**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: |  |
| 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: |  |
| 1. Current local unemployment rate: |  |
| 1. The services planned for additional Dislocated Worker participants: |  |
| 1. The estimated cost of serving current/additional Dislocated Workers: |  |
| **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.* | |
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| ***Local Area Director (sign above)*** | ***Date (above)***  *Request must be submitted by May 31 of current Program Year.* |