

**Department of Workforce Development**

**WIOA Event Hosting Approval Request Form**

Please fill out this form in full and email it to the Local Program Liaison.

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| **Date of Request:** Click or tap here to enter text. |
| **Requested By (Name, Title, Organization):** Click or tap here to enter text. |
| **Purpose of (attach supporting documents such as an agenda):** Click or tap here to enter text. |
| **Conference Date(s):** Click or tap here to enter text. |
| **Conference Location:** Click or tap here to enter text. |
| **Itemized Cost of Conference:** Click or tap here to enter text. |
| **Funding Sources to Be Charged with Percent of Cost:** Click or tap here to enter text.WIOA |
| **How Does the Conference Meet the Reasonable and Necessary Standards of 2 CFR** [**§ 200.432**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1c72e6fc85f6f9914e2549b4ac05b829&mc=true&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1432) **and** [**§ 200.403**](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=1c72e6fc85f6f9914e2549b4ac05b829&mc=true&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1403)**?** Click or tap here to enter text. |

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| **DWD-DET Office Use Only:**[ ]  Approved [ ]  Denied; Provide rationale for denial:      Local Program Liaison Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DWD is an equal opportunity employer and service provider. If you have a disability and need assistance with this information, please dial 7-1-1 for Wisconsin Relay Service. Please contact the Division of Employment and Training at 888-258-9966 and press 6 to request information in an alternate format, including translated to another language.