 

**Workforce Development System**

**POLICY & PROCEDURE**

|  |  |
| --- | --- |
| Subject:  **Request for Rapid Response Additional Assistance**  | Policy #: **PY13-11** |
| To: **Local Board Directors****WIA Service Providers** | From: **Pete Pare, Director** **Bureau of Employment Services** |
| Issuance Date:  **May 22, 2014** | Expiration Date: **Continuing**  |
| Review Date**: May 22, 2016** | Rescission Date: **Rescinds 11-03** |
| References: * WIA Section 133(a)(2) and 134(a)(2)(A)
* 20 CFR Part 665.300 through 665.340
 |
| Includes RRAA Application Form |

**Background**:

The State is responsible for providing statewide rapid response activities and may reserve up to 25% of WIA dislocated worker funds each fiscal year for rapid response purposes. The 25% funds are to be used to carry out a variety of required and optional rapid response activities.

Pending availability, these funds may be used to provide “additional assistance” to local areas experiencing disasters, mass layoffs, plant closings, or other dislocation events precipitating substantial increases in the number of unemployed individuals requiring services.

**Policy:**

The state intends to make Rapid Response Additional Assistance (RRAA) funds available to local areas lacking adequate local funds to serve the additional dislocated workers. RRAA funds are only to be used to provide direct services to participants, including intensive and training services or to provide layoff aversion activities permitted under WIA.

All activities charged to the Rapid Response Additional Assistance fund (RRAA) must meet the definition of a “program cost” under WIA. No administrative costs may be charged to this fund.

**Insufficient Funds:** Under 20 CFR §665.430, Local Areas may only request RRAA funds if they have insufficient funds to serve the additional dislocated worker population. Local areas must provide evidence that they have expended 70% of their Dislocated Worker Title I funds for the current and previous program years.

Local Areas may request RRAA funds for a targeted population impacted by a mass layoff, facility closing, or natural disaster, provided the layoffs are permanent and occurred within 120 days of the application request.

RRAA funds may be used to bridge funding gaps pending approval of a Trade Petition or a National Emergency Grant. RRAA gap funds will be available for up to six months. Expenses otherwise covered by an NEG are to be reimbursed to the State Rapid Response Fund once the NEG has been received.

Local Areas with insufficient funds may also apply for RRAA funds when the local area has experienced a steady increase in the number of unemployed individuals within a 120 day period due to natural disasters, plant closings, mass layoffs or other events that don’t qualify for an NEG or Trade Petition but that have resulted in a lack of local funds to assist the steady increase in the dislocated worker population.

**To Request RRAA funds, the Local Area must submit a request using the RRAA Application Form below and attachments providing:**

1. Assurance that 70% of formula funds have been expended and that there are insufficient funds to provide required services to dislocated workers.
2. A clear explanation of the event or events that have resulted in increased numbers of dislocated workers and that justify the need for additional assistance.
3. The Rapid Response Plant Brief.
4. Evidence that layoffs are permanent and have occurred within 120 days of the application.
5. The name of the labor organization representing the employees, if applicable.
6. Dates and times affected workers received Rapid Response activities and details about the type and level of Rapid Response services provided.
7. Copies of the Rapid Response Participant Surveys and an aggregate report of survey results.
8. Evidence the WIA service provider(s) collaborated in delivery of Rapid Response outreach, recruitment and core service delivery to the affected workers.
9. Evidence supporting the need for gap funds, IF pending receipt of an NEG or TRADE approval.
10. A comprehensive plan of service, detailing the number of workers to be served using the RRAA funds, the type and level of services to be provided, the costs associated with each service, and the timeline in which the services will be delivered and expected outcomes.
11. The occupations for which training is to be provided and documentation showing there is a demand for those occupations in the local area and within the LWIB approved Strategic Plan.
12. The industry recognized credentials the participants are expected to earn.
13. The methods to be used to provide the training (ITA, OJT, CT, etc.).
14. Assurance that the participants will be enrolled in a WIA formula program.
15. A detailed line item budget

Inquiries can be directed to:

Ginny Carroll, Division Director

MDOL, BES, SHS 55, Augusta, ME 04333

(207) 623-7974

TTY Users call Maine Relay 711

Virginia.A.Carroll@maine.gov

**RRAA FUNDS - APPLICATION FORM**

|  |
| --- |
| **LWIB Applicant Data** |
| LWIB Name:  | Contact: |
| Address:  | Phone:   |
| Email: |
| Type of Request: 🞏 Bridge Gap Funds Only 🞏 Additional Funds Trade/NEG not applicable |
| **Affected Employer Data** |
| *(If more than one employer affected please attach sheets providing required data on each)* |
| Co. Name: | Industry Type/NAIC Code: |
| Co. Address: | Facility Address if Different: |
| If more than one facility affected, please list: |
| Products/ Services Provided:  |
| Please check type of Notification 🞏 Warn 🞏 Public Announcement 🞏 None 🞏Other *(Specify)* Date Issued:  |
| Permanent Closure 🞏 Yes 🞏 No*Other:* | Layoff Date(s) | 1 | 2 | 3 |
| #s Affected: | # | # | # |
| Total Number Affected: | Total To Be Served w/ RRAA Funds: |
| If possibility of recall to existing or new employer please explain:  |
| If Labor Organization(s) involved please list and provide contact data (*Org, Contact Name, Phone, Address)* |
| **Rapid Response Data** *(Insert more rows as needed)* |
| **Activity** | **Date** | **# Attended** | **Method**  | **Notes:** |
| Initial contact w/ Employer | 00/00/00 | 0 | *Phone* |  |
| Initial contact w/ Workers |  |  | *In person* | *Ex. RR at Armory* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Number Workers Served: | Total Number Surveys Completed: |
| **TAA Petition** *If applicable* | **NEG Application** *If applicable* |
| Date Filed: |  | At least 100 affected workers | 🞏 Yes 🞏 No |
| Filed By: *(Workers, BES, etc.)* |  | At least 50 Require Training | 🞏 Yes 🞏 No |
| Number of Workers to be Covered |  | Number of Workers to be Covered |  |
| **Assurances I assure that:**  *Check all that apply* |
| 🞏 70% of formula funds have been expended and Service Provider has insufficient funds to serve additional DWs🞏 WIA Service Provider Participated in Outreach, Recruitment, Core Service Delivery During Rapid Response🞏 Enough workers require retraining services to warrant a request for funds🞏 Any Bridge Gap Funds recouped through an NEG award will be paid back to the RRAA fund🞏 Participants will be enrolled in WIA DW 🞏 Occupations for which training will be provided are in demand in the local area and within the LWIA approved Strategic Plan. |
| **Assurance that the following required documents are attached, including:**  |
| 🞏 Plant Brief🞏 Participant Surveys🞏 Narrative Explaining:* Events resulting in increase of dislocated workers requiring intensive and/or training services
* Rapid Response activities provided including level and type of services and WIA provider collaboration
* Need for gap or additional funds

🞏 Service Plan Showing:* Number of workers to be served with RRAA funds
* Type and Level of Services to be provided, methods of retraining (ITA, OJT etc.), types of occupations training
* Timelines for service provision
* Expected outcomes, including type of industry recognized credentials to be earned

🞏 Line Item Budget  |
|  |

**Signed by:**

**LWIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_**

 **Name/Title**

**Service**

**Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_**

 **Name/Title**

**Service**

**Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_**

 **Name/Title**