

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
TITLE I GRANT AWARD AGREEMENT
BETWEEN
THE VIRGINIA COMMUNITY COLLEGE SYSTEM
AND
CITY OF CHARLOTTESVILLE
FOR
LOCAL WORKFORCE DEVELOPMENT AREA 6**

This Agreement is entered into by and between the Virginia Community College System (hereinafter referred to as the VCCS), and City of Charlottesville, the Local Workforce Development Area Grant Recipient (hereinafter referred to as LWDAGR) pursuant to the Chief Elected Officials (CEO) Consortium Agreement, on behalf of the Virginia Career Works Piedmont Workforce Development Board also known as Area 6 (hereinafter referred to as LWDA). The Agreement applies to WIOA Title I funds that are allocated by the VCCS to the LWDAGR for use by the LWDA. This Agreement is effective July 1, 2023 through June 30, 2024 in accordance with Section II and amends all other agreements for WIOA Title I funds allocated by the VCCS.

In witness whereof, the parties have caused this Agreement to be executed by their duly authorized representatives:

Virginia Community College System

Signature

Date

Dr. Sharon Morrissey

Senior Vice Chancellor, Academic and Workforce Programs

Printed Name

Title

City of Charlottesville, Virginia (LWDAGR)

Annette Mallek

[Signature]
7/18/23

Chief Elected Official Signature

Date

ANNETTE MALLEK

Cleo chair

Chief Elected Official Printed Name

Title

INSTRUCTIONS

AUTHORIZED SIGNATORY FORM FOR FINANCIAL REPORTS AND REIMBURSEMENT REQUESTS

FORM SECTIONS:

- **Local Workforce Development Area Grant Recipient Name and Address:**
- **Certification of Authorizing Official:** Enter the signature, name, title, email, with date for the official of the grant recipient authorized to certify the signatures.
- **Signature, Name, Title, Email and Date:** Enter the original signature and the typed name(s), title(s), and email address of the individual(s) authorized to certify financial reports and expenditure reimbursement requests to VCCS, attesting to the accuracy of the contents of the reports.
- **Send one completed form to gnieves@vccs.edu**

NOTE:

If any changes to the authorized signatories occur, the grant recipient is responsible for promptly submitting an updated **Authorized Signatories Form** to VCCS. All financial reports must reflect the signature of an authorized signatory in order to be accepted by VCCS. Please keep a copy of the form on file for responding to audit or monitoring requests.

If you have any questions about this form, please contact Gladys Nieves, WIOA Title I Program Administrative Coordinator, at 804-819-1693.

Contact information for review:

Area 6

GR

ED

WDB Chair

GR Chief Admin

CLEO if different from GR

other requested

fiscal contact

Piedmont Workforce Development Board

lsnook@charlottesville.gov

smorton@vcwpiedmont.com

adverseman@mac.com

rogersmc@charlottesville.gov

amallek@albemarle.org

rmaitra@vcwpiedmont.com

accountant@vcwpiedmont.com

LWDA Name: VCW Piedmont

LWDA #: 6

Federal Funding Accountability and Transparency Act (FFATA) Reporting Form

This form is required to fulfill federal requirements under the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS). FFATA reporting is a requirement for subawards of federal awards in excess of \$30,000. The FFATA requires information on federal awards to be made available to the public via a single, searchable website. Federal awards include grants, sub grants, loans, awards, cooperative agreements, contracts, and subcontracts. The FFATA does not require reporting on individual transactions below \$30,000.

To Be Completed by Grant Recipient

DUNS Number: 074745829 Parent DUNS Number: _____
Tax Identification Number: 54-6001202 Parent Entity Tax ID Number: _____

Name of Grant Recipient: City of Charlottesville
Physical Address: 605 E. Main Street
City, State, Zip+4: Charlottesville, VA 22902
Congressional District: 5th

Address where work will be performed, if different from above:

Physical Address: _____
City, State, Zip+4: _____
Congressional District: _____

Executive Compensation

A. In the preceding completed fiscal year, did your organization (the legal entity to which the DUNS number it provided belongs) receive (1) 80% or more of its annual gross revenue in US federal contracts, loans, grants subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from US federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

Yes (continue to question "B") No (Skip to contact information)

B. Does the public have access to information about the compensation of the executives in the grant recipient's business or organization (the legal entity to which the DUNS number it provided belongs) through periodic reports filed under Section 13(a) or 15(d) of the Securities and Exchange Act of 1934 (15.U.S.C. 78ma), 78o(d)) or Section 6104 of the Internal Revenue Code of 1986?

Yes Skip to contact information No (Provide compensation information below)

Name	Compensation
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Grant Recipient Contact Information (person completing form):

M. C. Lopez Finance City Manager aseasme@charlottesville.gov 7/14/23

Name Title Email Address Date Submitted



AUTHORIZED SIGNATORY FORM

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
FINANCIAL REPORTS AND REIMBURSEMENT REQUESTS**

Grant Recipient Name: City of Charlottesville

Grant Recipient Address: 605 East Main Street, Charlottesville, VA 22902

LWDA Name: Virginia Career Works - Piedmont **LWDA #:** 6

I certify that the signatures below are of the individuals representing the grant recipient, or fiscal agent if applicable, authorized to certify financial reports and expenditure reimbursement requests submitted to VCCS for Workforce Innovation and Opportunity Act (WIOA) Title I funded activities.

Authorizing Official (cannot be the same as below)

Michael C. Rogers
(Printed Name)

Interim City Manager
(Title)

[Signature]
(Signature)

mcrogers@charlottesville.gov
(Email) 7/14/23
(Date)

Individuals Authorized to certified financial reports and expenditure reimbursement requests to VCCS, attesting to the accuracy of the contents of the reports.

Sarah Morton
(Printed Name #1)
[Signature]
(Signature)

Executive Director
(Title)
smorton@vcwpiedmont.com
(Email)

Ann Mallek
(Printed Name #2)
[Signature]
(Signature)

LWDA CLEO Chair
(Title)
amallek@albemarle.org
(Email)

(Printed Name #3)

(Title)

(Signature)

(Email)

(Printed Name #4)

(Title)

(Signature)

(Email)

Return to Gladys Nieves, WIOA Title I Program Administrative Coordinator gnieves@vccs.edu