

NEMO Workforce Development Board, Inc.

REQUEST FOR WAIVER

1. Program Operator Information:

Agency: _____

Type of Waiver Requested:

- | | |
|---|--|
| <input type="checkbox"/> Priority of Service 4th Priority | <input type="checkbox"/> Use of WIOA ITA funds for Tuition after Pell Grant is approved (once approved, no additional supportive services can be provided) |
| <input type="checkbox"/> Exceeds Other Supportive Service maximum (\$1000.00) | Exceeds WIOA Title I ITA maximum \$7500.00 (Adults and Dislocated Workers) *\$8500 for Targeted Sectors |
| <input type="checkbox"/> OJT Contract less than Job Zone 2 | |
| <input type="checkbox"/> 5% Window (Youth Only) | Use of WIOA ITA funds to replace Student Loans after Tuition is paid (once approved, no additional supportive services can be provided) |
| <input type="checkbox"/> Other _____ | |

2. Participant Information:

Name: _____
APPID: _____
Program/Grant _____

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