

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s) *Other (Specify)
3. Date Received: 09/03/2008	4. Applicant Identifier:	
5a. Federal Entity Identifier: NEG-MT-ST-07-002	*5b. Federal Award Identifier: EM-18078-09-60-A-30	
State Use Only:		
6. Date Received By State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
*a. Legal Name: Montana Department of Labor and Industry Workforce Services Division		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402	*c. Organizational DUNS: 606951762	
d. Address:		
*Street 1:	P.O. Box 1728	
Street 2:	1327 Lockey Street	
*City:	Helena	
County:	Lewis & Clark	
*State:	MT	
Province:		
*Country:	US	
*Zip / Postal Code:	59624	
e. Organizational Unit:		
Department Name: Statewide Programs & Oversight Bureau	Division Name: Workforce Services Division	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	*First Name:	
Middle Name:		
*Last Name:	<u>Kathy Yankoff</u>	
Suffix:		
Title:		
Organizational Affiliation: Statewide Programs & Oversight Bureau		
*Telephone Number: (406) 444-7092	Fax Number: (406) 444-3037	
*Email: kyankoff@mt.gov		

Application for Federal Assistance SF-424	Version 02
*9. Type of Application 1: Select Applicant Type: A. State Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10. Name of Federal Agency: DOL/ETA	
11. Catalog of Federal Domestic Assistance Number: 17 - 260 CFDA Title: WIA DISLOCATED WORKERS	
*12. Funding Opportunity Number: N/A *Title: N/A	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Columbia Falls, MT; Kalispell, MT and surrounding communities in Flathead County	
*15. Descriptive Title of Applicant's Project: CFAC - Columbia Falls Aluminum Company	

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: MT District 1	*b. Program/Project: MT District 1	
17. Proposed Project:		
*a. Start Date: 08/01/2008	*b. End Date: 07/31/2010	
18. Estimated Funding (\$):		
*a. Federal:	\$ 462,000	
*b. Applicant:	\$ 0	
*c. State:	\$ 0	
*d. Local:	\$ 0	
*e. Other:	\$ 0	
*f. Program Income:	\$ 0	
*g. TOTAL:	\$ 462,000	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
[] a. This application was made available to the State under the Executive Order 12372 Process for review on		
[] b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
[X] c. Program is not covered by E.O. 12372.		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
[] Yes [X] No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
[X] ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:	*First Name:	
Middle Name:		
*Last Name:	<u>Ingrid Childress</u>	
Suffix:		
*Title: Administrator		
*Telephone Number: 406-444-2648	Fax Number: (406) 444-3037	
*Email: ichildress@mt.gov		
*Signature of Authorized Representative: Ingrid Childress	*Date Signed: 09/03/2008	

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA- 012 for California 12th district, NC-103 for North Carolina's 103rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a hanged/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <p>a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</p> <p>b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</p>	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

	<p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p>	19.	<p>Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p>		
	<p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p>	20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.</p>		
	<p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</p>	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>		
	<p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>				
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="180 779 813 1484"> <tr> <td data-bbox="180 779 532 1314"> <p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p> </td> <td data-bbox="532 779 813 1484"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p>		
<p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p>				

Project Synopsis Form

State of MT	Amount of Funding Request \$462,000	Amount Approved by DOL \$
Project Name: CFAC - Columbia Falls Aluminum Company		
Project Type: Regular		
Description of Activities To Be Provided: Assessment, career exploration, employment plan development, case management, training, re-employment and supportive services as appropriate to the needs of the participants		
Application Type: Full (If Emergency, reason:)		
Description of Dislocation Event: Permanent layoff of 133 employees, both salaried and hourly, on or about 07/22/08. Layoffs will be based on seniority. TAA Petition #63800 was submitted on August 4, 2008. Notified of Petition denial on 9/3/08.		
Type of Eligible Dislocation Event: <input checked="" type="checkbox"/> Plant Closure/Mass Layoff <input type="checkbox"/> Community Impact Layoffs <input type="checkbox"/> Military Installation <input type="checkbox"/> Industry Wide <input type="checkbox"/> Disaster		
Applicant Contact Person: Kathy Yankoff		
Street Address 1: P.O. Box 1728		
Street Address 2: 1327 Lockey Street		
City: Helena State: MT Zip Code: 59624		
Telephone: (406) 444-7092		
Fax: (406) 444-3037		
Email: kyankoff@mt.gov		
Planned Number of Participants:	66	Planned Entered Employment Rate: 86.40%
Planned Cost per Participant:	\$7000	Actual Cost per Participant in Prior PY: \$
% of Planned Participants Receiving NRPs: 0%		Planned Earnings: 15000
Counties included in Project Service Area: Columbia Falls, MT; Kalispell, MT and surrounding communities in Flathead County		
Project Operator Listing: Montana Department of Labor & Industry		

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

Company/Industry	Location of Facility	Notification Type	Date of Notification	Layoff Date(s)	Number of Affected Workers
Columbia Falls Aluminum Company	2000 Aluminum Drive Columbia Falls, MT 59912	WARN	05/22/2008	07/22/2008	133 Closure: No

Date(s) of Rapid Response Actions	# of Workers Contacted	Field Surveys Completed	TAA Petition	Number of Planned Participants	Labor Organization Representation
Contact with Employer: 05/22/2008 05/28/2008 06/23/2008 06/30/2008 Contact with Workers: 05/28/2008 07/01/2008 07/10/2008 07/11/2008	124	78	Date Filed: 08/04/2008 133 Number of Workers Covered Not applicable	66	Aluminum Workers Trade Council

Type of Business: Manufacturing	Two-Digit NAIC Code: 31-33
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The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Project Operator Data Form

Project Operator: Montana Department of Labor & Industry		
Street Address 1: 1327 Lockey Ave		
Street Address 2: PO Box 1728		
City: Helena	State: MT	Zip Code: 59424-1728
Contact Person: Kathy Yankoff		
Telephone: (406) 444-7092		
FAX: (406) 444-3037		
Email: kyankoff@mt.gov		
Duration of Project Operator Agreement:	Start: 08/01/2008	End: 07/31/2010
Funding Level: \$462,000		
Number of Participants: 66		
Counties included in Project Operator Service Area: Columbia Falls; Kalispell/Flathead County and surrounding communities in Flathead County		

ETA 9107 (February 2003)

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Planning Form (Regular) (page 1 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER									
	ADMIN	PROGRAM	QTR1 09/30/2008	QTR2 12/31/2008	QTR3 03/31/2009	QTR4 06/30/2009	QTR5 09/30/2009	QTR6 12/31/2009	QTR7 03/31/2010	QTR8 06/30/2010
IMPLEMENTATION SCHEDULE										
Receiving Intensive Services			40	66	66	66	66	66	66	66
Enrolled In Training			30	37	57	57	57	57	57	57
Receiving Supportive Services			30	45	55	55	55	58	58	58
Receiving Needs-Related Payments			0	0	0	0	0	0	0	0
Exits			0	5	10	16	26	36	44	52
Entering Employment At Exit			0	5	10	14	23	33	39	47
Total Planned Participants			40	66	66	66	66	66	66	66
Supportive Services		0	0	0	0	0	0	0	0	0
Admin Excluding NRP Processing*	32,000		3,555	7,110	10,665	14,220	17,777	21,330	24,885	28,440
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	32,000	0	3,555	7,110	10,665	14,220	17,777	21,330	24,885	28,440
Indirect*	2,520	0	280	560	840	1,120	1,400	1,680	1,960	2,240
Other*		0	0	0	0	0	0	0	0	0
Total Expenditures: Grantee Level	32,000	0	3,555	7,110	10,665	14,220	17,777	21,330	24,885	28,440
Core And Intensive Services		172,000	19,111	38,222	57,333	76,444	95,555	114,666	133,777	152,888
Training		215,000	23,888	47,776	71,664	95,552	119,440	143,328	167,216	191,104
Supportive Services		43,000	4,777	9,555	14,331	19,109	23,885	28,663	33,438	38,217
NRPs*		0	0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Admin Excluding NRP Processing*	0		0	0	0	0	0	0	0	0
NRP Processing*	0		0	0	0	0	0	0	0	0
Other*		0	0	0	0	0	0	0	0	0
Total: Program Management And Oversight	0	0	0	0	0	0	0	0	0	0
Total Expenditures: Project Operator Level	0	430,000	47,776	95,553	143,328	191,105	238,880	286,657	334,431	382,209
Total Expenditures: Grantee And Project Operator Level	32,000	430,000	51,331	102,663	153,993	205,325	256,657	307,987	359,316	410,649

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. NOTE: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

P----- 1

numPages ----- 2

rsGetPlanComponentTypes: 1

projectTypeCode: R

Planning Form (Regular) (page 2 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

PERFORMANCE FACTOR	PROGRAM YEAR QUARTER
	QTR9 09/30/2010
IMPLEMENTATION SCHEDULE	
Receiving Intensive Services	66
Enrolled In Training	57
Receiving Supportive Services	58
Receiving Needs-Related Payments	0
Exits	66
Entering Employment At Exit	57
Total Planned Participants	66
Supportive Services	
Supportive Services	0
Admin Excluding NRP Processing*	32,000
NRP Processing*	0
Other*	0
Total: Program Management And Oversight	32,000
Indirect*	2,520
Other*	0
Total Expenditures: Grantee Level	32,000
Core And Intensive Services	
Core And Intensive Services	172,000
Training	215,000
Supportive Services	43,000
NRPs*	0
Other*	0
Admin Excluding NRP Processing*	0
NRP Processing*	0
Other*	0
Total: Program Management And Oversight	0
Total Expenditures: Project Operator Level	430,000
Total Expenditures: Grantee And Project Operator Level	462,000

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

P----- 2

numPages ----- 2

rsGetPlanComponentTypes: 1

projectTypeCode: R

Narrative Statements

Project Type: Regular

GENERAL EXPLANATION: Please enter any information that would benefit the reviewers who will approve or deny this application. Use this area to explain items and concepts that you feel need additional information, items that need DOL specialist attention during the review process, or any information on how the program is meeting demand-driven goals.

On May 22, 2008 - Columbia Falls Aluminum Company (CFAC) issued a WARN Act notice to all its employees. The notice informed the workers of a possible reduction in production by two-thirds that would result in a mass layoff of employees. That same day, Rapid Response staff of the Flathead Job Service Workforce Center completed an Initial Screening Contact (ISC). The ISC indicated the estimated number of affected workers was 150-180.

On May 29th, the company submitted a TAA Petition stating that 150-200 workers could be affected. On June 17th, the TAA Petition was withdrawn at the advise of USDOL until such time as production is reduced. That petition was denied on 9/3/08.

In the meantime, a series of Rapid Response workshops had been scheduled for June 26th and 27th. However, on June 23rd the company requested a postponement of the workshops until such time as they had more definite information from their parent company regarding the extent of the production shutdown and number of affected workers.

There had also been on-going communication with the Union rep as well, and Rapid Response staff were able to attend a CFAC Union meeting on July 1st to answer questions and provide preliminary information about available services. Only about 15 workers were in attendance at that Union meeting. On that same day, the company determined that 124 workers would be laid off. Rapid Response Surveys were distributed via the company to the 105 affected production and maintenance workers on Wednesday, July 2nd. Six Rapid Response workshops were conducted at the plant on July 10th and 11th to coincide with the shift changes. On July 15th, the 19 salaried employees were notified of their layoff and surveys were distributed to them the next day.

As of this application, 74% of the production & maintenance workers surveys have been returned. These surveys provided the following information which is critical to our grant request and the development of our project plan:

1. Only 1 individual indicated any plans to retire within the next 5 years, so virtually all of the respondents will remain in the workforce for the long-term.
2. 44% indicated an interest in relocation for employment.
3. 85% indicated interest in a career change citing such demand occupations as: welding, heavy equipment operation, electric line worker, law enforcement including Border Patrol, Commercial Driver, apprenticeable occupations such as plumber and electrician, and medical occupations including CNA and LPN.
4. 49% indicated their highest educational level as high school graduation.
5. 46% indicated an interest in literacy or adult education/college prep classes.
6. 85% indicated an interest in attending post-secondary training at some level.

Based on this information, we anticipate a high need for post-secondary training as well as a potentially high need for immediate re-employment services such as out-of-area job search and relocation assistance. The other impacted workers are in professional occupations such as engineering and management & we anticipate a significant interest in immediate re-employment services including out-of-area job search and relocation.

NEG Funding Justification: In PY2007, Montana served 668 participants in the formula Dislocated Worker Program and fully spent all funds granted for program operations and service delivery. With just 1 month into PY08, we have 439 active participants - 66% of PY07 numbers. Addition of this large number of participants to our statewide dislocated worker population will put a strain on our formula funding and limit our ability to provide adequate services on a statewide basis. This is especially true in light of Montana's PY08 Dislocated Worker funding allocation which is a 22% decrease from PY2007 funding, and denial of TAA on 9/3/08. IF ALLOWABLE, request retroactive approval of grant to 8/25/08 to offset first semester training costs paid from formula DW funds

Project Plan

Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing - Program Management and Oversight (Grantee Level).

These costs are budgeted for state level oversight of the grant by the Statewide Programs and Oversight Bureau as the grantee and administrative entity. Since Montana is a single planning area, no project operator administrative costs are charged. Those administrative functions formerly performed by the previous Local Board's administrative entity are now absorbed at the state level. The amount noted in the plan is calculated at 6.9% of the total amount requested. Specific details to spend this portion of the grant include: Staff salaries = \$24,000; Staff fringe = \$6,000; Staff travel = \$2,000; and Indirect Cost = \$2,520. These costs include time charged for one program manager, one fiscal officer and one supervisor at the State level.

Please explain the basis for providing a value in Indirect.

The indirect rate is negotiated with USDOL and the State of Montana. This year's rate is 8.4%. Montana is a single planning area and the State will be providing oversight for this project on behalf of the State Workforce Investment Board that is now functioning as a Local Board for WIA purposes.