

WIOA Incumbent Worker Training Program
Report Coversheet

LWDA:

Business Name:

IWT Grant Number:

LWDA Agreement Number:

Report Period:

The following IWT documents/forms are attached:

New Employer Agreement Packages

Agreement Modifications

Cumulative Expenditure Forms

Trainee Information Forms

Final Program Reports

Other (please specify):

Signature

Date

WIOA Incumbent Worker Training Program

Pre-Award Review

Section I

(To be completed by a business that is new relocated or is expanding.)

Your company has requested Workforce Innovation and Opportunity Act funding from _____ (the LWDA). Due to federal regulations regarding the use of these funds, the LWDA must conduct a pre-award review to determine whether or not opening or expanding your business has resulted in or will result in displacement of workers in another geographic area.

Please complete the following questions and sign below.

1. Name(s) under which the establishment conducts business (including predecessors and successors in interest): _____
2. Date the company/ location will expand or begin operation: _____
3. Name, title, address and phone number of the company official providing this information:
Name: _____ Title: _____
Address: _____
Phone: _____ E-mail address: _____
4. Name and address of any facility in another geographic location that is being closed or downsized, or from which business is being transferred:
Name: _____
Address: _____

I hereby certify that the information I have provided is true and accurate to the best of my knowledge. I have not provided intentionally false or misleading information or willfully omitted pertinent information.

Signature of Authorized Official

Date

Section II

(To be completed by LWDA staff whenever agreement is with a new, relocating, or expanding business.)

No funds provided under the Workforce Innovation and Opportunity Act (WIOA) shall be used or proposed to be used for the encouragement or inducement of a business or a part of a business to relocate from any location in the United States, if the relocation results in any employee losing his or her job at the original location (§683.260).

Section II of the review must be completed and documented by the [Local Workforce Development Area], or its designee, as a prerequisite to the business receiving WIOA Title I assistance.

1. What type of WIOA assistance is the business requesting?

2. Were there job losses at the former location(s)? _____

3. Is the business seeking WIOA assistance in connection with past or impending job losses at other facilities? (For example, will the WIOA assistance be used to train people for jobs that are the same as or similar to the jobs lost?) If so, please explain.

4. Has a company official completed and signed Section I of the Pre-Award Review? _____

5. Did you review the WARN notices relating to this employer? List the dates of submission.

I hereby certify that the information given as part of and/or attached to Section II of this Pre-Award Review is true and accurate to the best of my knowledge. Based on this information and staff review of employer information provided in Section I:

- Yes, the business is eligible to receive WIOA-funded assistance at this time under the provisions of the Workforce Innovation and Opportunity Act and §683.260

- No, the business will not be eligible to receive WIOA-funded assistance until after 120 days from the start of operations (please list date) _____

LWDA Representative

Title

LWDA Representative Signature

Date