**Dislocated Worker Contingency Fund Request – Attachment A**

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| --- | --- |
| **Local Workforce Development Board Name:** |  |
| **Narrative Description of Need** |
| **Detail and certify that:** |  |
| 1. Available Dislocated Worker Funds are committed:
 |  |
| 1. The Local Area has exhausted possibilities for addressing the Dislocated Worker shortfall:
 |  |
| 1. Coordination with the Trade Adjustment Assistance program services is in place:
 |  |
| **Detail the need for Dislocated Worker Contingency Funds, including**:  |
| 1. The number of current/additional Dislocated Workers to be served with requested funds:
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| 1. A substantial increase in the requests for services from Notice of Closures in the area to include company names and number of persons laid off:
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| 1. Current local unemployment rate:
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| 1. The services planned for additional Dislocated Worker participants:
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| 1. The estimated cost of serving current/additional Dislocated Workers:
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| **Financial Information** |
| 1. Fund availability as of July 1 (*Prior Program Year funds*):
 |  |
| 1. Dislocated Worker funds:
 |  |
| 1. Transferred Adult funds:
 |  |
| 1. Other funds (specify):
 |  |
| 1. **Total Prior Program Year Fund Availability**
 |  |
| 1. Fund availability as of July 1(*Current Program Year funds*)
 |  |
| 1. Dislocated Worker funds:
 |  |
| 1. Transferred Adult funds:
 |  |
| 1. Other funds (specify):
 |  |
| 1. **Total Current Program Year Fund Availability**
 |  |
| **Note: No more than 25 percent of funds shall be used for staff and staff-related costs** |  |
| **Total Fund Availability (A.4. plus B.4.)** |  |
| **Signature:** |
| *Contingency Funds received will be expended by June 30 of the Program Year in which received.* |
|  |  |
| ***Local Area Director (sign above)*** | ***Date (above)****Request must be submitted by May 31 of current Program Year.* |