

# Trade Adjustment Assistance (TAA) Grant Application

## Overview Form

**Please provide the following information about the applicant**

Grant Number: \_\_\_\_\_ (provided by DCEO at initial application) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Request Type:  Initial Application     Funding Modification     No Cost Modification    Mod Request #: \_\_\_\_\_

Grant Period:    Start Date: 10 / 01 / 2008    End Date: 09 / 30 / 2008

Number to be Served: \_\_\_\_\_ Amount of Funding Requested: \_\_\_\_\_ Administration: \_\_\_\_\_

Grant Recipient: Workforce Investment Solutions    FEIN #: 376001309

LWIA: 19    EDR: 1 - Central    Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

**List below the events being submitted for consideration and Check the box next to any event that has not been included in a previous application or modification (continue on a separate sheet for additional events).**

New Event	TAA Cert. #	DETS ID	Company Name	City	Number to be Served	Funding Amount
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

# of Events from Attached Sheet: _____	Subtotal Funding Requested from Attached Sheet: _____
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**If this is a Modification Request for additional funding, complete the following:**

Amount Requested in Initial Application: _____				Amount Awarded: _____				
Mod #	Amount Requested	Amount Awarded	Mod #	Amount Requested	Amount Awarded	Mod #	Amount Requested	Amount Awarded

**The following documents marked with an "X" are included in this application/modification:**

- Active Caseload by Case Manager Report   
 Participant History by DETS ID Report   
 Co-Enrolled Participants Report   
 GRS Print Screens   
 TAA Carry-Over Report   
 TAA Waiver Review Report

**Grant Recipient Authorization**

		____ / ____ / ____
Typewritten Name & Title	Signature	Date

DCEO Authorization:		
		____ / ____ / ____
Typewritten Name	Signature	Date