



Department of
Job and Family Services

How To Make The Most Of Your Funding

**Ohio Department of Job & Family Services
Workforce Development**

Overview

- Funding Keys
- Big Picture
- Parameters
- Reporting
- Intake Process
- NEG
- Trade
- Project HIRE
- Rapid & DLW Funds
- Local
- Q&A

Funding Keys

- Alice Worrell

Employment Services Bureau

Phone: (614) 644-0351

E-mail: Alice.Worrell@jfs.ohio.gov

Funding Keys

- ❑ Competition
- ❑ Strategic in use
- ❑ Don't miss the opportunity

Big Picture

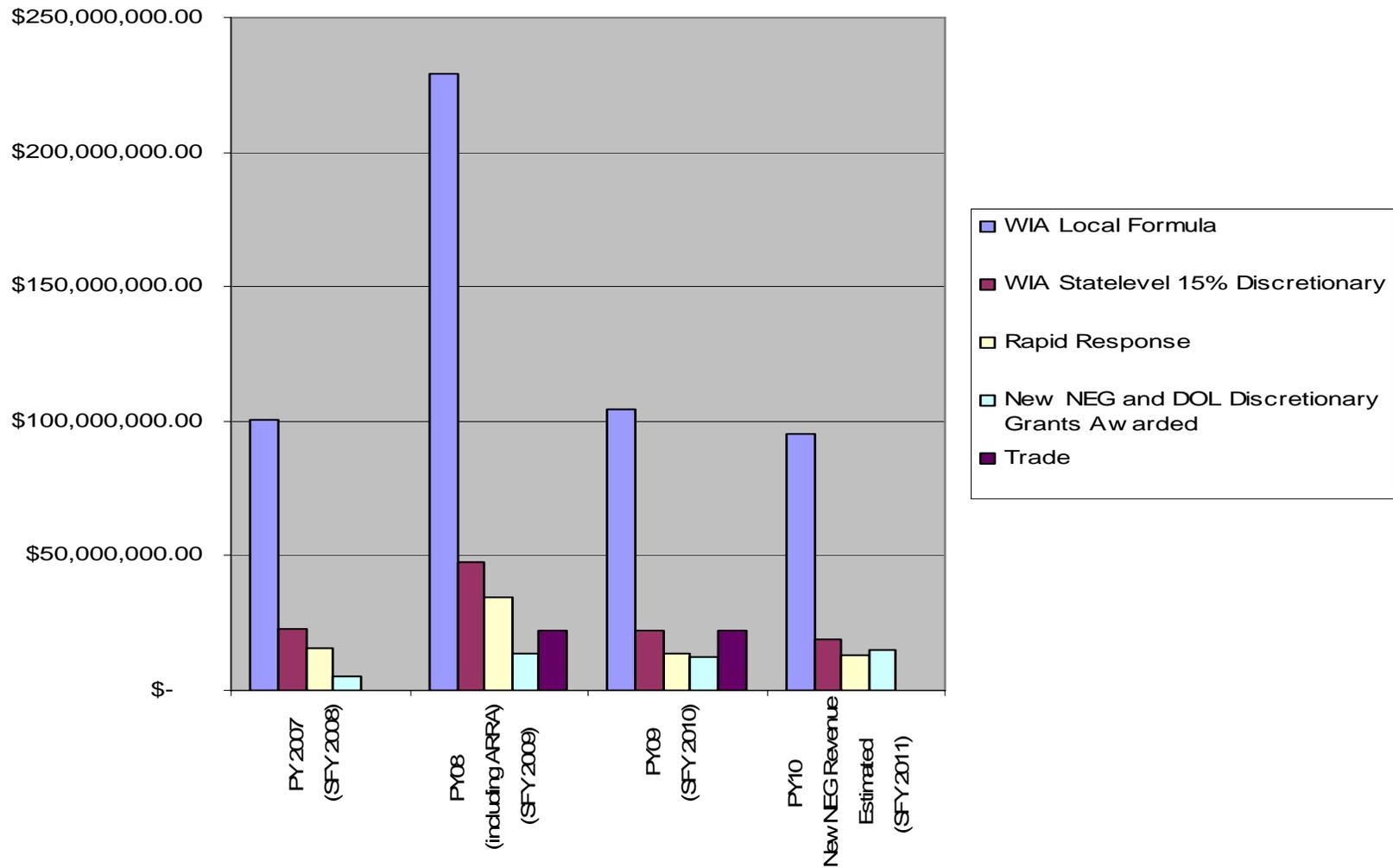
- Melinda Duncan

Workforce Development Grants Manager

Phone: 614-644-0884

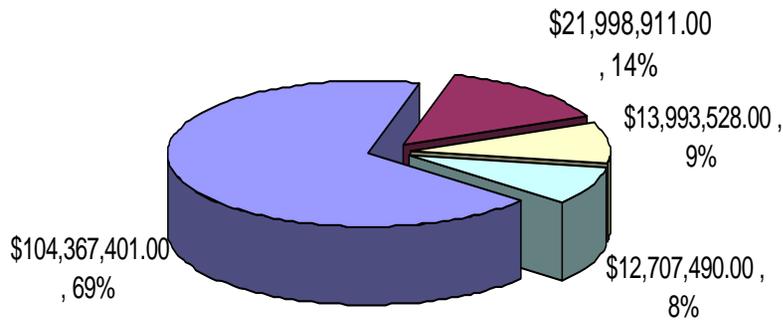
E-mail: Melinda.Duncan@jfs.ohio.gov

Big Picture



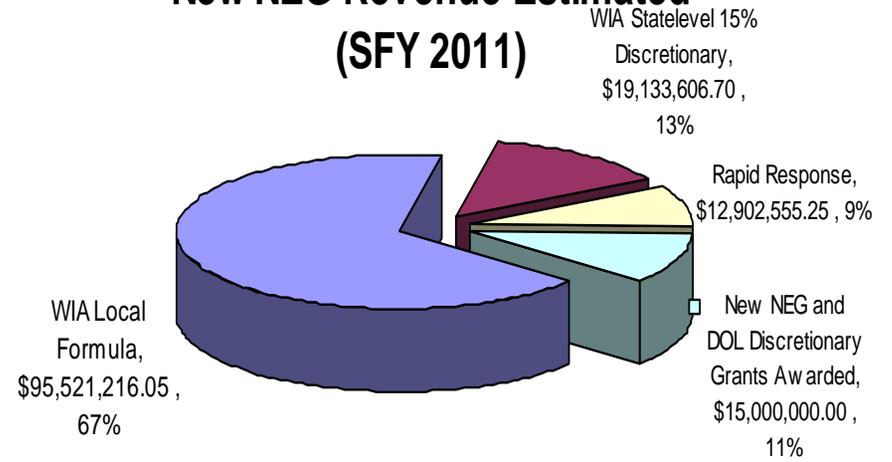
Big Picture

**PY09
(SFY 2010)**



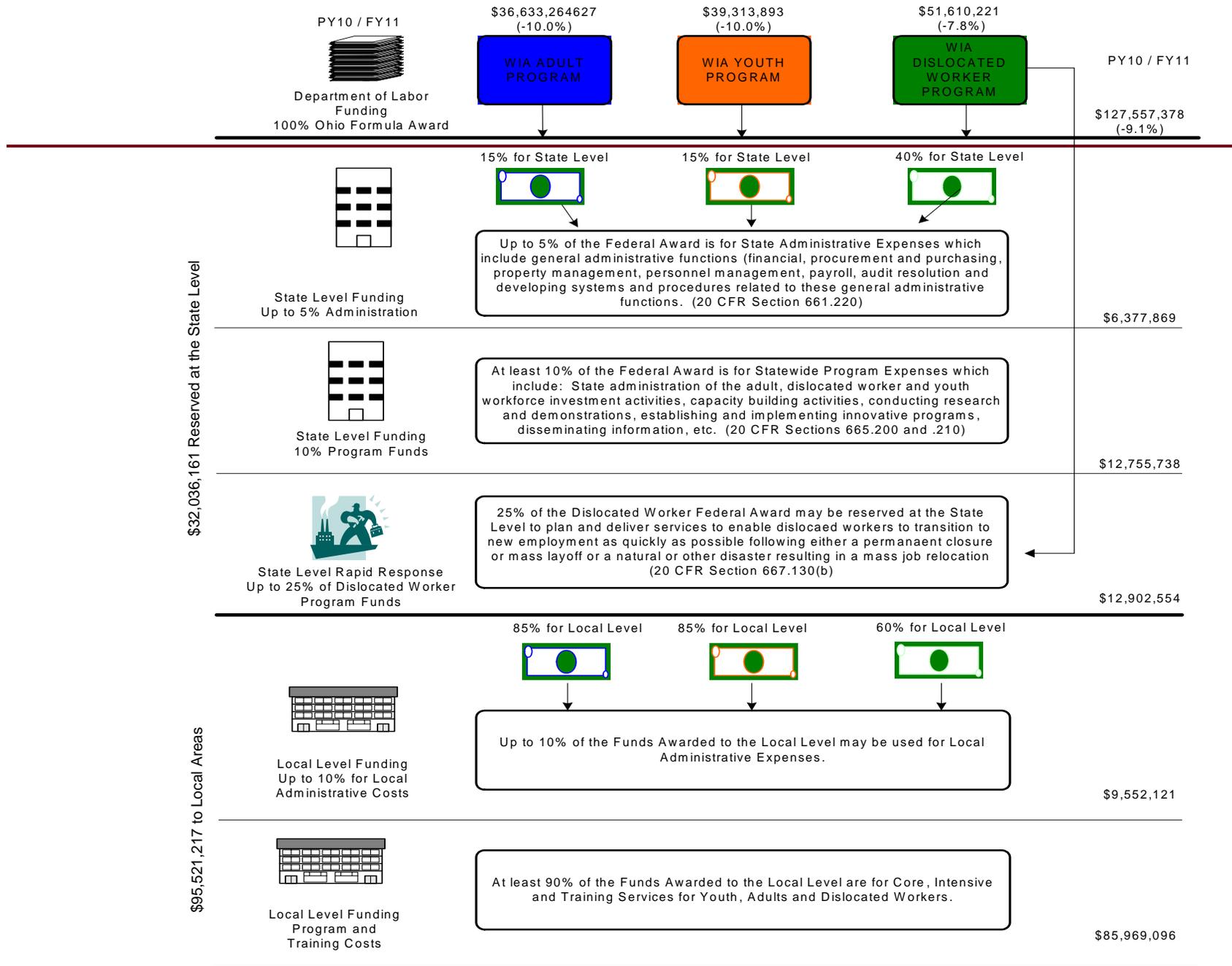
- WIA Local Formula
- WIA Statelevel 15% Discretionary
- Rapid Response
- New NEG and DOL Discretionary Grants Awarded

**PY10
New NEG Revenue Estimated
(SFY 2011)**



- WIA Local Formula
- WIA Statelevel 15% Discretionary
- Rapid Response
- New NEG and DOL Discretionary Grants Awarded

WORKFORCE INVESTMENT ACT (WIA) Funding Flow



Big Picture

	PY 2007 (SFY 2008)	PY08 (including ARRA) (SFY 2009)	PY09 (SFY 2010)	PY10 New NEG Revenue Estimated (SFY 2011)
WIA Local Formula	\$ 100,436,971.00	\$ 229,365,411.00	\$ 104,367,401.00	\$ 95,521,216.05
WIA State-level 15% Discretionary	\$ 22,853,138.00	\$ 47,803,113.00	\$ 21,998,911.00	\$ 19,133,606.70
Rapid Response	\$ 15,773,437.00	\$ 34,620,564.00	\$ 13,993,528.00	\$ 12,902,555.25
New NEG and DOL Discretionary Grants Awarded	\$ 4,960,000.00	\$ 13,936,120.00	\$ 12,707,490.00	\$ 15,000,000.00
Trade	\$ -	\$ 21,976,361.00	\$ 22,248,749.00	Awaiting Re-Authorization
Total	\$ 144,023,546.00	\$ 347,701,569.00	\$ 175,316,079.00	\$ 142,557,378.00

Parameters

- Things to consider:
 - Limitations

- Appropriateness
 - How to choose?
 - Eligible to be served?
 - Best pot to use?

What to Consider and Where to Find this Information

- Allowability
- Time period
- Where to find the rules
 1. WIA Law
 2. CFR
 3. Grant Agreement
 4. Allocation Request / Allocation Letter
 5. OWD Policy / Issuances
 6. Fiscal Rules
 7. When it doubt, send an email to WIAQNA

Review the OWD Allocation Request

- OWD Allocation Request
 - Beginning date
 - Ending date
 - Liquidation date
 - Language about purpose or special conditions
 - Funding source
 - Amount of funding requested

Ohio | Department of Job and Family Services

Ted Strickland, Governor
Douglas E. Lumpkin, Director

TO: Eric Mency, Acting Bureau Chief/CFTA/Office of Fiscal Services
FR: Melinda Duncan, Grants & Audit Resolution/Office of Workforce Development
RE: Rapid Response **PY10** Allocation Request – Area 1
DATE: July 29, 2010

Please prepare an allocation letter to award Rapid Response funds to Workforce Investment Area 1. The funding source for this award is **PY 2010 Rapid Response** (from Dislocated Worker formula funds, Encumbrance 10070).

The purpose of the award is to provide funding for Outreach Services, Supportive Services and Training Services to eligible Dislocated Workers from Masco Corporation in Pike County. The award is to be granted to continue operation of an off-site transition center and provide services to workers affected by the closure of the Masco (Mills Pride) plant in Pike County.

The CFDA number is 17.260.

WIA Area	Fiscal Agent	Rapid Response Award	Funding Source	Beginning Date	Ending Date	Liquidation Date
1	Community Action Organization of Ohio, Inc.	5310 843	PY10 Rapid Response Funds	7/1/2010	6/30/2011	9/30/2011
Total Area 1		\$310,843	Rapid Response Funds	PY2010	Encumbrance 10070	

Please contact Elaine Cooper (466-2164) or me at (644-0884) if you have any questions concerning this awards.

Melinda Duncan
Manager Grants Unit
Office of Workforce Development

MD:ejc

E-Mail Copy:

- Mark Birnbrich
- Randall Briggs
- Jean Ann Carson
- Pattina Collins
- Melinda Duncan
- Scott France
- Tom Goord
- Arigela Gonzales

- Tom Hutter
- Diana Jackson
- Kathy Maybrier
- Eric Mency
- Bob Pourmoghaddam
- Robin Rice
- Sunita Selhi

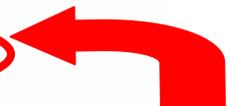
- Michelle Thompson
- Donna Tucker
- John Weber
- Alice Worrell
- Rapid Response Unit

30 East Broad Street
Columbus, Ohio 43215
jfs.ohio.gov

An Equal Opportunity Employer and Service Provider

Funding Source

Language & Special Conditions



Review the OFMS Allocation Letter

- ❑ Effective dates (beginning and ending dates)
- ❑ Funding source
- ❑ CFIS funding code

Ohio | Department of
Job and Family Services

Ted Strickland, Governor
Douglas E. Lumpkin, Director

August 11, 2010

TO: Director, **WIA Area 1**
Community Action Organization of Scioto County, Inc.

FROM: Michael B. Colbert, Chief Fiscal Officer
Ohio Department of Job and Family Services

SUBJECT: **INITIAL PY10 RAPID RESPONSE ALLOCATION**
EFFECTIVE JULY 1, 2010 THROUGH JUNE 30, 2011

This letter transmits your area's **INITIAL PY10 RAPID RESPONSE ALLOCATION**. Please refer to the attached documentation from the Office of Workforce Development for additional information. Your allocation is as shown below:

Current PY10 Rapid Response Allocation:	0.00
Increase:	310,843.00
PY10 Rapid Response Allocation JFSFDP10-SV00-100%:	\$310,843.00

The CFDA number is 17.260

If you should have any questions regarding the allocation, please contact your ODJFS Fiscal Supervisor.

MC:pc

cc: WIA Administrative Entity
WIA Local Board
File

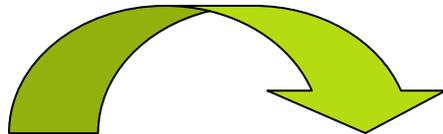
Effective Date

CFDA
Number

Funding source

Funding Priority Chart

TRADE



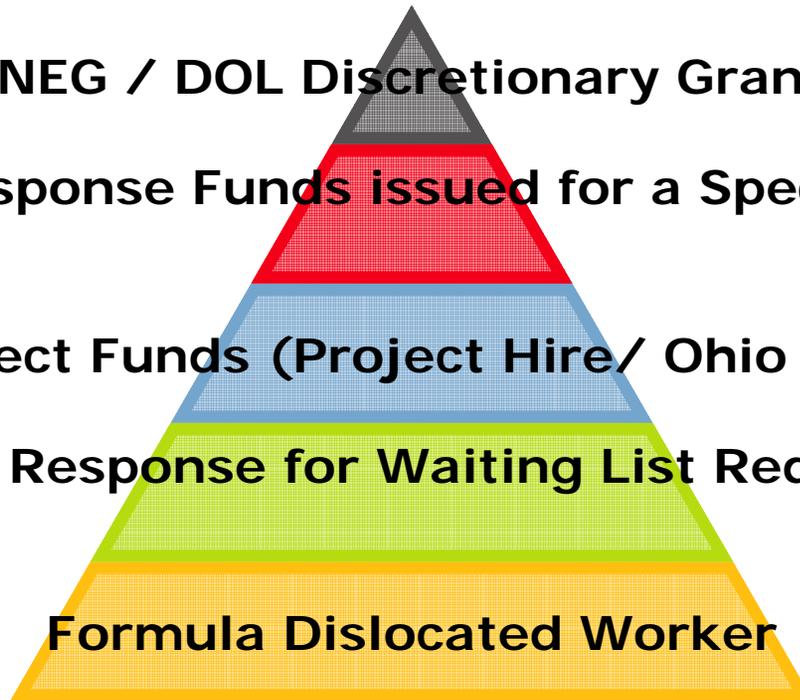
NEG / DOL Discretionary Grant

Rapid Response Funds issued for a Specific Event

ODJFS Special Project Funds (Project Hire/ Ohio Learning Accounts)

Rapid Response for Waiting List Reduction

Formula Dislocated Worker



Funding Priority

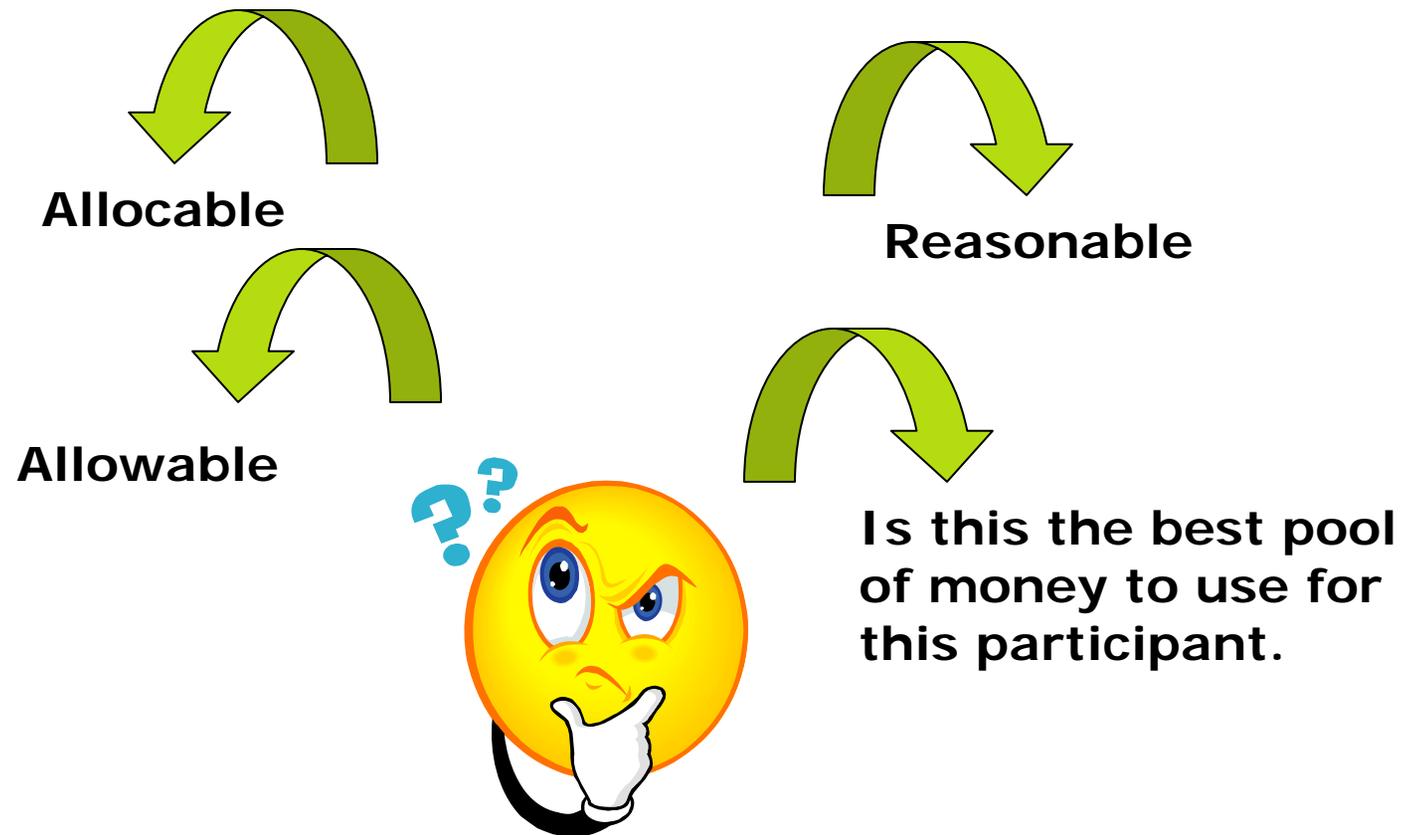
- ❑ Area's need to balance Rapid Response Waiting List Reduction with Formula Dislocated Worker funding.

KEEP IN MIND.....

- ❑ It is there to supplement not to supplant.
- ❑ The mission & purpose is to serve more people.



Decision Tree



Funding Source Matrix

Funding Group	Funding Source	Start Date	End Date
NEG & Discretionary Grants	OH- 18 Wilmington Air Park NEG	Ongoing	June 30, 2011
	OH-19 Auto NEG	Ongoing	March 31, 2011
	OH - 20 GE Lighting NEG	Ongoing	March 31, 2011 at the local level.
	OH-21 OJT NEG	Planned Launch in October 2010	June 30, 2012
	OH-22 Replenishment NEG	At the local level July 1, 2010	March 31, 2011
State-level Special Project	Project Hire/Ohio Learning Accounts	Ongoing	December 31, 2010
Rapid Response	Rapid Response - Awarded by Application	Based on Decision Memo	June 30, 2011
	Rapid Response Waiting List Reduction	July 1, 2010	June 30, 2011
Formula Funds	WIA Dislocated Worker Formula	PY09 July 1, 2009	PY09 June 30, 2011
		PY10 July 1, 2010	PY10 June 30, 2012
	WIA Adult Funds	PY09 July 1, 2009	PY09 June 30, 2011
		PY10 July 1, 2010	PY10 June 30, 2012
	WIA Local Administration	PY09 July 1, 2009	PY09 June 30, 2011
		PY10 July 1, 2010	PY10 June 30, 2012

Reporting

- Sabrina Jamison

Bureau of County Finance & Technical Assistance

Phone: (614)728-1476

E-mail: Sabrina.Wadley@jfs.ohio.gov

Reporting Consideration

- Timeliness
 - Uploads & 1992's
- Accruals
- Obligations
- Closeout

Reporting Consideration

Timeliness

- Financial Reporting
 - 1992 – WIA Monthly Financial report
 - Uploads
 - Due 20th of subsequent month
 - Federal reporting deadline – 20th of month following last month of quarter

Reporting Consideration

Accruals

- ❑ An accrual is an expense that has been incurred, but not yet paid
- ❑ Benefit has been received, again not paid for
- ❑ 01992 reporting: cumulative balance
- ❑ QuIC+ reporting: net effect for the current month

Reporting Consideration

Obligations

- ❑ Obligations are commitments of funds for goods or services that have not been rendered or for which benefits have not been derived
- ❑ 01992 reporting: cumulative balance
- ❑ QuIC+ reporting: net effect for the current month

Reporting Consideration

Closeout

- Specific for each grant line
- Objective
 - Ensure all obligations are zeroed out at end of service period
 - Ensure all accruals have been paid by end of liquidation period

Reporting Continued

- FIFO
- Recoding
- Quarterly Close and Cash Reconciliation

Intake Process

- Rosie Picklesimer

WDA #1 Director

Phone: (740)354-4531

E-mail: rpick@workforceconnections.biz

Intake Process - How it effects your expenditures

- ❑ When doing intake, determine eligibility for all programs
- ❑ Will allow you to charge expenditures for a participant across program and maximize your funding

Intake Process - How it effects your expenditures

- Always be prepared to re-determine or re-evaluate eligibility for programs that they were not initially determined for. A good example is a dislocated worker has completed eligibility and 90 days later you are awarded an NEG Grant for the employer. You must show the documentation that he is eligible for the NEG.

National Emergency Grants

- Ron Weber

National Emergency Grants Manager

Phone: (614) 644-0821

E-mail: Ronald.Weber@jfs.ohio.gov

National Emergency Grants

- Discretionary funds from DOL
- Provide employment services to DWs
- Temporarily expand service capacity
- During significant dislocation events:
 - Single company layoff
 - Multi-company or industry-wide layoffs
 - Disasters (Clean-up activities)
- WIA Section 173
- 20 CFR Part 671

Spend NEG Dollars First

- **If...**
 - Your area has NEG funds available
 - A Dislocated Worker meets the requirements of the NEG
- **Then always fund the participant's allowable services with NEG dollars!**
- (**Exception:** Trade, if available, must pay for Trade-funded services first)

NEG Types

- Original Types (See TEGL 16-03)
 - Regular (1 in Ohio)
 - Dual Enrollment (2)
 - Disaster (1)

- Stimulus Types (See TEGL 19-08)
 - OJT (1)
 - Replenishment (1)
 - Regional Economic Impact (0)



NEG Rules Vary by Type

- Limitations
- Appropriate Uses
- Allowable Costs
- Time Periods

Wilmington NEG (OH-18)

- NEG Type: Regular
- Limitations:
 - Participating Areas: #1, 7, 11, 12, 13
 - Eligible participants: DWs from approved Wilmington Air Park lay-off events
- **Appropriate uses:** Services for workers affected by approved events at Wilmington Air Park
- **Allowable Costs:** Core, Intensive, Training, Supportive, Staff, Admin
- **Time Period:** 10/1/2008 to 6/30/2011

Wilmington NEG Approved Events*

Company	Wkrs.	Approved Events
ABX Air	3,522	26 events between 5/08 - 6/09
DHL North America	326	2 events: 5/28/08 & 11/13/08
DHL Express	830	2 events: 10/15/08 & 5/28/09
ACS Business Solutions	209	9/11/2008
ASTAR Cargo, Inc.	1,000	5/28/2009
TOTAL	5,887	Over 30 events

***Additional events to be added via grant modification**

Automotive NEG (OH-19)

- NEG Type: Dual Enrollment
- Limitations:
 - Participating Areas: #2, 6, 7, 9, 10, 11, 17, 18
 - Eligible Participants: DWs from approved auto industry lay-off events
- Appropriate Uses:
 - Trade, if available, must cover Trade services such as training
 - NEG provides “Wrap Around” services
- Allowable Costs: Core, Intensive, Training (if not paid by Trade), Supportive, Staff, Admin
- Time Period: 4/1/2009 to 3/31/2011

Auto NEG Approved Events

Company	Wkrs.	Approved Events
GM Lordstown	3,272	Events from 12/7/08 – 1/20/09
Chrysler Twinsburg	1,650	Events from 10/12/08 – 7/31/10
GM Moraine	2,966	Events from 9/26/08 - 12/23/2008
GM Ontario	1,716	Events from 08/09 to 09/10
Chrysler North (Toledo)	819	12/31/2008
GM Power Train (Toledo)	637	2/2/09 – 5/1/09
DMAX Moraine	355	11/3/08 – 1/6/09
Johnson Ctrl's (W. Carrollton)	330	Events from 9/29/08 – 1/15/09

Auto NEG Approved Events, continued*

Company	Wkrs.	Approved Events
Weastec (Hillsboro)	326	1/1/09 – 12/1/09
Daido Metals (Bellefontaine)	290	6/30/09
Magna Lordstown	237	1/5/09 – 1/18/09
Magna Team Systems	237	12/29/08 – 1/5/09
Johnson Ctrls (Greenfield)	205	7/17/09 – 9/30/09
Yusa Corp (Washington CH)	205	5/14/09
Lear Corp (Zanesville)	204	3/27/09 – 9/30/09

***And another 40 more events. A complete list is available from Ron Weber, Office of Workforce Development**

GE Lighting NEG (OH-20)

- **NEG Type:** Dual Enrollment
- **Limitations:**
 - **Participating Area:** #5
 - **Eligible Participants:** DWs from approved GE Lighting lay-offs
- **Appropriate Uses:**
 - **Trade** covers Trade services such as training
 - **NEG** provides “Wrap Around” Services
- **Allowable Costs:** Core, Intensive, Training (if not covered by Trade), Supportive, Staff Costs, Admin Costs
- **Time Period:** 5/1/2009 to 4/30/2011

OJT NEG (OH-21)

- NEG Type: OJT NEG
- Limitations: Being negotiating with DOL
 - Participating Areas: TBD
 - Eligible Participants: “Harder-to-Serve” DWs
- Appropriate Uses:
 - Participant is suitable and will benefit from OJT
 - Company plans to hire; is not displacing other workers
- Allowable Costs: OJT costs only
- Time Period: 6/30/2010 to 6/30/2012 (Roll-out is planned for October 2010)

Replenishment (OH-22)

- **NEG Type:** Replenishment
- **Limitations:**
 - **Participating Areas:** Areas 2, 13, 18
 - **Participants:** DWs enrolled during PY09
- **Appropriate Use:**
 - **Completion of services to PY09 DWs**
- **Allowable Costs:** Intensive, Training, Supportive, Staff Costs, Admin Costs
- **Time Period:** 4/1/2010 to 3/31/2011

NEG Summary Details

NEG	Areas	Time Period
Wilmington (OH-18)	1, 7, 11, 12, 13	10/1/2008 to 6/30/2011
Automotive (OH-19)	2, 6, 7, 9, 10, 11, 17, 18	4/1/2009 to 3/31/2011
GE Lighting (OH-20)	5	5/1/2009 to 4/30/2011
OJT NEG (OH-21)	To Be Determined...	6/30/2010 to 6/30/2012
Replenishment (OH-22)	2, 13, 18	4/1/2010 to 3/31/2011

Priority of NEG Funding

1. **Trade Program**, if available, must cover all Trade-funded services first
- If NEG participant may qualify for multiple NEGs, spend in this order:
 1. **Regular** or **Dual Enrollment** NEG
 2. **Replenishment** NEG
 3. **OJT** NEG

Requesting More NEG Funds

- More NEG funding may be requested when 70% of allocation is spent
- To ensure timely spending and reporting of costs, we need to use:
 - Incremental Funding
 - Accrual Accounting Method
 - Transferring unused NEG money to other counties/Areas
 - F.I.F.O. Early and Often

Trade

- Scott Switzer

Trade Assistant Section Chief

Phone: (614) 466-8301

E-mail: Scott.Switzer@jfs.ohio.gov

Trade Funding

- Nationwide

- 2002 Law \$220 Million
- 2009 Law \$575 Million

- Ohio

- 2002 Law average \$5.5 Million
- 2009 Law average \$17 Million

Trade -Reauthorization

- TGAAA to expire 12/31/2010
- Three possible scenarios
 - No reauthorization and revert back to 2002
 - Continuing resolution
 - Continuing resolution and revert back to 2002 funding levels

Trade

- ❑ Trade is willing to take on any funding possible.
- ❑ Currently projected funds to get to Mid January
- ❑ Once further clarification is received will have a better idea of what level we will be able to assist

Project HIRE

- Graig Pellman
 - Project HIRE
 - Phone: (614) 644-0677
 - E-mail: WIAQNA@jfs.ohio.gov

Project HIRE

- ❑ Statewide Workforce Investment Act
ARRA initiative focused on jobs
- ❑ Helps employers who are in high need
of employees with specific skills

Project HIRE

- ❑ Ohio Learning Accounts: Up to \$6,000 for short-term classroom and/or on-the-job training
- ❑ Employer must commit to hire the job seeker

Project HIRE

- \$1.7 million available
- Training must be completed by December 31, 2010

Rapid Response

- Jean Ann Carlson
Rapid Response Program Manager
Phone: (614)466-9700
E-mail: JeanAnn.Carlson@jfs.ohio.gov

Rapid Response, Statewide Funds

- Statewide funds
 - will be available for areas that experience dislocation events that cannot be addressed through regular formula funds or WLR.
 - will consider expenditure rates of WLR and formula dislocated worker funds when evaluating requests for additional funds
 - will review all appropriate funding sources, TRADE & NEG dollars must be used first
 - Will examine data in OhioRED, does it support request for funds?

Rapid Response Emergency Assistance Funds Request Application

□ Streamlined for PY10

- Focused requirements
 - Four pages plus signature page
- Uses data already captured in OhioRED database
 - Must reference OhioRED event(s)

□ Added new step

- Review by the Regional Rapid Response Coordinator

Rapid Response Emergency Assistance Funds Request Application

Step 1

- Identify Target Population
 - Specific dislocation event by OhioRED event number(s)
 - If not specific dislocation event, but targets more general population
 - List all known downsizings/dislocation events by OhioRED event number for dislocated workers that you expect to serve
- Remember, all events regardless of size should be captured in our OhioRED database!

Rapid Response Emergency Assistance Funds Request Application

□ **Step 2**

- Note total participants to be served
 - This should be supported in your budget

□ **Step 3**

- Break out cost centers
 - Labor-Management Adjustment Committee
 - Rapid Response services/Transition Center
 - Administrative services
 - Core Service
 - Intensive Service
 - Supportive Service
 - Training Service

Rapid Response Emergency Assistance Funds Request Application

□ **Step 4**

- Estimate expenditures by quarter PY10
 - July-September
 - October-December
 - January-March
 - April-June

Rapid Response Emergency Assistance Funds Request Application

□ **Step 5**

- Indicate any funds requested for PY2011

□ **Step 6**

- Additional comments

Rapid Response Emergency Assistance Funds Request Application

□ **Step 7**

- Indicate WIA area
- Obtain signatures
 - WIB Director or Designee
 - Area Fiscal agent
- Expect services to be captured in SCOTI special grant office

Rapid Response Emergency Assistance Funds Request Application

□ Step 8

■ Review by Regional Rapid Response Coordinator

□ Serves two purposes

- Includes necessary application information
 - OhioRED event data
 - Budget
 - Approval signatures
- Assures communication
 - Local/State Rapid Response team are informed of service strategy for designated events listed in application

Rapid Response Special Grants

- Continuation Of WLR (Waiting List Reduction)
 - **Use of Funds**
 - These funds are to be used to provide Rapid Response services, including:
 - intensive, supportive, and training services to eligible dislocated workers.
 - it is not required that these funds be targeted to waiting list reduction which is unlike PY09 stipulations
 - These funds may not be transferred to adult formula funds.
 - They may not be used to provide incumbent worker training services.
 - Up to 5% of funds may be used for administrative costs.
 - These funds are to be used concurrently with formula dislocated worker funds and special grant funds (e.g. NEG's), not as a replacement for formula funds.

Local

- Mike Longo

The Employment netWork, One-Stop Manager

Phone: (440) 284-1834

Email: mlongo@loraincountyworks.com

Local

- How the local area process works
- How money is spent
- Who makes strategic decisions

New Member Registration
(PLEASE PRINT ALL INFORMATION)



SECTION I: DEMOGRAPHICS					
SOCIAL SECURITY NUMBER:		FIRST NAME:		MI.:	LAST NAME:
DATE OF BIRTH	AGE TODAY:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	I AM HISPANIC OR LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE CIRCLE ALL THAT APPLY: ASIAN BLACK/AFRICAN AMERICAN WHITE AMERICAN INDIAN/ALASKA NATIVE NATIVE HAWAIIAN/PACIFIC ISLANDER OTHER	
ADDRESS		MAILING ADDRESS		NATIVE OR PRIMARY LANGUAGE:	
APT#		APT#		EMERGENCY CONTACT:	
ZIP		ZIP			
EMAIL ADDRESS:		HOME PHONE: ()	MESSAGE OR CELL PHONE: ()		EMERGENCY CONTACT PHONE:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> NO <input type="checkbox"/> YES _____ HOURS PER WEEK <input type="checkbox"/> YES, BUT WILL BE PERMANENTLY LAID OFF IN NEXT 180 DAYS <input type="checkbox"/> NOT EMPLOYED DUE TO A PERMANENT LAY OFF		WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED? GRADE: 0 1 2 3 4 5 6 7 8 9 10 11 12 DO YOU HAVE A H.S. DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO COLLEGE: 1 YEAR 2 YEARS 3 YEARS 4 YEARS 5 YEARS 6 YEARS 7 YEARS <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> MASTERS DEGREE <input type="checkbox"/> DOCTORAL DEGREE ARE YOU CURRENTLY ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?			ARE YOU A SEASONAL / FARM WORKER? <input type="checkbox"/> NO <input type="checkbox"/> YES (CHECK ONE BELOW) <input type="checkbox"/> MIGRANT FARM WORKER <input type="checkbox"/> MIGRANT FOOD PROCESSOR <input type="checkbox"/> MIGRANT SEASONAL FARM WORKER
SECTION II:					
ARE YOU A VETERAN? <input type="checkbox"/> YES (COMPLETE SECTION II) <input type="checkbox"/> NO (SKIP TO SECTION III)					
A. ARE YOU ON ACTIVE DUTY, DO NOT EXPECT TO BE DISCHARGED WITHIN THE NEXT 12 MONTHS, AND DO NOT EXPECT TO RETIRE WITHIN THE NEXT 24 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, CONTINUE TO NEXT QUESTION)					
B. ARE YOU ON ACTIVE DUTY AND EXPECT TO RETIRE WITHIN THE NEXT 24 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, CONTINUE TO NEXT QUESTION)					
C. WERE YOU DISCHARGED OR RELEASED WITH OTHER THAN A DISHONORABLE DISCHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, SKIP TO SECTION III)					
D. HAVE YOU SERVED ON ACTIVE DUTY FOR A PERIOD OF ONE DAY OR MORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
E. HAVE YOU SERVED AS A MEMBER OF A RESERVE COMPONENT OR NATIONAL GUARD UNIT ORDERED TO ACTIVE DUTY UNDER TITLE AND IF SO, WERE YOU DISCHARGED OR RELEASED FROM SUCH DUTY WITH OTHER THAN A DISHONORABLE DISCHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
F. WERE YOU AWARDED A CAMPAIGN MEDAL? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, WHAT CAMPAIGN(S) _____)					
G. DO YOU HAVE A SERVICE CONNECTED DISABILITY RATED BY THE VA AT LESS THAN 30%? <input type="checkbox"/> YES <input type="checkbox"/> NO					
H. WERE YOU DISCHARGED OR RELEASED FROM ACTIVE DUTY DUE TO A DISABILITY INCURRED IN OR AGGRAVATED BY MILITARY SERVICE AND/OR HAVE BEEN RATED AT 30% OR MORE BY THE VA FOR A SERVICE CONNECTED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
DATE ENTERED ACTIVE MILITARY SERVICE _____			DATE DISCHARGED FROM ACTIVE MILITARY SERVICE _____		
MONTH/DAY/YEAR			MONTH/DAY/YEAR		
I. ARE YOU A VA VOCATIONAL REHABILITATION (CHAPTER 31) VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION III:					
ARE YOU A SPOUSE OF ANY MEMBER OF THE ARMED SERVICES? <input type="checkbox"/> YES (COMPLETE SECTION III) <input type="checkbox"/> NO (SKIP TO SECTION IV)					
CHECK ALL THAT APPLY:					
_____ SPOUSE DIED AS A RESULT OF A SERVICE CONNECTED DISABILITY					
_____ SPOUSE HAS A PERMANENT, TOTAL DISABILITY RESULTING FROM A SERVICE CONNECTED DISABILITY					
_____ SPOUSE DIED WHILE THE DISABILITY WAS IN EXISTENCE					
_____ SPOUSE IS LISTED AND HAS BEEN LISTED AS MISSING IN ACTION FOR MORE THAN 90 DAYS					
_____ SPOUSE IS LISTED AND HAS BEEN LISTED AS CAPTURED IN THE LINE OF DUTY BY HOSTILE FORCES FOR MORE THAN 90 DAYS					
_____ SPOUSE IS OR HAS BEEN FORCIBLY DETAINED OR INTERNED IN THE LINE OF DUTY BY A FOREIGN GOVERNMENT OR POWER FOR MORE THAN 90 DAYS.					

NAME OF MEMBER: _____ LAST 4 DIGITS OF SSN _____ DATE: _____

SECTION IV: OTHER INFORMATION:							
HAVE YOU APPLIED FOR UNEMPLOYMENT BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
ARE YOU PRESENTLY RECEIVING UNEMPLOYMENT BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU RECENTLY EXHAUSTED ELIGIBILITY FOR UNEMPLOYMENT BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
DO YOU HAVE A DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO STATE ISSUED _____							
CLASS (CIRCLE ONE) NON-COMMERCIAL CDL A CDL B CDL C							
DO YOU HAVE ANY ENDORSEMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST ENDORSEMENT(S) _____							
I AM A (CIRCLE ONE): US CITIZEN REGISTERED ALIEN REFUGEE LEGAL ALIEN OTHER LEGAL ALIEN							
I AM: _____ REGISTERED FOR SELECTIVE SERVICES _____ NOT REGISTERED FOR SELECTIVE SERVICES _____ EXEMPT FROM REGISTERING FOR SELECTIVE SERVICES							
PLEASE CHECK ALL THAT APPLY	I RECEIVE A PELL GRANT		I AM PRESENTLY HOMELESS		I AM AN EX-OFFENDER		
	I AM DISABLED		I RECEIVE PUBLIC ASSISTANCE		I AM A CMHA RESIDENT		
	I AM SELF-EMPLOYED		I AM PRESENTLY RECEIVING FUNDING VIA THE TRADE ACT		I AM A SINGLE PARENT		
	I AM A FULL-TIME HOMEMAKER, MUCH OF MY SUPPORT WAS SPOUSAL. DUE TO DEATH, DIVORCE OR PERMANENT SEPARATION THIS SUPPORT IS NO LONGER AVAILABLE.		I AM A FULL-TIME HOMEMAKER, MUCH OF MY SUPPORT WAS SPOUSAL (EMPLOYED FULL TIME), WHO IS NOW PERMANENTLY LAID OFF.		I WAS LAID OFF DUE TO FOREIGN TRADE		
MARITAL STATUS: _____ SINGLE _____ MARRIED _____ DIVORCED/SEPARATED _____ WIDOWED					FAMILY SIZE:		
SECTION V: FAMILY INCOME INFORMATION		SELF	SPOUSE	FAMILY MEMBER 3	FAMILY MEMBER 4	FAMILY MEMBER 5	STAFF USE ONLY
EMPLOYMENT INCOME							
SELF EMPLOYMENT INCOME							
RAILROAD RETIREMENT BENEFITS							
STRIKE BENEFITS							
WORKERS COMPENSATION BENEFITS							
ALIMONY							
MILITARY FAMILY ALLOTMENTS (NOT ACTIVE MILITARY PAY)							
PENSION							
REGULAR INSURANCE OR ANNUITY PAYMENTS							
NET RENTAL INCOME RECEIVED							
COLLEGE OR UNIVERSITY GRANTS (NOT INCLUDING PELL GRANT)							
GAMBLING OR LOTTERY WINNINGS							
SOCIAL SECURITY RETIREMENT INCOME							
STAFF USE ONLY							

NAME OF MEMBER: _____ LAST 4 DIGITS OF SSN _____ DATE: _____

SECTION VI: EMPLOYMENT INFORMATION: PLEASE COMPLETE THIS SECTION BEGINNING WITH MOST RECENT EMPLOYMENT			
STAFF USE ONLY	COMPANY OR EMPLOYER NAME	START DATE	END DATE
	ADDRESS	CITY	ZIP
ONET CODE	JOB TITLE	NAME OF SUPERVISOR	
ONET TITLE	SALARY OR WAGES EARNED (CIRCLE ONE) \$ _____ PER HOUR WEEK MONTH YEAR	REASON FOR LEAVING (CIRCLE ONE) LACK OF WORK VOLUNTARY QUIT RETIRED LABOR DISPUTE STILL EMPLOYED DISCHARGED SELF-EMPLOYED LAID OFF	
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> DISPLACED HM <input type="checkbox"/> PLANT CLOSURE <input type="checkbox"/> UNLIKELY TO RETURN <input type="checkbox"/> SUBSTANTIAL LAYOFF WARN #	DESCRIBE DUTIES: _____		

STAFF USE ONLY	COMPANY OR EMPLOYER NAME	START DATE	END DATE
	ADDRESS	CITY	ZIP
ONET CODE	JOB TITLE	NAME OF SUPERVISOR	
ONET TITLE	SALARY OR WAGES EARNED (CIRCLE ONE) \$ _____ PER HOUR WEEK MONTH YEAR	REASON FOR LEAVING (CIRCLE ONE) LACK OF WORK VOLUNTARY QUIT RETIRED LABOR DISPUTE STILL EMPLOYED DISCHARGED SELF-EMPLOYED LAID OFF	
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> DISPLACED HM <input type="checkbox"/> PLANT CLOSURE <input type="checkbox"/> UNLIKELY TO RETURN <input type="checkbox"/> SUBSTANTIAL LAYOFF WARN #	DESCRIBE DUTIES: _____		

STAFF USE ONLY	COMPANY OR EMPLOYER NAME	START DATE	END DATE
	ADDRESS	CITY	ZIP
ONET CODE	JOB TITLE	NAME OF SUPERVISOR	
ONET TITLE	SALARY OR WAGES EARNED (CIRCLE ONE) \$ _____ PER HOUR WEEK MONTH YEAR	REASON FOR LEAVING (CIRCLE ONE) LACK OF WORK VOLUNTARY QUIT RETIRED LABOR DISPUTE STILL EMPLOYED DISCHARGED SELF-EMPLOYED LAID OFF	
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> DISPLACED HM <input type="checkbox"/> PLANT CLOSURE <input type="checkbox"/> UNLIKELY TO RETURN <input type="checkbox"/> SUBSTANTIAL LAYOFF WARN #	DESCRIBE DUTIES: _____		

INDICATE THE TYPE OF EMPLOYMENT YOU ARE SEEKING:

STAFF USE ONLY	JOB TITLE DESIRED	MONTHS OF EXPERIENCE	YEARS OF EXPERIENCE
ONET CODE			

NAME OF MEMBER: _____ LAST 4 DIGITS OF SSN _____ DATE: _____

COUNTIES YOU WOULD SEEK EMPLOYMENT IN	STATE	DESIRED WAGE					
		\$	PER (CIRCLE ONE)	HOUR	WEEK	MONTH	YEAR
		\$	PER (CIRCLE ONE)	HOUR	WEEK	MONTH	YEAR
		\$	PER (CIRCLE ONE)	HOUR	WEEK	MONTH	YEAR

TRAINING CERTIFICATES EARNED	DATE	STATE	TRAINING PROVIDER

LIST ALL SCHOOLS ATTENDED INCLUDING HIGH SCHOOL

SCHOOL NAME	CITY, STATE OR COUNTRY	DEGREE EARNED	YEAR	MAJOR	MINOR

HONORS AND SKILLS THAT YOU HAVE RECEIVED

PLEASE IDENTIFY IF YOU ARE RELATED TO OR HAVE A CLOSE RELATIONSHIP (PERSONAL OR BUSINESS) WITH ANY OF THE FOLLOWING: (CHECK ANY THAT APPLY AND PROVIDE THE STAFF MEMBER OF OTHER STAKEHOLDER NAME IN THE SPACE PROVIDED).

EMPLOYMENT CONNECTION STAFF MEMBER EMPLOYMENT CONNECTION CONTRACT PROVIDER STAFF
 AREA 3 WORKFORCE INVESTMENT BOARD MEMBER LOCAL ELECTED OFFICIAL YOUTH COUNCIL MEMBER
 WORKFORCE INVESTMENT BOARD EXECUTIVE STAFF ONE-STOP PARTNER CITY OF CLEVELAND OR CUYAHOGA COUNTY EMPLOYEE

NAME(S): _____

EMPLOYERS MAY HAVE YOUR NAME, ADDRESS AND PHONE ONLY WITH YOUR PERMISSION. PLEASE MARK YOUR PREFERENCE BELOW, WRITE YOUR INITIALS AND CURRENT DATE AFTER.

- STAFF MAY PROVIDE THIS INFORMATION TO EMPLOYERS INITIALS/DATE _____
- EMPLOYERS MAY HAVE FREE ACCESS TO THIS INFORMATION INITIALS/DATE _____

I AGREE THAT THE STAFF OF EMPLOYMENT CONNECTION MAY EXCHANGE AND DISCLOSE INFORMATION ON ME IN ORDER TO MAKE DETERMINATIONS OF MY ELIGIBILITY FOR BENEFITS AND/OR SERVICES PROVIDED BY PROGRAMS UNDER THE PARTNER AGENCIES. I FURTHER AGREE THAT INFORMATION REGARDING ANY EMPLOYMENT OBTAINED MAY BE VERIFIED BY MY EMPLOYER.

INITIALS/DATE _____

I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT IF THE ABOVE INFORMATION IS MISREPRESENTED, IT WILL BE GROUNDS FOR IMMEDIATE TERMINATION FROM ALL ORGANIZATIONS AND AGENCIES UTILIZING THIS FORM.

SIGNATURE OF APPLICANT _____ DATE _____ PARENT OR GUARDIAN (IF APPLICABLE) _____ DATE _____

STAFF PERSON _____ DATE _____

STAFF USE ONLY							
<input type="checkbox"/>	WIA ADULT - CORE	<input type="checkbox"/>	CMHA	<input type="checkbox"/>	ABLE	<input type="checkbox"/>	JOB CORPS
<input type="checkbox"/>	WIA ADULT - INTENSIVE	<input type="checkbox"/>	MATURE WORKERS	<input type="checkbox"/>	ESOL	<input type="checkbox"/>	VETERAN
<input type="checkbox"/>	WIA DW - CORE	<input type="checkbox"/>	EF3 - TANF	<input type="checkbox"/>	CEOGC	<input type="checkbox"/>	ORSC
<input type="checkbox"/>	WIA DW - INTENSIVE	<input type="checkbox"/>	PROJECT HIRE	<input type="checkbox"/>	GED	<input type="checkbox"/>	ODJFS - TAA
<input type="checkbox"/>	WIA ADULT/DW - PRIORITY TRAINING FACTOR	<input type="checkbox"/>	ODJFS - UCRS	<input type="checkbox"/>	TRI-C	<input type="checkbox"/>	NEG

Local

- Rosie Picklesimer

WDA #1 Director

Phone: (740)354-4531

E-mail: rpick@workforceconnections.biz

Funding Challenges

- Masco Transition Center funding flexibility to move dollars at the local level to meet the needs

Make your Dislocated Worker, Rapid Response, NEG and/or Trade dollars work the best for you locally

Local Formula Fund Considerations

- ❑ Waiver authority to utilize up to 50% of Dislocated Worker funds to serve Adults
- ❑ Waiver authority to utilize up to 50% of Adult funds to serve Dislocated Workers
- ❑ Ability to transfer Local Administration funds to Local Program Funds

FYI

- We also have a Grants Opportunities page on our website

<http://jfs.ohio.gov/owd/wia/GrantOpportunities.stm>

Contact Us:

Alice Worrell	Employer Services Bureau	(614) 644-0351	Alice.Worrell@jfs.ohio.gov
Melinda Duncan	Workforce Development Grants Manager	(614) 644-0884	Melinda.Duncan@jfs.ohio.gov
Sabrina Jamison	Bureau of County Finance & Technical Assistance	(614) 728-1476	Sabrina.Wadley@jfs.ohio.gov
Rosie Picklesimer	WDA #1 Director	(740) 354-4531	rpick@workforceconnections.biz
Ron Weber	National Emergency Grants Manager	(614) 644-0821	Ronald.Weber@jfs.ohio.gov
Scott Switzer	Trade Assistant Section Chief	(614) 466-8301	Scott.Switzer@jfs.ohio.gov
Graig Pellman	Project HIRE	(614) 644-0677	WIAQNA@jfs.ohio.gov
Jean Ann Carlson	Rapid Response Program Manager	(614)466-9700	JeanAnn.Carlson@jfs.ohio.gov
Mike Longo	The Employment netWork	(440) 284-1834	mlongo@loraincountyworks.com

Questions?

