

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"/>						

of Events from Attached Sheet: _____

Subtotal Funding Requested from Attached Sheet: _____

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