

Trade Adjustment Assistance (TAA) Grant Application

Form Instructions

These instructions provide guidance in the completion of an Initial Application or subsequent Modification requesting funds under the Trade Adjustment Assistance (TAA) Program.

When reviewing these instructions, please note that some "Action" requirements are highlighted in **BOLD** text to assist you in determining where data input or selection check-boxes are required to be made. Instructions for automatically populated fields are in **BOLD** as well to signify that no entry is required. With the exception of the Grant Summary Form, most automatically populated fields have a gray fill color. Notes of clarifying information are *italicized* and found at the end of select instructions. Maneuvering through the forms can be done by hitting "Enter" after information has been entered, by using the "Tab" key to move to the next cell to the right, or by using the "arrow keys" to move up, down, left, or right to a desired cell. "Check-box" selections require the use of the mouse to select/deselect the proper response. Only those cells that require information are available to the user.

All of the required forms for completion of an Initial Application or Modification Request are contained in this Microsoft Excel file. There are ten (10) Event Plan for Services forms. If any single Initial Application or Modification Request involves more than ten single events, the LWIA must ask for an updated Excel file from the BoWD Policy Unit to mark.a.burgess@illinois.gov. Please indicate within the email submission the number of events that are to be included in the request and the Policy Unit will update the file with a sufficient number of forms to handle each of the events.

Each submission, whether it be the Initial Application or subsequent Modification Requests must be completed as a new Microsoft Excel file with its own unique file name (i.e., LWIA 1 - 2008 Initial Application, LWIA 1 - 2008 Modification 1, LWIA 1 - 2008 Modification 2, etc.).

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Overview Form

(DCEO/TAA Form # 020)

The purpose of the Overview Form is to provide the Bureau of Workforce Development (BoWD) with information on the events occurring in the Local Workforce Investment Area (LWIA) that require funding.

Applicant Information

- Grant Number **Enter** the Grant Number for this Application or Modification. The Grant Number is provided by BoWD upon completion and submission of an Initial Application. **Complete** the entire application form and **submit** it electronically to BoWD. Once received and reviewed by BoWD, a Grant Number will be provided to the Grant Recipient. **Enter** this Grant Number on the Overview. The same Grant Number will be used for all subsequent Modification Requests.
- Date **Enter** the date this grant application is to be submitted to the funding source, Illinois Department of Commerce and Economic Opportunity (DCEO), BoWD.
- Request Type **Check** the appropriate box to indicate the Type of Request of this submission.
- Check** "Initial Application" if this is the first funding request for this Grant Recipient.
- Check** "Funding Modification" if the submission is a modification of the initial application in which additional funds are being requested.
- Check** "No Cost Modification" to indicate the submission is a "No Cost" modification in which additions or changes to existing events are being made, but no additional funding is being requested.
- In addition, **enter** the Modification Request # to indicate the corresponding number of modifications that have been submitted for this grant (i.e., if this is the first Modification request, enter 1; if it is the 2nd Modification request, enter 2, etc.) A Modification Request # should be used for both "Funding Modification" and "No Cost Modification" requests. The Mod Request # can be manually entered or can be selected from the drop-down box.
- Grant Period **Enter** the Start Date and the End Date for the Grant Period for which funds are being requested. The Grant Period is for twelve months, beginning on October 1 of the Program Year for which the funds are being requested and ending on September 30 of the following year. Dates should be in a mm/dd/yyyy format.
- Number to be Served **Enter** the anticipated number of participants to be served by this grant. This is the sum of all events included in this grant request and must match information from all event plan for services.
- Amount of Funding Requested This is the amount of funds being requested in this Initial Application or Funding Modification. **This is an automatically calculated field of the sum of Program Costs for all the events included in the submission and any Administration costs requested.**
- Administration **Enter** the amount of administrative funds needed to support the TAA grant. Funds requested may only be used to directly support the activities of the grant. Administrative Costs cannot exceed 10% of the Program Costs being requested.
- This entry should be made after all Event Plan for Services Forms are completed and the overall Budget Detail is calculated.
- Grant Recipient **Enter** the entity responsible for this Grant Request. This can be manually entered or can be selected from the drop-down box. (*Note: National Able Network will select either National Able Network - 7 or National Able Network - 9 to correspond to the LWIA for which this grant request is associated.*)

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- FEIN # This is the Grant Recipient's Federal Employer/Tax Identification Number (FEIN). An application will not be accepted and an award cannot be made without this number. **This is an automatic entry, populated from the Grant Recipient selection.**
- LWIA This is the number assigned to the local workforce investment area (LWIA) designated by the Governor per WIA TAIL No. 99-2, 1 through 26. **This is an automatic entry, populated from the Grant Recipient selection.**
- EDR This is the number assigned to the Economic Development Region (EDR). **This is an automatic entry, populated from the Grant Recipient selection.**
- Contact Person **Enter** the name of the contact person to be called with any requests for additional information related to this grant application or modification.
- Mailing Address **Enter** the location and/or mailing address for the Contact Person.
- City **Enter** the city for the Contact Person.
- State **Enter** the state for the Contact Person.
- Zip Code (9-digit) **Enter** the full 9-digit zip code of the mailing address for the Contact Person.
- Telephone Number **Enter** the 10-digit telephone number where the Contact Person for the event can be reached. Provide an extension (Ext.) number, if necessary.
- E-mail Address **Enter** the E-mail address for the Contact Person.

Event Information

- New Event **Check** the "New Event" box to indicate that the event listed is new to this Grant. (Note: For the Initial Application, ALL events will be New. For subsequent Modifications, only those events that have not been previously listed on the Initial Application or a prior Modification will be checked as New.)
- TAA Certification This is the TAA Certification Number for the event listed. **This is an automatic field populated from information found on the Event Plan for Services (DCEO/TAA Form # 021).**
- DETS Event ID This is the DETS Event ID for the event listed. **This is an automatic field populated from information found on the Event Plan for Services (DCEO/TAA Form # 021).**
- Company Name This is the Company Name for each event included in an initial application or modification. **This is an automatic field populated from information found on the Event Plan for Services (DCEO/TAA Form # 021).**
- City This is the City in which the event listed occurred. **This is an automatic field populated from information found on the Event Plan for Services (DCEO/TAA Form # 021).**
- Number to be Served This is the number of participants anticipated to be served for the event listed. **This is an automatic field populated from information found on the Event Plan for Services (DCEO/TAA Form # 021).**
- Funding Amount This is the Funding Amount being requested for the event listed. This funding amount does not include Case Management assistance, as this is calculated for the entire application or modification. **This is an automatic field populated from information found on the Event Plan for Services (DCEO/TAA Form # 021).**

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Subtotal # of Events from Attached Sheet **Enter** the number of events that are listed on an attached sheet. This field is only used if there are more Event Plan for Services than will fit on the Overview. The Overview sheet will accept up to ten (10) events. When there are more than 10 events to be included in an initial application or modification request, the LWIA should contact BoWD Policy Unit to request an updated file that will have additional EPSs.

Subtotal Funding Request from Attached Sheet **Enter** the subtotal Funding Request from all events that are listed on an attached sheet. This field is only used if there are more Event Plan for Services than will fit on the Overview.

Modification Request Information

Amount Requested in Initial Application **Enter** the Amount of Funding Requested in the Initial Application. *(Note: This field is only completed for Modification requests.)*

Amount Awarded **Enter** the Amount of Funding that was Awarded by the State in response to the Initial Application request. *(Note: This field is only completed for Modification requests.)*

Mod # **Enter** the corresponding Mod Request # for the three (3) most recently submitted Modification Funding Requests (i.e., If this is the first Modification Request, there would be no entries here; if this is the second Modification Request, then Mod Request # 1 and its funding information would be entered; if this were the sixth Modification request, then Mod Request # 3, 4, and 5 would be entered along with their corresponding funding information.)

Amount Requested **Enter** the funding Amount Requested for each of the three (3) most recently submitted Modification Requests.

Amount Awarded **Enter** the funding Amount Awarded for each of the three (3) most recently submitted Modification Requests.

Document Assurance **Check** each of the documents listed (Active Caseload by Case Manager Report, Participant History by DETS ID Report, Co-Enrolled Participants Report, GRS Print Screens, TAA Carry-Over Report and TAA Waiver Review Report) as an assurance that ALL documentation is included with this submission.

Grant Recipient Authorization

Grant Recipient Authorized Name **Enter** the Typewritten Name and Title of the person authorized to have signature authority for the Grant Recipient. *(Note: This person should be listed with BoWD as having such authority. ALL Applications and Modifications will be denied without such prior notification.)*

Grant Recipient Authorized Signature **Sign** the application or modification before submitting it to BoWD. The application will not be considered without this signature.

Authorization Date **Enter** the date the application or modification is being signed by the Grant Recipient authorized individual.

DCEO Authorization

DCEO Authorized Name **Enter** the Typewritten Name and Title of the DCEO staff that is reviewing the application or modification.

DCEO Authorized Signature **Sign** the application or modification upon completion of the review of the application or modification to indicate that ALL information is completed, ALL supporting documentation is included, and a decision on the approval/denial of the application or modification has been made.

Date **Enter** the date the application or modification is being signed by the DCEO staff.

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Event Plan for Services Form

(DCEO/TAA Form # 021)

The purpose of the Event Plan for Services form is to provide the Bureau of Workforce Development (BoWD) with information about each of the events to be included in an Initial Application or Modification Request. One Event Plan for Services form must be completed for each event to be included in an Initial Application or Modification Request.

Applicant Information

This information is to be provided for each event to be included in an Initial Application or Modification Request.

Grant Number	This is an automatic entry, populated from the Overview form.
Preparer's Name	Enter the name of the LWIA staff that is preparing or completing this form. This is the person the BoWD will contact if there are questions or concerns with the information.
Date	Enter the date this Event Plan for Services is being completed.
Trade Certification Number	Enter the Trade Certification Number for this event if it is a TAA certified event.
DETS ID	Enter the Dislocation Event Tracking System (DETS) identification number for each of the events listed.
Interest Survey on DETS	Check Yes or No to indicate if the Interest Survey information associated with this event has been entered in DETS. If No is chosen, Check the appropriate reason which is either the event occurred prior to 12/13/06 and did not have Rapid Response provided or the State of Illinois is only the Agent state for this event.
Grant Recipient	This is an automatic entry, populated from the Overview form.
LWIA	This is an automatic entry, populated from the Overview form.
EDR	This is an automatic entry, populated from the Overview form.
Company Name	Enter the Company Name for which the event is associated.
City	Enter the city for which this event occurred.
Number to be Served	Enter the number of participants to be served for this event.
Number Attending Workshops	Enter the number of participants that attended the Rapid Response workshops for this event.
Date(s) of Layoff	Enter the known or anticipated layoff date(s) for this event.

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I. Participants

This portion of the form is used to track the number of participants eligible to be carried over from the previous year, entered during the quarter, or had their service ended during the quarter. It also tracks the number of participants who entered employment during the quarter. Data is compiled on a Quarterly basis. Information is on a "Planned" basis for current and future quarters and an "Actual" basis for completed quarters. Entries should be made for each quarter in the "Incremental" (Inc.) column of the form. **"Cumulative" (Cum.) data is automatically calculated. Total Participants data is automatically calculated.**

- Carry-Over **Enter** the number of participants who were eligible to be carried over from the previous program year for each of the line items under I. Participants and II. Program Services (note: no carry-over total is required for Exiters, Total Participants, or Entered Employment). The number should be no greater than the number of eligible carry-over participants found in the TAA Carry-Over Report.
- New Participants **Enter** the planned (or actual) number of participants who were new to the event during the quarter.
- Waivers **Enter** the planned (or actual) number of participants who were expected to be placed on a waiver during the quarter and who have not been counted in a previous quarter.
- Exiters **Enter** the planned (or actual) number of participants who exit the program during the quarter.
- Total Participants **This is an automatic entry, calculated from the prior two entries.**
- Entered Employment **Enter** the planned (or actual) number of exiters anticipated to enter employment during the quarter.

II. Program Services

This portion of the form is used to track the total number of participants who begin receiving a service. This is NOT a reflection of the number of overall services that may be provided (as a participant may receive multiple instances of the same service or multiple services). Data is compiled on a Quarterly basis. Entries should be made for each quarter in the "Incremental" (Inc.) column of the form. **"Cumulative" (Cum.) data is automatically calculated.**

- Program Total **Enter** the planned (or actual) number of participants who begin receiving training and or supportive services during the quarter.
- Training Services **Enter** the planned (or actual) number of participants who begin receiving training services during the quarter.
- TAA Transportation **Enter** the planned (or actual) number of participants who begin receiving transportation assistance in association with TAA funded training during the quarter.
- Out-of-Area Job Search **Enter** the planned (or actual) number of participants receiving Out-of-Area Job Search assistance for the quarter.
- Out-of-Area Relocation **Enter** the planned (or actual) number of participants receiving Out-of-Area Relocation assistance for the quarter.

III. Expenditures

Enter the amount of funding needed for program costs in each category listed below for quarters in which participants will be served. **The program total will automatically calculate based on the amounts entered for each line item.**

- Program Total **This is an automatically calculated field which will populate as lower line items are entered.**

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- Training Services **Enter** the planned (or actual) expenditures for training services for each quarter. This estimate must be based on the number of participants actually receiving training services during the quarter.
- TAA Transportation **Enter** the planned (or actual) expenditures for transportation assistance in association with TAA funded training for the quarter. This estimate must be based on the number of participants actually receiving transportation assistance during the quarter.
- Out-of-Area Job Search **Enter** the planned (or actual) expenditure for Out-of-Area Job Search services for the quarter. This estimate must be based on the number of participants actually receiving Out-of-Area Job Search services during the quarter.
- Out-of-Area Relocation **Enter** the planned (or actual) expenditure for Out-of-Area Relocation assistance for the quarter. This estimate must be based on the number of participants actually receiving Out-of-Area Relocation assistance services during the quarter.

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Grant Summary

(DCEO/TAA Form # 022)

The purpose of the Grant Summary form is to provide the Bureau of Workforce Development (BoWD) with information about ALL of the Events to be included in an Initial Application or Modification Request. It also provides fiscal information relative to the LWIA's current expenditures and grants.

- Grant Number **This is an automatic entry, populated from the Overview form.**
- Preparer's Name **Enter** the name of the LWIA staff that is preparing or completing this form. This is the person the BoWD will contact if there are questions or concerns with the information.
- Date **Enter** the date this Grant Summary is being completed.
- Grant Recipient **This is an automatic entry, populated from the Overview form.**
- LWIA **This is an automatic entry, populated from the Overview form.**
- EDR **This is an automatic entry, populated from the Overview form.**

I. Participants

This portion of the form calculates the combined totals for each event included in the initial application or modification. **All data is automatically calculated from the Event Plan for Services Forms.**

II. Program Services

This portion of the form calculates the combined totals for each event included in the initial application or modification. **All data is automatically calculated from the Event Plan for Services Forms.**

III. Expenditures

This portion of the form calculates the combined expenditures for each event included in the initial application or modification. **All data is automatically calculated from the Event Plan for Services Forms.**

IV. Needs Analysis

This portion of the form provides fiscal data to support the need for TAA funds. The section requests information found in the Grant Reporting System (GRS). Entries made from GRS should be supported by the inclusion of screen prints identifying the information entered in the requested fields of this form.

- Administration **Enter** the Actual Expenditures to date and Amount Accrued to Date for TAA administration. Also, **enter** the Proposed Modification request for administration costs, if this is a modification requesting additional funds, as well as the Current Program Year (PY) Budget for administration costs. **The New Total PY Budget will automatically calculate with the entry of the other fields.**
- Training Enter the Actual Expenditures to date and Amount Accrued to Date for TAA Training. Also, enter the Proposed Modification request for Training costs, if this is a modification requesting additional funds, as well as the Current Program Year (PY) Budget for Training costs. **The New Total PY Budget will automatically calculate with the entry of the other fields.**
- Out-of-Area Job Search Enter the Actual Expenditures to date and Amount Accrued to Date for TAA Out-of-Area Job Search. Also, enter the Proposed Modification request for Out-of-Area Job Search costs, if this is a modification requesting additional funds, as well as the Current Program Year (PY) Budget for Out-of-Area Job Search costs. **The New Total PY Budget will automatically calculate with the entry of the other fields.**

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Out-of-Area
Relocation

Enter the Actual Expenditures to date and Amount Accrued to Date for TAA Out-of-Area Job Relocation. Also, enter the Proposed Modification request for Out-of-Area Job Relocation costs, if this is a modification requesting additional funds, as well as the Current Program Year (PY) Budget for Out-of-Area Job Relocation costs. **The New Total PY Budget will automatically calculate with the entry of the other fields.**

V. Revised Quarterly Expenditures

This portion of the form is used to document the revised quarterly expenditures. If this is a modification, this data will provide fiscal information on the changes to the planned funding request that was included in the initial application or prior modifications. This should reflect the actual and revised planned expenditures for each of the quarters.

Revised Quarterly
Total

Enter the revised quarterly total expenditures for each of the four quarters in the Incremental column. **The cumulative column will automatically calculate as a running total of the quarters.** For those quarters that have been completed prior to this modification request, report the Actual expenditures of that quarter. For all partial or full quarters that include or follow this modification request, report the revised planned expenditures including the proposed modification totals.

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Participant Detail

(DCEO/TAA Form # 023)

The participant detail form provides fiscal data on each participant that is included in a TAA grant application or modification. The information allows the BoWD to see the expenditures for each participant from an accrued and future perspective. **Note: This form has space for up to 600 participants. If an LWIA has more than 600 participants to include in their submission, they should send a request for a revised file to mark.a.burgess@illinois.gov. Indicate in the email how many entry rows will be needed.**

Grant Number	This is an automatic entry, populated from the Overview form.
Preparer's Name	Enter the name of the LWIA staff that is preparing or completing this form. This is the person the BoWD will contact if there are questions or concerns with the information.
Date	Enter the date this Grant Summary is being completed.
Grant Recipient	This is an automatic entry, populated from the Overview form.
LWIA	This is an automatic entry, populated from the Overview form.
EDR	This is an automatic entry, populated from the Overview form.
Participant Name	Enter the name of each of the Participant that funds requested will be utilized.
TAA Certification Number	Enter the TAA Certification Number for the event for which this participant is associated.
JS	Enter an "X" in the box under JS if the customer has or will receive Out-of-Area Job Search assistance.
JR	Enter an "X" in the box under JR if the customer has or will receive Out-of-Area Job Relocation assistance.
Total TAA Funds Committed	Enter the Total TAA Funds that are being committed for each of the Participants listed. The Total funds should reflect funds needed in full, not just for this Grant Year.
Accrued Costs Prior to 10/01/08	Enter the accrued costs prior to October 1, 2008 for each of the participants listed.
Remaining Balance	This is an automatically calculated field. The remaining balance is the difference between the initial Total funds committed for each participant and the accrued costs incurred prior to October 1, 2008.
Quarterly Expenditures	Enter the planned (or actual for quarters that have been completed) expenditures for each quarter for each of the participants listed.
Total Planned Expenditures	This is an automatically calculated field. This is the total of planned expenditures for the Program Year for each participant listed. It is the sum of the four quarters of planned expenditures.
Future Commitments	This is an automatically calculated field. This is the committed expenditures beyond the Program Year for each participant. It is the difference between the Remaining Balance entering the Program Year and the total planned expenditures for the Program Year.
Totals	This is an automatically calculated field. The Total is the sum of all entries for all participants in the respective column.