This application is for Title I Local Workforce Development Areas (Local Areas) seeking additional resources from the Maryland Department of Labor to support impacted workers through Rapid Response activities. This funding is awarded on an as-needed basis.

Please complete all fields of this application and submit it with the budget request.

Applicants should carefully review the *Rapid Response Policy* (which can be found here: <https://labor.maryland.gov/employment/mpi/>) prior to completing this application. The Policy provides details on required program components and key terminology associated with Rapid Response activities.

**Rapid Response Supplementary Funding Application Submission Checklist**

|  |
| --- |
| **REQUIRED DOCUMENTS** |
| * **Rapid Response Supplementary Funding Application** |
| * **Rapid Response Supplementary Funding Budget (.xlxs)** |

**Submission Instructions**

Completed applications must be submitted via email to [dlwdalrapidresponse-labor@maryland.gov](mailto:dlwdalrapidresponse-labor@maryland.gov). Submissions must include all required documents listed above and should be submitted as a file transfer or as attachments to a single email.

|  |  |  |
| --- | --- | --- |
| **SECTION 1: APPLICANT INFORMATION** | | |
| **1** | **Local Area Name** |  |
| **3** | **Point of Contact Name** |  |
| **4** | **Point of Contact Title** |  |
| **5** | **Point of Contact Email Address** |  |
| **6** | **Point of Contact Phone Number** |  |
| **7** | **Organization Street Address** |  |
|  |
|  |
| **8** | **Date of Submission** |  |

|  |  |
| --- | --- |
| **SECTION 2: RAPID RESPONSE ACTIVITIES INFORMATION** | |
| **9** | **Provide a brief overview of the Dislocation Event.** |
|  | |
| **10** | **Provide an overview of the Rapid Response activities that have already occurred in response to the Dislocation Event** |
|  | |
| **11** | **Explain the need for additional funding to provide Rapid Response services. In the explanation, please provide how the additional funds will be used to support impacted workers.** |
|  | |
| **12** | **Explain the outcomes that will be achieved with the funding, as well as the timeline that the funding will be spent.** |
|  | |
| **13** | **What is the intended start and end date for the funding? Please provide an explanation for the date range.** |
|  | |

**Instructions for Section 3: Program Financial Information**

Complete this section and provide financial information for the Rapid Response Supplementary Funding. Information in this section **must** be consistent with an itemized Rapid Response Supplementary Funding Budget. The Budget should be completed and submitted as an Excel document (.xlsx) along with this application. Please reconcile Section 3 of this application with the associated Budget prior to submission.

|  |  |  |
| --- | --- | --- |
| **SECTION 3: PROGRAM FINANCIAL INFORMATION** | | |
| **14** | Total percentage of WIOA Title I Dislocated Worker funds obligated |  |
| **15** | **Provide the following financial information about the funding requested.** | |
| **A** | Total amount of funding dedicated to impacted worker services | $ |
| **B** | Total amount of funding dedicated to impacted employers | $ |
| **C** | Total amount of funding dedicated for staffing | $ |
| **D** | Total funding amount requested | $ |

Prior to signing below, review all sections of this application for completion and accuracy. Review the Rapid Response Policy for any additional requirements associated with this program. Ensure that all required attachments and any desired optional attachments are included in the final submission.

|  |  |
| --- | --- |
|  | **AFFIRMED** |
| The undersigned affirms that the applicant organization and any prospective subawardees are in good standing with the Comptroller of Maryland and the Maryland Department of Labor. | |  | | --- | |  | |
| The undersigned affirms that the contents of this application are true and verifiable.  The undersigned agrees to all the requirements put forth in the program policy. | |  | | --- | |  |  |  | | --- | |  | |

|  |  |
| --- | --- |
| **Applicant Full Name** |  |
| **Applicant Title** |  |
| **Applicant Email** |  |
| **Applicant Phone Number** |  |

|  |  |
| --- | --- |
| **Applicant Signature** | **Date** |
|  |  |
|  |

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to [dlwdalrapidresponse-labor@maryland.gov](mailto:dlwdalrapidresponse-labor@maryland.gov).