

RAPID RESPONSE SET-ASIDE GRANT APPLICATION

To ensure a timely review of this Rapid Response Set-Aside Grant Application the local area must work with its designated Rapid Response (RR) Coordinator prior to submission to assure clarity and completeness.

Section A

Local WIB Name:

Original ____ Revision ____ No. ____ Modification ____ No. ____

Date:

Section B

WIB Contact:

RR Coordinator:

Telephone:

Telephone:

Section C

Company Name:

Address:

City:

State:

Zip code:

Total number of employees:

Number of Locations:

Number of employees affected:

Lay-off dates:

WARN filed? If yes, filing date:

Company TAA Certified: Yes ____ No ____

Please provide a description of the product(s) and/or service(s) the company provides:

Section D

Type of RRSA Grant Request:

Stand Alone ____ Trade Staffing ____ Bridge to NEG ____ Buyout Feasibility ____

The percentages (%) requested below should reflect the percentage share of the budgeted item relevant to the total Rapid Response Set-Aside funds requested.

Total RRSA Funds Request: \$ _____	Requested Grant Period:
Staff Salaries & Fringe: \$ _____ %	Total Planned Participants:
Training Dollars: \$ _____ %	Total Training Participants:
Supportive Services: \$ _____ %	Overall Cost per Participant: \$ _____
Other Costs: \$ _____ %	Cost per Training Participant: \$ _____
ITAs: Yes ____ No ____ OJT: Yes ____ No ____ Group Training: Yes ____ No ____	
Customized Training: Yes ____ No ____ ESL: Yes ____ No ____ ABE: Yes ____ No ____	

Describe Planned Training Activities (include specific limits on cost and duration of training based on type of training and local policy):

Section E

Triggering Event:

Provide a description of the event that has prompted this grant request. Ensure that the description demonstrates that the current local capacity is insufficient to meet the service needs of the targeted group of workers affected by the specified dislocation. Attach supporting documentation that includes, the names of all affected workers who are currently enrolled as career center customers and a listing of the services they have received within the previous three months (with dates of service).

Triggering Event:

Section F

Worker Demographics/Barriers to Re-Employment:

Provide a description of the demographics of the affected population including average age, wage, tenure and a description of the specific barriers to re-employment.

Worker Demographics/Barriers:

Section G

Service Strategy:

Provide a description of the service strategy for the targeted workers:

- **An outreach plan** that includes a contact schedule that indicates that outreach activity will be initiated to each Rapid Response customer within a two week period from the date of the individual's referral to the designated One-Stop Career Center.
- **A service plan** describing the types of services to be provided and a rationale for the planned number of participants to be served with the requested funds.

Service Strategy:

Section H

Rapid Response Set-Aside Grant Modification

(Use for modification purposes, only)

Submit this Section with a cover letter summarizing the reason(s) for the modification and requested changes along with either a copy of the original approved RRSA grant application or the most recent modification (whichever is relevant).

Name of RRSA Grant:	Date of Modification request:
RRSA Grant Number:	Period of Performance:
Original Award amount: \$ _____	Original total participants to be served:
If second or subsequent modification, list separately, each prior modification award:	Mod. #2: \$ _____
	Mod. #3: \$ _____
	Mod. #4: \$ _____
Total Expenditures to date: \$ _____	Total Unexpended Obligations: \$ _____
Number of participants served to date:	Number of training participants to date:
Additional funds requested: \$ _____	Added number of participants to be served:
New total to be served (if relevant):	New total to be trained (if relevant):

Detailed explanation for the modification [describe the circumstance(s) on which the modification request is based and cite specific changes to monetary line items, dates, performance numbers, etc]:

Section I

Signatures

WIB Chair or Director Signature	Date
WIB Chair or Director Name (print)	Title

