NEMO Workforce Development Board, Inc.

REQUEST FOR WAIVER

1. **Program Operator Information:**

Agency: _____

Type of Waiver Requested:

☐ 2nd Priority (**Adults 18+ Only)**

☐ Exceeds Other Supportive Service maximum ($500.00)

☐ OJT Contract less than Job Zone 2

☐ 5% Window **(Youth Only)**

☐ Other _____

☐ Use of WIOA ITA funds for Tuition after Pell Grant is approved (once approved, no additional supportive services can be provided)

☐ Exceeds WIOA Title I ITA maximum $5000.00 (Adults and Dislocated Workers)

☐ Use of WIOA ITA funds to replace Student Loans after Tuition is paid (once approved, no additional supportive services can be provided)

2. **Participant Information:**

Name: _____

APPID: _____

Address: _____
Street City State

3. **Provide a summary of request (including justification for request and need of participant):**

_____

_____

_____

_____

_____

_____

_____

Program Operator Signature: _____ Date: _____

4. **Administrative Entity Response:**

☐ Waiver Approved ☐ Waiver Denied

Comments: _____

Administrative Entity Representative:

_____ _____ _____
Signature Title Date