# Requests for Supplemental Funding to Serve Small Layoffs - Written Narrative

# **Provider Name:** [provider name]

**Submission Date:** [date]

**Funding Stream:** [funding stream]

We recommend completing the Supplemental Funding Request Worksheet (Excel doc) before answering the questions below. Please make sure the financial information reported in the Worksheet matches what you report below.

|  |  |
| --- | --- |
| **Amount of Funding Requested:** | **Number of Additional Participants Served:** |
|  |  |
| **Total Allocation:** | **Total Number of Participants Served:** |
|  |  |

# Statutory Requirements:

1. The number of substantial layoffs to date:
2. Notices of substantial layoffs for the remainder of the fiscal year:
3. Evidence of declining industries:
4. The number of permanently separated individuals applying for unemployment benefits by workforce development area:
5. The number of individuals exhausting unemployment benefits by workforce development area:

# Demonstrated Need vs. Plan

Based on the financial information reported in the Worksheet (Excel doc), please answer the questions below:

|  |  |  |
| --- | --- | --- |
| **Evaluation Guideline** | **Actual Value** | **Meets Criteria? (Y/N)** |
| At least 80% of total planned participants for SFY22 have been enrolled at the time of the request: |  |  |
| At least 70% of total grant funds for SFY22 are obligated or expended: |  |  |
| At least 90% of total funds for SFY21 are expended or obligated at the time of the request: |  |  |
| Not to exceed $4,500 average cost per participant: |  |  |

## Previous Requested MJSP Supplemental Funding

|  |  |  |
| --- | --- | --- |
| **Amount Requested** | **Date Requested** | **Approval Date, if applicable** |
|  |  |  |
|  |  |  |

***Reminder:*** *Requests must be received by DEED staff at least 30 days prior to the Board meeting date.*