

**EWTF Pre-Eligibility Screening Questionnaire**

Business Name:

Date:

Thank you for your interest in the Employer Workforce Training Fund Program. Priority for funding is given to applicants who demonstrate that funding could assist the business in avoiding a layoff, downsizing or closure; or would provide retention opportunities by upgrading employee skills as a result of the training. I have 5 pre-eligibility questions which will help to identify whether you meet the funding criteria for this program. Responses to the questions will be kept confidential.

|   |   |     |    |
|---|---|-----|----|
| 1 | Have you announced that your facility will close or that a layoff is planned?<br>(Yes, go to Question 2)<br>(No, go to Question 3)  | Yes | No |
| 2 | Is the closure or layoff more than 180 days in the future?<br>(Yes, go to Question 4)<br>(No, refer employer to your Dislocated Worker Liaison, _____, for Rapid Response services.<br>The business is not an eligible candidate for EWTF.) | Yes | No |
| 3 | Is your business or facility at risk of staff lay-offs, downsizing or closure?<br>(Yes, go to Question 4)<br>(No, the business is not an eligible candidate for EWTF.)  | Yes | No |
| 4 | Would enhancing employee skills result in retention of the employee by your business?<br>(Yes, go to Question 5)<br>(No, the business is not an eligible candidate for EWTF.)   | Yes | No |
| 5 | Is the training you have in mind for this project outside the regular training plan for employees?<br>(Yes, go to Next Steps)<br>(No, the business is not an eligible candidate for EWTF.)  | Yes | No |

**Next Steps**

If the answer is 'Yes' for questions (1, 2, 4 and 5) or (3, 4 and 5) then it appears you are eligible for Employer Workforce Training Funds. There are now a few more steps we need completed before starting a training project.

**Steps to Complete:**

- EWTF Employer Project Application
- Administrative Review Against Funding Criteria and Possible Award of Project
- One-on-One Orientation to the Program and Contract Meeting

Once you have completed the steps above you will be able to begin your training project.

**Contact Information:**

Name:

Mailing Address:

Phone Number:

E-Mail Address:

EWTF Employer Application Packet Requested: How do you prefer to receive this information?

E-mail

Mail

Pick up at a WorkSource office

*The following is for office use only:*

|                  |    |            |             |
|------------------|----|------------|-------------|
| Packet Sent? Yes | No | Date Sent: | Staff Name: |
|------------------|----|------------|-------------|

Comments: