

**Layoff Assistance Request Form**

Complete all appropriate sections based on the type of application

Application Detail	
Local Workforce Development Board	
Project Name	
Date of Request	
Type of Request	<input type="checkbox"/> Gap Fill Project <input type="checkbox"/> Additional Assistance Grant <input type="checkbox"/> Layoff Aversion Project <input type="checkbox"/> Rapid Response
<i>(Gap Fill Project Request Only)</i>	Requested DWG Start Date:
Amount Requested	\$
Number of Affected Workers	
Number Served in Project	
Project Start Date	
Project End Date	

Narratives	
Describe the Project	
List Pre-Layoff Services Provided	
In-Kind or Leveraged Services	

Budget		
Grantee (Board)		
Budget Item	Amount	Narrative
Personnel	\$ -	
Fringe	\$ -	
Travel	\$ -	
Equipment	\$ -	
Supplies	\$ -	
Other (Explain in Narrative)	\$ -	
<b>Total</b>	<b>\$ -</b>	
Contractual (Not Required for Rapid Response Request)		
Budget Item	Amount	Narrative
Personnel	\$ -	
Fringe	\$ -	
Travel	\$ -	
Supplies	\$ -	
Support Services	\$ -	
Training	\$ -	
Other (Explain in Narrative)	\$ -	
<b>Total</b>	<b>\$ -</b>	

Attachments & Confirmations		
Planning Form	<input type="checkbox"/>	Attach 9103 Planning Form, if applicable
DWG Application	<input type="checkbox"/>	Attach a copy of the DWG application to DOL, if applicable
Additional Assistance	<input type="checkbox"/>	Checking this box confirms the current available LWDB DW allocation funds are not available for the proposed project.

Refer to Office of Workforce Investments Policy Access to Layoff Assistance for additional detail.