

Dislocated Worker Contingency Fund Request – Attachment A

Local Workforce Development Board Name:	
Narrative Description of Need	
Detail and certify that:	
1. Available Dislocated Worker Funds are committed:	
2. The Local Area has exhausted possibilities for addressing the Dislocated Worker shortfall:	
3. 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:	
2. 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:	
3. Current local unemployment rate:	
4. The services planned for additional Dislocated Worker participants:	
5. The estimated cost of serving current/additional Dislocated Workers:	
Financial Information	
A. Fund availability as of July 1 (<i>Prior Program Year funds</i>):	
1. Dislocated Worker funds:	
2. Transferred Adult funds:	
3. Other funds (specify):	
4. Total Prior Program Year Fund Availability	
B. Fund availability as of July 1 (<i>Current Program Year funds</i>):	
1. Dislocated Worker funds:	
2. Transferred Adult funds:	
3. Other funds (specify):	
4. 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:	
<i>Contingency Funds received will be expended by June 30th of the Program Year in which received.</i>	
<i>Local Area Director (sign above)</i>	<i>Date (above)</i>

Rescinded