

# Instructions for submitting request for TAA Funds for Training-Training Plan Details Use for Petitions 70000 and Above

**Customer Name:** Enter the trade-affected worker's name.

**Submitted by:** Enter your name.

**Email:** Enter your email address.

**Request Date:** Enter the date the request for funds is submitted to the Central Trade Act Office.

**Telephone Number:** Enter your telephone number.

**OSOS ID:** Enter the trade-affected worker's OSOS ID.

**Veteran:** Check box if trade-affected worker is a veteran.

**Initial funding request:** Check box if this is the 1<sup>st</sup> request.

**Subsequent request:** Check box if this is a subsequent request (2<sup>nd</sup> requests or any request that follows the 1<sup>st</sup> {initial} request).

**Total Cost of Training:** Enter the total cost of the entire training program. (For initial requests, lines 1 through 6 must add up to the total cost of training; for subsequent requests, the Total Funds Obligated plus lines 1 through 6 must add up to the total cost of training.)

**Petition Number:** Enter the 5 digit petition number.

**LWIA:** Enter the name of the LWIA.

**Total Funds Obligated:** Enter the total funds obligated. (This is the total funds previously approved minus the total funds de-obligated.)

**RTAA Participant:** Check box if trade-affected worker is participating in RTAA.

**Threatened Status:** Check box if the individual received a "threatened status" letter indicating customer was found to be an Adversely Affected Incumbent Worker.

**Total previously approved funds:** Enter the total amount of TAA funds that has been approved by the Central Trade Act Office.

**Total Funds De-obligated:** Enter the total amount of previously approved funds that have been de-obligated. (This box is not used for requesting de-obligations.)

**Request for TAA Funds for Training/Training Plan Details for Trade Act 2009 - FFY 2010  
(USE FOR PETITIONS #70000 AND ABOVE - Version Dated 4/10)**

Submitted by:	E-Mail:	Telephone:
Customer:	Request Date:	Threatened Status: <input type="checkbox"/>
OSOS ID: NY	Veteran: <input type="checkbox"/>	RTAA Participant: <input type="checkbox"/>
Petition Number:		LWIA:

**REQUEST FOR TAA FUNDS FOR TRAINING**

<input type="checkbox"/> Initial Funding Request	Total Previously Approved Funds:	\$
<input type="checkbox"/> Subsequent Funding Request	Minus Total Funds De-obligated to Date:	\$
	Total Funds Obligated:	\$

**Total cost of training program:** \$ (Note: Total cost must be all inclusive.)

1. TAA Funding Request for <b>FFY 2010</b> (expenditures that will be paid during the period <b>October 1, 2009-September 30, 2010</b> ):	\$
2. Anticipated Funding request for <b>FFY 2011</b> (expenditures that will be paid during the period <b>October 1, 2010-September 30, 2011</b> ):	\$
3. Anticipated Funding request for <b>FFY 2012</b> (expenditures that will be paid during the period <b>October 1, 2011-September 30, 2012</b> ):	\$
4. Anticipated Funding request for <b>FFY 2013</b> (expenditures that will be paid during the period <b>October 1, 2012-September 30, 2013</b> ):	\$
5. WIA Funding Amount:	\$
6. Other Funding Amount:	\$

**Funding Breakdown:**  Initial Request  Amended or Subsequent Request  
(Note: For Subsequent or Amended Requests for Funds, complete only if there are changes to the funding amounts specified in the Initial Request for Funds previously submitted.)

**CLASSROOM TRAINING**

Line 1: Captures the amount of TAA funds that will be expended during the current fiscal year.

Enter the total amount that will be expended during the period identified in #1. **Note:** We can only approve funds in the fiscal year in which the funds will be expended.

Enter the **anticipated** total amount that will be expended during the period identified in #2.

Enter the **anticipated** total amount that will be expended during the period identified in #3.

Enter the **anticipated** total amount that will be expended during the period identified in #4.

WIA Funding: Enter the total training cost that is to be paid with WIA funds.

Other Funding: Enter the total training costs that are to be paid with all other funding sources (Pell, TAP, VESID, Vet Grant, Employer Contributions or School Scholarship, etc.).

Line 2: Captures the amount of anticipated TAA funds that will be expended during the following fiscal year.

Line 3: Captures the amount of anticipated TAA funds that will be expended 2 years from the initial request.

Line 4: Captures the amount of anticipated TAA funds that will be expended 3 years from the initial request.

Line 5: Captures the total amount WIA funds that will be used.

Line 6: Captures the total amount of all other funding sources that will be used.

**Total cost of training program:** \$ (Note: Total cost must be all inclusive.)

1. TAA Funding Request for **FFY 2010** (expenditures that will be paid during the period **October 1, 2009–September 30, 2010**): \$

2. Anticipated Funding request for **FFY 2011** (expenditures that will be paid during the period **October 1, 2010–September 30, 2011**): \$

3. Anticipated Funding request for **FFY 2012** (expenditures that will be paid during the period **October 1, 2011–September 30, 2012**): \$

4. Anticipated Funding request for **FFY 2013** (expenditures that will be paid during the period **October 1, 2012–September 30, 2013**): \$

5. WIA Funding Amount: \$

6. Other Funding Amount: \$

**Funding Breakdown:**  **Initial Request**  **Amended or Subsequent Request**  
 (Note: For **Subsequent or Amended Requests for Funds**, complete only if there are changes to the fund amounts specified in the **Initial Request for Funds** previously submitted.)

CLASSROOM TRAINING									Total
	WIA Title I	TAA	VESID	WIA Title II	Veterans Grant	PELL	TAP	Other	
Tuition & Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$
Books & Supplies	\$	\$	\$	\$	\$	\$	\$	\$	\$
Subsistence	\$	\$	\$	\$	\$	\$	\$	\$	\$

Initial request: Check box if this is the 1<sup>st</sup> request for funds.

Amended or subsequent request: Check box if this is a subsequent requests for funds or when amending the request for funds or training plan details. **NOTE:** For Subsequent or Amended Requests for Funds, the cost breakdown section needs to be completed **only** if there are changes to the funding amounts specified in the initial request.

Classroom Training-Funding Breakdown: Enter the total training expense, by funding source, in the appropriate sections -- Tuition & Fees, Books & Supplies, Subsistence, Travel, Other.

OJT and Customized Training

Enter portion of the training costs to be paid by the Employer, WIA, TAA, or other in the appropriate fields.

**Note:** The employer's share must be no less than 50% of the total cost of training.

Initial Training Plan Details

Check box when submitting the 1<sup>st</sup> training plan details.

Occupational Goal: Enter trade-affected worker's occupational goal (expected job title upon completion of training).

Duration Box: Check box when the trade-affected worker is not eligible to receive UI or TRA or will exhaust benefits before completion of training and the trade-affected worker has confirmed availability of financial resources.

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CLASSROOM TRAINING									
	WIA Title I	TAA	VESID	WIA Title II	Veterans Grant	PELL	TAP	Other	Total
Tuition & Fees	\$	\$	\$	\$	\$	\$	\$	\$	\$
Books & Supplies	\$	\$	\$	\$	\$	\$	\$	\$	\$
Subsistence	\$	\$	\$	\$	\$	\$	\$	\$	\$
Travel	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$

OJT AND CUSTOMIZED TRAINING						
Type of Training	Employer Share	WIA Title I	TAA	Other	Total	
OJT	\$	\$	\$	\$	\$	\$
Customized	\$	\$	\$	\$	\$	\$

**Training Plan Details**  
 **Initial**  **Amended**  
 (Note: Complete Only if Initial Training Approval or Amended Training Approval)

**Occupational Goal/Title:**

Duration of occupational training exceeds the duration of remaining UI (if any) and TRA benefits. Financial resources were discussed with the worker before occupational training was approved and documented in case record.

Full-Time Training  
 Part-time Training  
 Combined FT/PT Training\*

\*If Combined, dates of Part-time Training:  
 Beginning Date: Ending Date:  
 Beginning Date: Ending Date:

On-Line Training  
 Combined On-Line and Classroom Training

**NOTE:** All funding expenses **must** equal the total cost of training.

Enter the total amount of OJT or Customized training

Amended Training Plan Details: Check box when the training plan details have changed, requiring the training program to be amended.

Full Time Training: Check box if training is full time.

Part time Training: Check box if training is part time.

Combined FT/PT Training\*: Check if training is a combination of full-time & part-time.

\*List beginning and end dates of training, if training is combined full-time & part-time.

On-line training: Check box if training is on-line

Combined On-line and Classroom Training: Check box if training is a combination of On-line & Classroom training

**OJT:** Check box if training is an on-the-job training program.

**FEIN:** provide the OJT employer's Federal Employer Identification Number.

**Start Date/End Date:** Enter the Start Date & End Date of OJT or Customized Training Program.

**Customized Training Provider:** Enter the name and address of the customized training provider.

**Classroom Training:** Check all appropriate boxes if classroom training is occupational, remedial, and/or pre-requisite.

**Employer's name:** Enter the name of the OJT or Customized Training Program Employer

**Due Diligence conducted:** indicate if Due Diligence has been conducted by NYS Dept of Labor regarding the OJT Employer. If it has been conducted indicate the date.

**Address:** Provide the address for the OJT employer

**Customized Training:** Check box if training is

**Hourly Wage:** Enter the OJT hourly wage earned or to be earned upon completion of customized training program.

**Weeks of Training:** Enter the total number of weeks of OJT or Customized Training.

**Type of Program:** Check box to indicate type of degree or certificate to be earned upon completion of training.

**Occupational Training:** Enter the provider's name, address, specific training course, training start date & end date, weeks of occupational training and any scheduled breaks greater than 30 days. If multiple providers, put slashes between entries or, if necessary, add another page.

**Remedial Training:** Enter the remedial training provider's name, address, specific training course, training start & end date, weeks of remedial training, and scheduled breaks greater than 30 days. If multiple providers, put slashes between entries or, if necessary, add another page.

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**OJT or Customized Training**

OJT  Customized Training

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

FEIN: \_\_\_\_\_ Due Diligence Conducted: No  Yes  If yes, Date: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # Weeks of Training: \_\_\_\_\_ Hourly Wage: \$ \_\_\_\_\_

Customized Training Provider: \_\_\_\_\_

Address: \_\_\_\_\_

**Classroom Training**

Classroom - Occupational Training  Classroom - Prerequisite Training

Classroom - Remedial Training Total # of Weeks of Training: \_\_\_\_\_

Type of Program:  Certificate  Associates Degree  Bachelors Degree  Masters Degree  None

Other, Please Specify: \_\_\_\_\_

Occupational Training Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Training Course: \_\_\_\_\_

Training Start Date: \_\_\_\_\_ Training End Date: \_\_\_\_\_ # Weeks of Occupational Training: \_\_\_\_\_

List all Scheduled Breaks in Training Greater than 30 Days: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Remedial Training Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Training Course: \_\_\_\_\_

Training Start Date: \_\_\_\_\_ Training End Date: \_\_\_\_\_ # Weeks of Remedial Training: \_\_\_\_\_

List all Scheduled Breaks in Training Greater than 30 Days: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

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**Prerequisite Training:**

Enter the prerequisite provider's name, address, specific training course, training course start & end date, weeks of prerequisite training and any scheduled breaks greater than 30 days. If multiple providers, put slashes between entries or, if necessary, add another page.

**Date:**

The date TAA funds and training plan details were approved or disapproved by Central Trade Act Office.

**Training Plan Posting – Yes:** This box is checked when the training plan details have been posted to the shared database.

**Training Plan Posting – No:** This box is checked when the training plan details cannot be posted to the shared database.

**Training Plan Posting – Not Applicable:** This box is checked when posting the training plan to the shared database is not required.

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Prerequisite Training Provider: [ ]  
 Address: [ ]  
 Training Course: [ ]  
 Training Start Date: [ ] Training End Date: [ ] # Weeks of Prerequisite Training: [ ]  
 List all Scheduled Breaks in Training Greater than 30 Days: Beginning Date: [ ] Ending Date: [ ]  
 Beginning Date: [ ] Ending Date: [ ]

\*\*\* **For Central Office Use Only** \*\*\*

Date: [ ]

**This request is approved for \$** [ ]

By accepting these funds you guarantee that; the individual is dual-enrolled in TAA and WIA; the individual is eligible for TAA and that the funds will support a TAA approved training plan; the funds will be used according to Federal TAA regulations and policy and guidance provided by the NYSDOL; activity and services will be recorded on the OSOS and notices will be made to NYSDOL via the interim forms when needed.

**This request is not approved because** [ ]

**Training Plan Details have been posted to the shared database:**  Yes  No  Not Applicable

**This request is approved for:** If approved, box will be checked and the amount of TAA approved funds will be listed here. .

**Note:** Only amount listed as "approved" is TAA approved funds.

**This request is not approved because:** If disapproved, reason for disapproval will be listed.

Once form has been completed submit as email attachment to [Funding.WDTD@Labor.ny.gov](mailto:Funding.WDTD@Labor.ny.gov)