EBDD20	BD00	BDAD	273AD21					xx/xx/xxxx
EBDD21	BD00	BDLA						
		Total	27321		\$ -	\$ -	\$ -	
EBDD22	BD00	BDYT	274YT19					xx/xx/xxxx
EBDD23	BD00	BDYT	274YT19					
EBDD24	BD00	BDLA						
		Total	27419		\$ -	\$ -	\$ -	
EBDD25	BD00	BDAD	270AD19					xx/xx/xxxx
EBDD26	BD00	BDSR	270SR19					
EBDD27	BD00	BDRR						
EBDD28	BD00	BDLA						
		Total	27019		\$ -	\$ -	\$ -	

MARS Template	Function	Subfunct	Program	Vendor Suffix	Amount Available	Cash Drawdown	New Balance	Expenses should be incurred before this Expiration Date
EBWD29	BD00	BDAD	273AD23				\$ -	xx/xx/xxxx
EBWD31	BD00							
		Total	27323		\$ -	\$ -	\$ -	
EBWD32	BD00	BDDW	271DW23				\$ -	xx/xx/xxxx
EBWD33	BD00	BDRR	271CM					
		Total	27123		\$ -	\$ -	\$ -	
EBDD37	BD00	BDAD	273AD19				\$ -	xx/xx/xxxx
EBDD38	BD00							
		Total	27319		\$ -	\$ -	\$ -	
EBDD39	BD00	BDDW	271DW19				\$ -	xx/xx/xxxx
EBDD42	BD00	BDSR	271SR19			\$ -	\$ -	
EBDD41	BD00					\$ -	\$ -	
		Total	27119		\$ -	\$ -	\$ -	
EBWD43	BD00	BDYT	274YT20				\$ -	xx/xx/xxxx
EBWD41	BD00						\$ -	
EBWD44	BD00						\$ -	
EBWD56	BD00						\$ -	
		Total	27420		\$ -	\$ -	\$ -	
EBDD46	BD00	BDAD	270AD18				\$ -	xx/xx/xxxx
EBDD61	BD00	BDAD	270AD18				\$ -	
EBWD47	BD00	BDSR	270SR18				\$ -	
		Total	27018		\$ -	\$ -	\$ -	
EBDD49	BD00	BDDW	272DW18				\$ -	xx/xx/xxxx
EBWD64	BD00	BDDW	272DW18				\$ -	
EBWD51	BD00	BDSR					\$ -	
EBWD52	BD00	BDRR					\$ -	
		Total	27218		\$ -	\$ -	\$ -	
EBDD56	BD00	BDDW	272DW19				\$ -	xx/xx/xxxx
EBDD57	BD00						\$ -	
EBDD57	BD00						\$ -	
		Total	27219		\$ -	\$ -	\$ -	
EBWD58	BD00	BDNG	258CV21				\$ -	xx/xx/xxxx
EBWD59	BD00						\$ -	
		Total	25821		\$ -	\$ -	\$ -	
EBDD60	BD00	BDNG	258CV20				\$ -	xx/xx/xxxx
EBWD37	BD00						\$ -	
		Total	25820		\$ -	\$ -	\$ -	
EBWD62	BD00	BDDW	271DW20				\$ -	xx/xx/xxxx
EBWD63	BD00						\$ -	
EBWD58	BD00						\$ -	
		Total	27120		\$ -	\$ -	\$ -	

MARS Template	Function	Subfunct	Program	Vendor Suffix	Amount Available	Cash Drawdown	New Balance	Expenses should be incurred before this Expiration Date
EBWD65	BD00	BDAD	270AD20				\$ -	xx/xx/xxxx
EBWD64	BD00	BDSR	270SR20			\$ -	\$ -	
EBWD67	BD00						\$ -	
EBWD37	BD00						\$ -	
		Total	27020		\$ -	\$ -	\$ -	
EBWD68	BD00	BDDW	272DW20				\$ -	xx/xx/xxxx
EBWD92	BD00						\$ -	
EBWD70	BD00						\$ -	
		Total	27220		\$ -	\$ -	\$ -	
EBWD69	BD00	BDAD	273AD20				\$ -	xx/xx/xxxx
EBWD72	BD00	BDSR	273SR20			\$ -	\$ -	
EBDW73	BD00						\$ -	
		Total	27320		\$ -	\$ -	\$ -	
EBDD79	BD00	BDYT	274YT23				\$ -	xx/xx/xxxx
EBDD80	BD00	BDSR					\$ -	
EBDD82	BD00	BDLA					\$ -	
		Total	27423		\$ -	\$ -	\$ -	
EBDD83	BD00	BDNG						
		Total	25822					
EBDD84	BD00	BDAD	270AD23				\$ -	xx/xx/xxxx
EBDD85	BD00	BDSR					\$ -	
EBDD86	BD00	BDLA					\$ -	
		Total	27023		\$ -	\$ -	\$ -	
EBDD87	BD00	BDDW	272DW23				\$ -	xx/xx/xxxx
EBDD88	BD00	BDSR					\$ -	
EBDD89	BD00	BDRR					\$ -	
EBDD90	BD00	BDLA					\$ -	
EBDD91	BD00	BDRR					\$ -	
		Total	27223		\$ -	\$ -	\$ -	
EBDD93	BD00	BDAD	273AD22					xx/xx/xxxx
EBDD94	BD00	BDSR	273SR22					
EBDD95	BD00						\$ -	
		Total	27322		\$ -	\$ -	\$ -	
EBDD96	BD00	BDDW	271DW22				\$ -	xx/xx/xxxx
EBDD97	BD00						\$ -	
EBDD98	BD00						\$ -	
EBDD99	BD00						\$ -	
		Total	27122		\$ -	\$ -	\$ -	
		Total	Total		\$ -	\$ -	\$ -	

I certify that this cash request does not exceed cash needs for the week ending _____.

I certify that the amount requested is approved for transfer.

Authorized Contractor Signature

Date

DWD Authorized Signature

Date

DWD-105 Drawdown Detail

LWDA Name: _____ **Date:** 00/00/0000

Program	Admin/Program	Date	Category	Vendor Name	Category Description	Amount	Grant
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