##### For smoothest processing, please follow the file naming convention when returning scans of these Grant Contracts to the ESD Grant mailbox: “ContractNumber\_WDA#\_Area\_Type.pdf”—for example, “K1234\_WDA1\_Olympic\_PY18\_Adult.pdf”

##### Please complete your forms as described in the areas highlighted in yellow.

##### Thank you!

##### WORKFORCE INNOVATION & OPPORTUNITY ACT

##### GRANT SUBAWARD CONTRACT AGREEMENT

|  |  |  |
| --- | --- | --- |
| **GRANTEE SUBRECIPIENT INFORMATION:** |  | **ESD Contract Number: KXXXX** |
| **Federal Taxpayer ID Number**  **(FEIN):** |  | **GRANTEE Reference (Contract) Number:** |
| **DUNS Number:** |  | **Workforce Development Area Number:**  **WDA \_\_\_\_** |
| **UBI Number:** |  | **SUBAWARD GRANT NO.** **XXXX-XXXX** |
| **Statewide Vendor Number: SWV** |  | **TYPE OF PROGRAM/FEDERAL AWARD PROJCT DESCRIPTION:**  **WIOA PY18 Adult** |
| **ENTITY LEGAL NAME (must match DUNS and Federal ID #s):** |  | **GRANTOR:**  State of Washington Employment Security Department  Attn: Sandi Triggs, CFO / Assistant Commissioner |
| **GRANTEE Address:** |  | **GRANTOR Address:**  P.O. Box 9046, MS 46000  Olympia, Washington 98507-9046 |
| **CONTRACT MANAGER/CONTACTS:** |  |  |
| **FOR GRANTEE:** |  | **FOR GRANTOR:** |
|  |  | Erica Maki, Contract Manager  [emaki@esd.wa.gov](mailto:emaki@esd.wa.gov)  PO Box 9046, MS 46000  Olympia, WA 98507-9046  360-902-9331 |

This Grant Subaward Agreement (Agreement) is entered into between the Washington State Employment Security Department, delegated to act on behalf of the Governor of the State of Washington, and the **(insert WDA Legal entity name),** duly designated in accordance with Section 107 of Public Law 113-128, Workforce Development Council **(WDC)** Grant Subaward Recipient, hereinafter referred to as the Grantee.

All activity performed pursuant to this Agreement and all subsequent modifications will be in accordance with the Workforce Innovation & Opportunity Act (WIOA) of 2014, and its accompanying regulations, the **Catalog of Federal Domestic Assistance (CFDA) Number 17.258 - Adult,** and all applicable federal, state, and local laws, rules, and regulations, as well as all Washington State Policiesand guidelines.

This Agreement is subject to the availability of funds to the state. A Notice of Fund Availability (NFA), incorporated by reference herein, shall establish the maximum amount reimbursable to the Grantee under the terms and conditions set forth in this Agreement. Should the Grantee incur costs prior to issuance of the NFA, it does so at its own risk.

All rights and obligations of the parties to this Agreement shall be subject to and governed by the following:

**Formula Grants (WIOA)**

Funds provided under this grant contract must be expended in accordance with all applicable federal statutes, regulations and policies, including those of the Workforce Innovation and Opportunity Act; the applicable approved State WIOA plan, including approved modifications and amendments to the plan.

**Mileage Reimbursement Rates**

Pursuant to 2 CFR 200.474(a), Grantee must have policies and procedures in place related to travel costs; however, for reimbursement on a mileage basis, this federal award cannot be charged more than the maximum allowable Mileage Reimbursement Rates for Federal employees. The 2017 Mileage Reimbursement Rates are:

Modes of Transportation Effective/Applicability Date Rate per mile

Privately owned automobile January 1, 2018 $0.545

Privately owned motorcycle January 1, 2018 $0.515

Mileage rates must be checked annually at www.gsa.gov/mileage to ensure compliance.

**Consultants**

For the purposes of this award, fees paid to a consultant who provides services under a program shall not exceed the per day maximum as specified in the US DOL/ETA Notice of Award “PY18/FY19 Federal Award Terms” for WIOA Programs (Adult/DW/Youth).

**Foreign Travel**

Pursuant to WIOA section 181 (e), no funds received to carry out an activity under WIOA subtitle B shall be used for foreign travel.

**Restriction on the Promotion of Drug Legalization**

Pursuant to P.L. 115-31, Division H, Title V, Section 509, no Federal funds shall be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal recognized executive-congressional communications or where the grant agreement provides for such use because there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance.

**Restriction on Purchase of Sterile Needles or Syringes**

Pursuant to P.L. 115-31, Division H, Title V, Section 520, no Federal funds shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug.

**Federal Award Terms**

All terms specified in the US DOL/ETA Notice of Award “PY18/FY19 Federal Award Terms” for WIOA Programs (Adult/DW/Youth) are incorporated into this grant contract.

And the following Exhibits:

* Exhibit A - Budget Forms
* Exhibit B - General Terms and Conditions for Agreements under the Workforce Innovation and Opportunity Act (WIOA)
* Exhibit C - Certification Regarding Lobbying
* Exhibit D - Certification Regarding Debarment and Suspension

As stated in Exhibits C and D, Grantee certifies and assures its compliance with the federal restrictions on Lobbying as specified in 29 CFR Part 93, and Debarment and Suspension as specified in 29 CFR Part 98.

This Agreement will be in effect for the period commencing **July 1, 2018** and ending **June 30, 2020,** unless terminated earlier.

Signed versions of this Agreement transmitted by facsimile copy or electronic mail shall be the equivalent of original signatures on original versions.

#### WASHINGTON STATE EMPLOYMENT

#### GRANT SUBAWARD RECIPIENT SECURITY DEPARTMENT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Authorized Signature Date Authorized Signature Date

#### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Workforce Development Council

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair Date

Attachments

[NOTE: List attachments in order as they appear, ex: Exhibit A, Exhibit A-1, Exhibit B, etc.]

**Attachments:**

**Exhibit A Budget & Participant Forms**

**Exhibit B General Terms and Conditions**

**Exhibit C Certification Regarding Lobbying**

**Exhibit D Certification Regarding Debarment and Suspension**

|  |  |
| --- | --- |
| FUNDING INFORMATION: |  |
| Funding Source: | US DOL / ETA |
| Federal Award Identification Number (FAIN) #: | AA-\_ \_ \_ \_ \_-18-55-A-53 **(Will be completed by ESD)** |
| Federal Award Date: | $ **(Will be completed by ESD)** |
| Total Amount of Federal Funds Obligated: | $ **(Will be completed by ESD)** |
| Total Amount of the Federal Award | $ **(Will be completed by ESD)** |
| Budget Approved by the Federal Awarding Agency: | $ **(Will be completed by ESD)** |
| Catalog of Federal Domestic Assistance (CFDA) Number(s); | 17.258 (Adult)  17.278 (Dislocated Workers)  17.259 (Youth)  (ACP) |
| Is this grant agreement for R&D? | YES  NO |

[NOTE: Change ALL the font color to black. Delete ALL notes when done.]