



Notice of Grant Award Adjustment

Georgia Workforce Innovation and Opportunity Act

RECIPIENT: DeKalb County

LOCAL WORKFORCE AREA: 05 REGION: 03

GRANT NO: COVID-19-20-03-005

FAIN: DW-34654-20-60-A-13

GRANT PERIOD:

FROM: 04/13/2020

THRU: 03/31/2023

GRANT YEAR: FY 2020

PROGRAM TITLE/TYPE: I

Dislocated Worker NEG

CFDA NO: 17.277

Nature of Adjustment: Grant adjustment to increase award.

	Prior Grant Award	Change	Amended Grant Award
Administration	\$60,495.00	\$ 0.00	\$ 60,495.00
Program	\$544,455.00	\$ 675.00	\$ 545,130.00
Total	\$604,950.00	\$ 675.00	\$ 605,625.00

COVID-19-20-03-005: Adjustment #2: This adjustment increases the award by \$675, as requested by the LWDA.

Kristin Leerhoven 09/13/22

Signature  
Deputy Commissioner or Executive Director  
Office of Workforce Development

Print Name Date



**Grant Contract Amendment**

**Georgia Workforce Innovation and Opportunity Act**

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All parties to Grant **COVID-19-20-03-005** acknowledge the Notice of Grant Award Adjustment is accurate and will fully adhere to all conditions and assurances in the executed contract.

\_\_\_\_\_  
Technical College System of Georgia  
Executive Director, Office of Workforce Development

\_\_\_\_\_  
Date Executed

I, \_\_\_\_\_ (typed) acting under my authority to contract on behalf of the recipient of the above described grant on the terms and conditions stated above or incorporated by reference therein, do hereby accept this Grant Award Amendment.

\_\_\_\_\_  
Date of Acceptance

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Title (typed)