

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 (\$1000.00)
- 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) *\$7500 for Targeted Sectors
- 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