

Application for Layoff Aversion Funds 2024 - 2025 Rapid Response Program

I. Overview

The Connecticut Department of Labor (CTDOL) has provided funding to Capital Workforce Partners (CWP) for the purpose of assisting employers to design and implement strategies for layoff aversion. Companies may apply for small grants of up to \$20,000 to conduct the activities listed at Section III.

II. Eligibility and Priority

Employers must meet the following eligibility criteria:

1. Compliant with Occupational Safety and Health Administration (OSHA), Unemployment Insurance (UI) tax requirements, and Wage and Workplace Standards as verified by CTDOL.
2. Certifies compliance with non-discrimination provisions and Section 188 of Workforce Innovation and Opportunity Act (WIOA).
3. Has no Conflict of Interest as defined and assessed by CWP.

Applicants that meet the following criteria will receive priority for funding:

1. Woman-owned, veteran-owned and minority-owned small businesses.¹
2. Employers that demonstrate re-entry hiring practices.
3. Employers that demonstrate disability-friendly practices.
4. Employers that are certified as a Recovery Friendly Workplace, or that demonstrate interest in obtaining that certification.
5. Employers that have participated or are participating in the Shared Work model.
6. Employers that provide:
 - a. Jobs that pay a wage that exceeds the local prevailing wage² for an occupation in the region, and
 - b. Basic benefits (e.g., paid leave, health insurance, retirement/savings plan), and/or
 - c. Unionized jobs, and
 - d. Opportunities for the employee to develop the skills and experiences necessary to advance along a career path.

¹ Small business is defined by the US Small Business Administration based on annual revenue or number of full-time employees, depending on the industry classification. The list of small business size standards is found at [SBA Size Standards](#).

² "Prevailing wage" is defined by the Department of Labor as "the average wage paid to similarly employed workers in a specific occupation in the area of intended employment."

III. Allowable Use of Funds

Funds awarded through this application may be used for the following activities.

1. Worker Upskilling, including Incumbent Worker Training to enable employees to retain employment.
2. Feasibility studies to determine if the employer's operations may be sustained through a buyout or other means to avoid or minimize layoffs.
3. Contracts with business-focused organizations to assess risks to the employer, propose strategies to address those risks, implement services, and measure impacts of services delivered.
4. Proactive measures to identify opportunities for potential economic transition and training needs in growing industry sectors or expanding businesses.
5. Strategies to enhance the marketability of the employer.
6. Management of reductions in force.
7. Conducting an analysis of risks and vulnerabilities from a potential closing or shift in production of a major customer of the employer.

IV. Application Process

Employers may request funding by completing this application and submitting it to Capital Workforce Partners (CWP) no later than November 1, 2024. CWP may approve the application as submitted, or negotiate changes as needed to ensure compliance with grant requirements and budget availability.

The application must include the following:

1. Cover Page
2. Complete Funding Request
3. Signed Assurances form
4. Signed Employer Release form

V. Funding Request

A. Amount Requested:

B. Assessment

Please provide a detailed explanation of why your organization is at risk of laying off staff. Include specific details about the business or market conditions that have contributed to this situation. Consider factors such as internal restructuring, changes in demand for your products/services, economic downturns, supply chain disruptions, increased competition, regulatory changes, or any other relevant conditions impacting your business.”

C. Proposed use of funds

Please describe in detail how your organization plans to use the requested funds consistent with Section II. Include specific activities, projects, or initiatives that will be undertaken. Outline any external partners or vendors you will work with, and specify how many employees will be directly impacted by these activities. Additionally, explain how these proposed actions will help avert layoffs within your organization, providing clear connections between the funded activities and the preservation of jobs.”

Attachment A: Cover Page

**Application for WIOA Dislocated Worker Rapid Response
Layoff Aversion Funds: Cover Sheet
Program Year 2024 - 2025**



Employer Name:

Amount Requested:

Employer Federal ID Number:

State of CT Tax ID#:

Contact Person Information

Name:

Title:

Telephone:

Email Address:

Employer Status

Private For-Profit Corporation

Sole Proprietor

LLP

LLC

Partnership

Private Non-Profit

Public Entity

Other: (specify)

Employer Address

Street:

City:

State:

Zip:

Small Business Priority Indicators

Industry Sector:

North American Industry Classification System (NAICS) 6-Digit Code:

To find a NAICS code go to <https://www.census.gov/naics/>

Total number of full-time equivalent employees:

CERTIFICATIONS

On behalf of:

Employer Name

1. The individual signing certifies that they are authorized to contract on behalf of the Employer listed on Attachment A.
2. The individual signing certifies that all information in this proposal is true and correct, the document has been duly authorized by the governing body of the Employer, and the Employer will comply with the attached assurances if a contract is awarded.
3. The individual signing certifies that they have read and understand all the information in this Application including the allowable uses of funds.
4. The individual signing certifies that any financial or other relationships with CWP Board Members or Staff are disclosed below. Check here if there are none:

Disclosures: List the name and title of each person that has a relationship with a CWP Board or staff member and list the name and role of the person associated with CWP or Board member.

Name and title of Employer's staff or board member who has or who's immediate family member or partner has a relationship with CWP Board or staff member.

Name of the CWP board or staff member and nature of the relationship (e.g., spouse, parent, child, sibling).

Name, Title

Name, Relationship

1.

1.

2.

2.

3.

3.

4.

4.

ASSURANCES

I recognize that I must give assurance for each item below. If I cannot, this application will be automatically rejected. The assurances are:

1. I am authorized by my Board of Directors, Trustees, other legally qualified officer, or as the owner of this agency or business to submit this proposal.
2. We are not currently on any Federal, State of Connecticut, or local Debarment List.
3. We have not had a contract terminated for cause by any State of Connecticut government entity.
4. We will provide records to show that we are fiscally solvent, if needed.
5. We have all of the fiscal controls and accounting procedures needed to ensure that public/private funds will be used as required by law and contract.

6. **We will meet all applicable Federal, State, and local compliance requirements.** These include, but are not limited to:
 - Records accurately reflect actual performance.
 - Maintain confidentiality of records, as required.
 - Report financial, participant, and performance data, as required.
 - Comply with Federal OMB Uniform Guidance at 2 CFR, Chapter I, Chapter II, Part 200, et al.
 - Comply with State of CT Cost Standards.
 - Comply with Federal and State non-discrimination provisions.
 - Meet requirements of Section 504 of the *Rehabilitation Act of 1973*.
 - Meet requirements of the *Americans with Disabilities Act of 1990*.
 - Meet all applicable labor law, including Child Labor Law standards.
 - Ensure organization is a Drug Free Workplace.
 - Ensure that contract funds will not be used to lobby.
 - Enforce zero tolerance for violence in the workplace.
 - Ensure that all staff with direct contact with minors under 18 undergo a criminal background check and only those individuals with a satisfactory result are employed in a program serving minors.

7. **We will not:**
 - Place a participant in a position that will displace a current employee.
 - Use public/private money to assist, promote, or deter union organizing.
 - Use funds to employ or train persons in sectarian activities.
 - Use funds for adults or youth in the construction, operation, or maintenance of any part of a facility to be used for sectarian instruction or religious worship.
 - Use public/private funds for activities that would interfere with or replace regular academic requirements for eligible youth that are not dropouts.

I hereby attest that these certifications, disclosures and assurances are true.

Signature of Authorized Representative

Date

Print name of Authorized Representative

Title of Authorized Representative

EMPLOYER AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL DATA

I understand that Unemployment Compensation (UC) records that are maintained at the Connecticut Department of Labor are protected under state and federal statute, and may not be disclosed to anyone outside of the Connecticut Department of Labor, except in accordance with such laws or with written consent.

I understand that the Connecticut Department of Labor will conduct a review to ensure this entity is clear of outstanding OSHA violations, wage violations, and UC Tax non-payment issues as part of the process to participate in the following programs (checked off):

- Incumbent Worker Training
- National Dislocated Worker Grant, No. _____
- Layoff Aversion/RR Program
- Workforce Innovation and Opportunity Act (WIOA) Eligible Training Providers List (ETPL)
- Other (i.e., OJT, Skills Training) _____

I, _____ (name), _____ (position at entity), state that I am authorized to sign this release on behalf of _____ (legal name of entity), located at _____ (entity address) with the **Federal Employer Identification Number (FEIN)** of _____ and the **CT UI Tax Registration number** of _____ to authorize the Connecticut Department of Labor to disclose information as to the status of the entity as verified by the Department's Unemployment Compensation (UC) Tax Unit to _____ (name of Workforce Development Board), for the purposes of such programs.

I understand that I can revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. This authorization will expire on _____, or twelve (12) months after the date of this authorization.

I am signing this form voluntarily, of my own free will.

Date

Signature