|  | North Carolina Department of Commerce <br> Division of Workforce Solutions |
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| DWS Policy Statement Number: PS 06-2016, Change 1 |  |
| Date: August 8, 2017 |  |

Purpose: To transmit policy and requirements for requesting Dislocated Worker Contingency Funds and rescind Policy Statement 06-2016.

Background: North Carolina continues to have layoffs and business closings that exceed some Local Workforce Development Areas available Dislocated Worker formula funding. Based upon availability, the Division of Workforce Solutions will reserve funds from North Carolina's allotment of Statewide Rapid Response funds as a contingency fund that may be drawn upon by Local Areas to address critical needs that exceed local capacity to respond as allowed under the Workforce Innovation and Opportunity Action Section 134.

Action:
A Local A ear ay pppy forassistanc for De ocated Vorke Contir gency Funds by submiti ng in dminist. ti e Adj stm ent eq est ia Work orce Information System Etuerprise (wSE), and rosing Atachmentra to derall acuritional funding needs. The request must certify that Local Area funds are committed and that the Dislocated Worker Contingency Funds will address critical short-term needs.

- The Local Area must have committed all local WIOA Dislocated Worker funds available.
- The Local Area must note that it has exhausted other possibilities for addressing the shortfall in Dislocated Worker Funds, including transferring funds to the Dislocated Worker Program and using other available resources.
- The Local Area must note coordination with Trade Adjustment Assistance program services.
- The Local Area must document the amount of additional funds and reason(s) needed. Request may not exceed $\$ 200,000$.
- The Local Area must include the number of new Dislocated Worker enrollments planned.
- The Local Area must consider the need for training and support for customers. No more than 25 percent of funds shall be used for staff and staff-related costs.

Dislocated Worker Contingency Funds do not include Administrative funds. Financial reporting will be under Division fund number 4031. Participants will be tracked as other Dislocated Worker enrollments and are included in performance calculations.

Dislocated Worker Contingency Funds must be spent during the Program Year in which they are awarded.

Note: Funds shall only be awarded based upon availability.

## Effective Date: August 8, 2017

Expiration: Indefinite
Contact: Division Planners
Attachment A: Dislocated Worker Contingency Fund Request

## 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: | $T$ |
| 3. Coordination with the Trade Adjy tment Assistance program services |  |
| Detail the need for Dislocated) (or ar ontingen y unds inc idit s: |  |
| 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 (Prior Program Year funds): |  |
| 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 (Current Program Year funds) |  |
| 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 <br> used for staff and staff-related costs |  |
| :--- | :--- |
|  |  |
| Total Fund Availability (A.4. plus B.4.) |  |
| Signature: |  |
| Contingency Funds received vill |  |
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