

Workforce Development System POLICY & PROCEDURE



Subject:		Policy #: PY13-11		
Request for	Rapid Response Additional Assistance			
To: Local Boar	d Directors	From: Pete Pare, Director		
WIA Service Providers		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:

- A. Assurance that 70% of formula funds have been expended and that there are insufficient funds to provide required services to dislocated workers.
- B. 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.
- C. The Rapid Response Plant Brief.
- D. Evidence that layoffs are permanent and have occurred within 120 days of the application.
- E. The name of the labor organization representing the employees, if applicable.
- F. Dates and times affected workers received Rapid Response activities and details about the type and level of Rapid Response services provided.
- G. Copies of the Rapid Response Participant Surveys and an aggregate report of survey results.
- H. Evidence the WIA service provider(s) collaborated in delivery of Rapid Response outreach, recruitment and core service delivery to the affected workers.
- I. Evidence supporting the need for gap funds, IF pending receipt of an NEG or TRADE approval.
- J. 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.
- K. 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.
- L. The industry recognized credentials the participants are expected to earn.
- M. The methods to be used to provide the training (ITA, OJT, CT, etc.).
- N. Assurance that the participants will be enrolled in a WIA formula program.
- O. 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 <u>Virginia.A.Carroll@maine.gov</u>

RRAA FUNDS - APPLICATION FORM

LWIB Applicant Data								
LWIB Name:			Contact:					
Address:			Phone:					
				Email:				
Type of Request: D Bridge Gap I			Additional Funds Trade/NEG not applicable					
Affected Employer Data								
(If more than one em	ployer affected	please atta						
Co. Name:			Industry Type/NAIC Code:					
Co. Address:			Facility Address if Different:					
If more than one facility affected, please list:	If more than one facility affected, please list:							
Products/ Services Provided:								
Please check type of Notification Warn Public Announcement None Other (<i>Specify</i>) Date Issued:								
Permanent Closure 🗆 Yes 🗖 No	Layoff Dat		1 #		2	3		
Other: Total Number Affected:	#s Affected			tal Ta Da Caru	# # red w/ RRAA Funds:			
If possibility of recall to existing or new employ	ver please ex	kolain:	10	lai tu be serv				
· · · · · · · · · · · · · · · · · · ·)	1						
If Labor Organization(s) involved please list a	nd provide co	ontact da	ta (0	rg, Contact Name	e, 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	1		
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.) Number of Workers to be Covered				At least 50 Require Training □ Yes □ No Number of Workers to be Covered				

3

The Maine Department of Labor provides equal opportunity in employment and programs. Auxiliary aids and services are available upon request to individuals with disabilities.

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					
Cccupations 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: ______Name/Title

Date: ____/___/_____

Service Provider _____

Name/Title

Date: ____/___/_____

Service

Provider _____

Name/Title

Date:	/	/	