BACKGROUND

The Workforce Innovation and Opportunity Act (WIOA) Title I funds may not be used to encourage or induce a business or part of a business to relocate from any location in the United States if the relocation results in any employee losing their job at the original location. When a relocation results in employee job loss at the original location, WIOA funds may not be used for customized training, skill training, on-the-job training, or company-specific assessments of job applicants or employees until the company has operated at the new location for a minimum of 120 days.

INFORMATION FROM NOW ARCHIVED STATE POLICY #3645 (STILL APPLICABLE)

In order to verify that an establishment which is new or expanding is not, in fact, relocating employment from another area, the Workforce Development Council (WDC) or its designee and the new or expanding business must jointly complete and document a standardized pre-award review. This pre-award review is a prerequisite to the business’ receipt of any WIOA-funded services. As a result of the review, if it is determined that relocation from one labor market area within the United States (U.S.) and its territories to another labor market area has occurred; the following criteria must be met:

Please note: A labor market area consists of a central city and surrounding area; it is an economically integrated geographical unit within which workers may readily change jobs without changing their residence.

Criteria:

1. The relocation did not result in any employee losing his or her job at the original location; or

2. If the relocation did result in any employee losing his or her job at the original location, the company has been in operation (e.g., in production or providing services) in the new location for a minimum of 120 days.

THE PRE-AWARD REVIEW:

Pacific Mountain Workforce Development Council (PacMtn) has created separate templates for the purpose of simplifying the process of documenting employers who:

a. Have not relocated from another location or
   Have not relocated but expanded operations (Attachment A),

b. Have relocated from another location (Attachment B).
BUSINESS INFORMATION:

1) Provide the name(s) under which the establishment does business (including predecessors and successors in interest).
   a. ___________________________________________________
   b. ___________________________________________________

2) Date the company or establishment did or will commence operations. Date ________________

3) The name, title & address of the company official certifying the information.
   Name & Title: _______________________________________________
   Address: ______________________________________________

EMPLOYER CERTIFICATIONS:

1. The employer certifies that the business is not a relocation to the address of operation:

2. The employer agrees to defend, indemnify, and save the state of Washington, and the Pacific Mountain Workforce Development Council (PacMtn) as the reviewing entity harmless from and against any and all liability, loss, damage, cost, and expense, including court costs and attorney fees (whether or not litigation be commenced), of whatever nature or type, including WIOA disallowed costs, that the State or PacMtn may suffer, incur or be required to pay, which result from the employer’s failure to provide accurate information in response to the WIOA Pre-Award Review.

As the authorized official of the employer, I certify that the WIOA Standardized Pre-Award Review information set forth above is true and accurate.

Authorized Representative’s Name and Title

_______________________________     Date:  _______________

PACMTN CERTIFICATION:

The WIOA pre-award review was conducted in accordance with WIOA State Policy on Business Relocation: Standardized Pre-Award Review. Neither the State of Washington or PacMtn as the Entity conducting the review, shall be legally liable regarding the responses provided by the employer during the conduct of this review. Based upon this review, WIOA Title I assistance to this establishment is:

☐ Appropriate

☐ Not Appropriate

Reviewer's Name & Title: _______________________________________________

Signature: _________________________________     Date:  __________________
BUSINESS INFORMATION:

1) Provide the name(s) under which the establishment does business (including predecessors and successors in interest).
   a. ___________________________________________________________
   b. ___________________________________________________________

2) Provide the current address that the company has relocated to:
   Street Address: _______________________________________________
   City/State/Zip: ______________________________________________

3) Name and title of the company official certifying the relocation information:
   Name:_______________________________________________________
   Title:_______________________________________________________
   Phone:_______________________________________________________
   Email:_______________________________________________________

REQUIREMENTS FOR A BUSINESS THAT RELOCATES:

When the employer has relocated from one labor market area within the United States and its territories to another labor market area, the following information must be obtained from the employer:

1) Name and address of any facility in another geographic location that has been or will be closed or from which business is being transferred.
   a) Company Name:_____________________________________________
   b) Street Address:_____________________________________________
   c) City/State/Zip:_____________________________________________

2) WARN notice information:
   a) Was a WARN notice filed: Yes ____ No ____

3) A statement about job losses at the former location (Provide this as an attachment):
4) Was a collective bargaining agreement in place that covered the affected employees: Yes ___ No ___
   a) If yes, provide the name of union representative. (WIOA staff must consult with the labor representative to confirm whether any dislocations from the relocation occurred and provide a summary of the discussion.)
      i) Union Representative Name:
      ii) Phone Number and/or Email:

5) If the relocation did result in any employee losing his or her job at the original location, determine whether or not the company has been in operation (e.g.; in production or providing services) in the new location for a minimum of 120 days.
   a) Date company did or will commence operations at new facility: Date _______________
   b) Date the facility in another geographic area did or will close: Date: _______________

EMPLOYER CERTIFICATIONS:

The employer agrees to defend, indemnify, and save the state of Washington, and the Pacific Mountain Workforce Development Council (PacMtn) as the reviewing entity harmless from and against any and all liability, loss, damage, cost, and expense, including court costs and attorney fees (whether or not litigation be commenced), of whatever nature or type, including WIOA disallowed costs, that the State or PacMtn may suffer, incur or be required to pay, which result from the employer’s failure to provide accurate information in response to the WIOA Pre-Award Review.

As the authorized official of the employer, I certify that the WIOA Standardized Pre-Award Review information set forth above is true and accurate.

__________________________________________
Authorized Representative’s Name, Title, and Date

PACMTN CERTIFICATION:

The WIOA pre-award review was conducted in accordance with WIOA State Policy on Business Relocation: Standardized Pre-Award Review. Neither the State of Washington or PacMtn as the Entity conducting the review, shall be legally liable regarding the responses provided by the employer during the conduct of this review. Based upon this review, WIOA Title I assistance to this establishment is:

☐ Appropriate
☐ Not Appropriate

Print Reviewer’s Name & Title: __________________________________________________________

Signature: __________________________________________________________________________ Date: __________________