

The following application is for a grant modification request. This cover page summarizes what was changed from the last approved application.

Modification Details

Project ID: IN-08
Descriptive Title: RV industry Layoffs
Project Type: Regular
Application Number: NEG-IN-ST-08-001.2
Grant Number:

| | |
|--------------------------|---|
| MODIFICATION TYPE | Non-Financial |
| MODIFICATION EXPLANATION | This modification request is included in the Additional Information section, attached as an Other Supporting File document, titled NEG-IN-ST-08-001.2 Modification Explanation. |

| AREA OF MODIFICATION | CHANGES |
|--------------------------|--|
| Project Basics | Areas Affected by Project and/or Congressional Districts Affected by the Project have changed. |
| Participation | <p>The Total Number of Planned Participants on this application (1,327) is different from the approved up-to amount for this grant (1,040). Narrative: With the inclusion of dislocations from Starcraft RV, Fleetwood Travel Trailers, Jayco, Entegra Coach, and Flexsteel Industries, as well as an additional layoff at Fleetwood Motor Homes, the number of projected participants in this project has increased. This modification increases the total number of affected workers from 2,585 to 3,577, and the total number of participants from 1,040 to 1,327. These changes have been reflected in the project plan and the employers/events sections of the grant application.</p> <p>The Cost-Per-Participant on this application (\$7,833.46) is different from the approved calculated Cost-Per-Participant for this grant (\$9,995.19). The total number of affected workers has been increased from 2,585 to 3,577. The total number of participants Enrolled in Training has been increased from 1,040 to 1,327.</p> |
| Employer Data | <p>Starcraft RV, Inc has been added. Fleetwood Travel Trailers of IN, Inc. has been added. Jayco, Inc. has been added. Entegra Coach has been added. Flexsteel Industries Inc. has been added.</p> |
| Project Operators | The Point of Contact for Indiana Department of Workforce Development has been updated. |

| Application for Federal Assistance SF-424 | | Version 02 |
|---|--|---|
| *1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application | *2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | * If Revision, select appropriate letter(s) *Other (Specify) |
| 3. Date Received: 01/15/2009 | 4. Applicant Identifier: | |
| 5a. Federal Entity Identifier: NEG-IN-ST-08-001.2 | *5b. Federal Award Identifier: EM-17760-08-60-A-18 | |
| State Use Only: | | |
| 6. Date Received By State: | 7. State Application Identifier: | |
| 8. APPLICANT INFORMATION: | | |
| *a. Legal Name: Indiana Department of Workforce Development | | |
| *b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6000158 | *c. Organizational DUNS: 824799613 | |
| d. Address: | | |
| *Street 1: | 10 N. Senate Avenue | |
| Street 2: | | |
| *City: | Indianapolis | |
| County: | Marion | |
| *State: | IN | |
| Province: | | |
| *Country: | US | |
| *Zip / Postal Code: | 46204 | |
| e. Organizational Unit: | | |
| Department Name: Field Operations | Division Name: | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: | *First Name: | |
| Middle Name: | | |
| *Last Name: | <u>Nate Klinck</u> | |
| Suffix: | | |
| Title: | | |
| Organizational Affiliation: Field Operations | | |
| *Telephone Number: (317) 233-8279 | Fax Number: (317) 233-6081 | |
| *Email: nklinck@dwd.in.gov | | |

| | |
|---|------------|
| Application for Federal Assistance SF-424 | Version 02 |
| *9. Type of Application 1: Select Applicant Type: A. State Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: *Other (Specify) | |
| *10. Name of Federal Agency: DOL/ETA | |
| 11. Catalog of Federal Domestic Assistance Number: 17 - 260 CFDA Title: WIA DISLOCATED WORKERS | |
| *12. Funding Opportunity Number: N/A *Title: N/A | |
| 13. Competition Identification Number: Title: | |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): Indiana Economic Growth Region 2 (Elkhart County, St. Joseph County, Marshall County, Kosciusko County, and Fulton County), Indiana Economic Growth Region 3 (Lagrange County, Steuben County, Noble County, DeKalb County, Whitley County, Allen County, Wabash County, Huntington County, Wells County, Adams County, and Grant County), and Montgomery County. | |
| *15. Descriptive Title of Applicant's Project: RV industry Layoffs | |

| | | |
|--|-------------------------|--|
| Application for Federal Assistance SF-424 | | Version 02 |
| 16. Congressional Districts Of: | | |
| *a. Applicant: IN District 1, IN District 2, IN District 3, IN District 4, IN District 5, IN District 6, IN District 7, IN District 8, IN District 9 | | *b. Program/Project: IN District 2, IN District 3, IN District 4, IN District 5, IN District 6 |
| 17. Proposed Project: | | |
| *a. Start Date: 07/10/2008 | | *b. End Date: 12/31/2010 |
| 18. Estimated Funding (\$): | | |
| *a. Federal: | \$ 10,395,000 | |
| *b. Applicant: | \$ 0 | |
| *c. State: | \$ 0 | |
| *d. Local: | \$ 0 | |
| *e. Other: | \$ 0 | |
| *f. Program Income: | \$ 0 | |
| *g. TOTAL: | \$ 10,395,000 | |
| *19. Is Application Subject to Review By State Under Executive Order 12372 Process? | | |
| [] a. This application was made available to the State under the Executive Order 12372 Process for review on | | |
| [] b. Program is subject to E.O. 12372 but has not been selected by the State for review. | | |
| [X] c. Program is not covered by E.O. 12372. | | |
| *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) | | |
| [] Yes [X] No | | |
| 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) | | |
| [X] ** I AGREE | | |
| ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | | |
| Authorized Representative: | | |
| Prefix: | *First Name: | |
| Middle Name: | | |
| *Last Name: | <u>Martin E. Morrow</u> | |
| Suffix: | | |
| *Title: Chief Operating Officer | | |
| *Telephone Number: (317) 232-7443 | | Fax Number: 317-233-1670 |
| *Email: MaMorrow@dwd.IN.gov | | |
| *Signature of Authorized Representative: Martin E. Morrow | | *Date Signed: 01/15/2009 |

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

| Item | Entry: | Item | Entry: |
|------|---|------|---|
| 1. | Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. | 10. | Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application. |
| | | 11. | Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. |
| 2. | Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New - An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) | 12. | Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement. |
| | | 13. | Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable. |
| | | 14. | Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed. |
| 3. | Date Received: Leave this field blank. This date will be assigned by the Federal agency. | 15. | Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project. |
| 4. | Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or the applicant's control number if applicable. | | |
| 5a. | Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any. | 16. | Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA- 012 for California 12th district, NC-103 for North Carolina's 103rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000. |
| 5b. | Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a hanged/corrected application, enter the Federal Identifier in accordance with agency instructions. | | |
| 6. | Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable. | | |
| 7. | State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable. | | |
| 8. | Applicant Information: Enter the following in accordance with agency instructions: <p>a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</p> <p>b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.</p> | 17. | Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project. |
| | | 18. | Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. |

| | | | | |
|---|--|---|---|--|
| | <p>c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</p> | 19. | <p>Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State.</p> | |
| | <p>d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</p> | 20. | <p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.</p> | |
| | <p>e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.</p> | 21. | <p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p> | |
| | <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p> | | | |
| 9. | <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="180 783 813 1484"> <tr> <td data-bbox="180 783 532 1314"> <p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p> </td> <td data-bbox="532 783 813 1484"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p> </td> </tr> </table> | <p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p> | <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p> | |
| <p>A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority</p> | <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)</p> | | | |

Project Synopsis Form

| | | |
|--|--|---|
| State of IN | Amount of Funding Request \$10,395,000 | Amount Approved by DOL \$ |
| Project Name: RV industry Layoffs | | |
| Project Type: Regular | | |
| Description of Activities and Services To Be Provided: The activities and services that will be offered as part of this project are broken into three categories: Individual Training Accounts (ITAs), Supportive Services, and Core/Intensive Services. Within this project, the provisions of ITAs will be the primary service. Workers dislocated from the RV manufacturing industry will be granted an ITA of up to \$6000 over two years (24 months) in order to complete accredited training or an associates degree in a field that falls within the occupations in-demand for North Central Indiana. The second type of service that will be offered to these participants is supportive services. The supportive services will assist participants in providing necessary financial support during their education. Finally, core and intensive services will be offered to every participant. Activities that will be offered as core and intensive services will include ongoing case management, job readiness workshops, and career fairs. The core and intensive services will focus on helping participants prepare for and locate suitable employment before, during, and at the conclusion of training. | | |
| Application Type: Full (If Emergency, reason:) | | |
| Description of Dislocation Event: During the summer of 2008, the workforce of Elkhart County, in northern Indiana, was devastated by the downturn in the recreational vehicle (RV) industry. To date, at least 6 RV companies located in Elkhart County have announced a number of layoffs, which have caused, or will cause, at least 2,200 employees to be dislocated. Between December 2007 and July 2008, unemployment in Elkhart County rose from 4.7% to 9.3%. With the inclusion of these additional dislocations, it is projected that the unemployment rate could spike to 11 or 12% within the next few months. The objective of this project is to provide approximately 900 individuals dislocated from the RV industry with the opportunity to receive an ITA for up to \$6000 and associated core, intensive and supportive services that will enable these workers to enter into and complete an associates degree or accredited training program in an occupational field that is both high wage and in-demand in Northern Indiana. | | |
| Type of Eligible Dislocation Event: <input type="checkbox"/> Plant Closure/Mass Layoff <input type="checkbox"/> Community Impact Layoffs <input type="checkbox"/> Military Installation <input checked="" type="checkbox"/> Industry Wide : 31-33 - Manufacturing | | |
| Applicant Contact Person: Nate Klinck | | |
| Street Address 1: 10 N. Senate Avenue | | |
| Street Address 2: | | |
| City: Indianapolis State: IN Zip Code: 46204 | | |
| Telephone: (317) 233-8279 | | |
| Fax: (317) 233-6081 | | |
| Email: nklinck@dwd.in.gov | | |
| Planned Number of Participants: | 1,327 | Planned Entered Employment Rate: 78% |
| Planned Cost per Participant: | \$7833.46 | Actual Cost per Participant in Prior PY: \$5159 |
| % of Planned Participants Receiving NRPs: 0% | | Planned Earnings: 14689 |
| Counties included in Project Service Area: Indiana Economic Growth Region 2 (Elkhart County, St. Joseph County, Marshall County, Kosciusko County, and Fulton County), Indiana Economic Growth Region 3 (Lagrange County, Steuben County, Noble County, DeKalb County, Whitley County, Allen County, Wabash County, Huntington County, Wells County, Adams County, and Grant County), and Montgomery County. | | |
| Project Operator Listing: Indiana Department of Workforce Development, Partners for Workforce Solutions, Workforce Development Group, Inc. | | |

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------------|---------------------------------------|---------------------------------|----------------------|----------------|----------------------------|
| Dutchmen Manufacturing | 305 Steury Avenue Goshen, IN 46526 | Public Announcement by Employer | 07/04/2008 | 08/24/2008 | 116 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 07/07/2008 Contact with Workers: 07/23/2008 07/30/2008 08/06/2008 | 116 | 80 | Date Filed: 0 Number of Workers Covered Not applicable | 46 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|-------------------------------------|-------------------|----------------------|----------------|----------------------------|
| Entegra Coach | 66149 S.R. 19 Wakarusa, IN 46573 | WARN | 12/09/2008 | 02/07/2009 | 134 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 11/10/2008 Contact with Workers: 12/16/2008 | 150 | None | Date Filed: 0 Number of Workers Covered Not applicable | 30 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|-----------------------|--|------------------------------------|----------------------|--------------------------|-------------------------------|
| Fleetwood Motor Homes | 1030 E. US Highway 224 Decatur, IN 46733 | Public Announcement by Employer | 06/14/2008 | 06/13/2008 12/16/2008 | 301 220 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 06/14/2008 12/15/2008 Contact with Workers: 07/22/2008 09/18/2008 12/22/2008 | 415 | None | Date Filed: 0 Number of Workers Covered Not applicable | 140 | None |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|---------------------------------------|---|-------------------|----------------------|----------------|----------------------------|
| Fleetwood Travel Trailers of IN, Inc. | 1635 Elmore Street Crawfordsville, IN 47933 | WARN | 11/21/2008 | 01/19/2009 | 107 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|--------------------------------------|------------------------|-------------------------|---|--------------------------------|-----------------------------------|
| Contact with Employer: 12/01/2008 | 107 | 106 | Date Filed: | 50 | |
| Contact with Workers: 12/10/2008 | | | 0 Number of Workers Covered Not applicable | | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|---------------------------|------------------------------------|-------------------|----------------------|----------------|----------------------------|
| Flexsteel Industries Inc. | 72104 CR 23 New Paris, IN 46553 | WARN | 09/10/2008 | 11/09/2008 | 157 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 09/16/2008 Contact with Workers: 11/07/2008 | 157 | None | Date Filed: 0 Number of Workers Covered Not applicable | 32 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|--|-------------------|----------------------|--|---------------------------------------|
| Jayco, Inc. | 903 S. Main Street PO Box 460 Middlebury, IN 46540 | Other | 11/04/2008 | 07/25/2008 08/29/2008 09/29/2008 10/09/2008 | 4 86 7 21 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|--------------------------------------|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 11/04/2008 | 0 | None | Date Filed: 0 Number of Workers Covered | 50 | |
| Contact with Workers: 12/05/2008 | | | Not applicable | | |

| | |
|----------------------------------|-------------------------|
| Type of Business: Not Applicable | Two-Digit NAIC Code: 00 |
|----------------------------------|-------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|---------------------|--|---------------------------------|----------------------|----------------|----------------------------|
| Keystone RV Company | 2642 Hackberry Drive Goshen, IN 46526 | Public Announcement by Employer | 08/08/2008 | 08/07/2008 | 290 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 08/07/2008 | 200 | None | Date Filed: 0 Number of Workers Covered | 116 | None |
| Contact with Workers: 08/12/2008 08/13/2008 | | | Not applicable | | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|--|-------------------|----------------------|----------------|----------------------------|
| Monaco Coach | 1205 E. Lincoln Street Nappanee, IN 46550 | WARN | 07/17/2008 | 09/17/2008 | 117 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008 | 110 | 82 | Date Filed: 0 Number of Workers Covered Not applicable | 50 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|--|-------------------|----------------------|----------------|----------------------------|
| Monaco Coach | 1809 W. Hively Avenue Elkhart, IN 46517 | WARN | 07/17/2008 | 09/17/2008 | 43 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008 | 40 | 30 | Date Filed: 0 Number of Workers Covered Not applicable | 18 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|--|-------------------|----------------------|----------------|----------------------------|
| Monaco Coach | 606 Nelson's Parkway Wakarusa, IN 46573 | WARN | 07/17/2008 | 09/17/2008 | 988 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008 | 975 | 692 | Date Filed: 0 Number of Workers Covered Not applicable | 385 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|--|-------------------|----------------------|----------------|----------------------------|
| Monaco Coach | 1901 W. Hively Avenue Elkhart, IN 46517 | WARN | 07/17/2008 | 09/17/2008 | 131 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008 | 125 | 92 | Date Filed: 0 Number of Workers Covered Not applicable | 55 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|------------------|--|-------------------|----------------------|----------------|----------------------------|
| Monaco Coach | 2700 S. Nappanee Street Elkhart, IN 46517 | WARN | 07/17/2008 | 09/17/2008 | 150 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 07/17/2008 08/04/2008 08/05/2008 08/06/2008 Contact with Workers: 08/04/2008 08/05/2008 08/06/2008 | 130 | None | Date Filed: 0 Number of Workers Covered Not applicable | 60 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|--------------------|--|---------------------------------|----------------------|--------------------------|------------------------------|
| Newmar Corporation | 355 N. Delaware Street Nappanee, IN 46550 | Public Announcement by Employer | 07/10/2008 | 07/09/2008 08/13/2008 | 160 31 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|--------------------------------------|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 06/30/2008 | 180 | 75 | Date Filed: 0 Number of Workers Covered | 72 | |
| Contact with Workers: 08/18/2008 | | | Not applicable | | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|-----------------------|--|---------------------------------|----------------------|----------------|----------------------------|
| Pilgrim International | 109 14th Avenue Middlebury, IN 46540 | Public Announcement by Employer | 08/09/2008 | 08/09/2008 | 46 Closure: No |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: None Contact with Workers: 08/18/2008 | 40 | None | Date Filed: 0 Number of Workers Covered Not applicable | 17 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|-----------------------|--|---------------------------------|----------------------|----------------|----------------------------|
| Pilgrim International | 109 14th Avenue Middlebury, IN 46540 | Public Announcement by Employer | 08/09/2008 | 08/09/2008 | 132 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: None Contact with Workers: 08/18/2008 | 130 | 0 | Date Filed: 0 Number of Workers Covered Not applicable | 50 | None |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|-------------------|---|-------------------|----------------------|----------------|----------------------------|
| Starcraft RV, Inc | 536 Michigan Street Topeka, IN 46571 | WARN | 11/17/2008 | 01/17/2009 | 256 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|--------------------------------------|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 11/20/2008 | 256 | 150 | Date Filed: 0 Number of Workers Covered | 125 | |
| Contact with Workers: 11/20/2008 | | | Not applicable | | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Employer Data Form

| Company/Industry | Location of Facility | Notification Type | Date of Notification | Layoff Date(s) | Number of Affected Workers |
|--------------------|--|-------------------|----------------------|----------------|----------------------------|
| Sundowner Trailers | 1110 County Road 6 West Elkhart, IN 46514 | WARN | 08/01/2008 | 10/03/2008 | 80 Closure: Yes |

| Date(s) of Rapid Response Actions | # of Workers Contacted | Field Surveys Completed | TAA Petition | Number of Planned Participants | Labor Organization Representation |
|---|------------------------|-------------------------|--|--------------------------------|-----------------------------------|
| Contact with Employer: 08/01/2008 08/05/2008 Contact with Workers: 08/18/2008 08/19/2008 | 0 | None | Date Filed: 0 Number of Workers Covered Not applicable | 31 | |

| | |
|---------------------------------|----------------------------|
| Type of Business: Manufacturing | Two-Digit NAIC Code: 31-33 |
|---------------------------------|----------------------------|

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 30 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Project Operator Data Form

| | | |
|--|-------------------|-----------------|
| Project Operator: Indiana Department of Workforce Development | | |
| Street Address 1: 10 N. Senate Avenue | | |
| Street Address 2: | | |
| City: Indianapolis | State: IN | Zip Code: 46204 |
| Contact Person: Nate Klinck | | |
| Telephone: (317) 233-8279 | | |
| FAX: (317) 233-6081 | | |
| Email: nklinck@dwd.in.gov | | |
| Duration of Project Operator Agreement: | Start: 07/10/2008 | End: 12/31/2010 |
| Funding Level: \$750,000 | | |
| Number of Participants: 127 | | |
| Counties included in Project Operator Service Area: All counties in State of Indiana | | |

ETA 9107 (February 2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Project Operator Data Form

| | | |
|--|-------------------|-----------------|
| Project Operator: Partners for Workforce Solutions | | |
| Street Address 1: 300 E. Main Street | | |
| Street Address 2: Suite 100 | | |
| City: Ft. Wayne | State: IN | Zip Code: 46802 |
| Contact Person: Kathleen Randolph | | |
| Telephone: (260) 459-1400 4502 | | |
| FAX: (260) 436-5973 | | |
| Email: kathleen.randolph@neibib.org | | |
| Duration of Project Operator Agreement: | Start: 07/10/2008 | End: 12/31/2010 |
| Funding Level: \$1,000,000 | | |
| Number of Participants: 300 | | |
| Counties included in Project Operator Service Area: Adams; Allen; DeKalb; Grant; Huntington; LaGrange; Noble; Steuben; Wabash; Wells; and Whitley. | | |

ETA 9107 (February 2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Project Operator Data Form

| | | |
|---|-------------------|-----------------|
| Project Operator: Workforce Development Group, Inc. | | |
| Street Address 1: 401 E. Colfax Avenue | | |
| Street Address 2: Suite 307 | | |
| City: South Bend | State: IN | Zip Code: 46617 |
| Contact Person: Kay Cochrane | | |
| Telephone: (574) 239-2380 214 | | |
| FAX: (574) 239-2386 | | |
| Email: kcochrane@wdgusa.com | | |
| Duration of Project Operator Agreement: | Start: 07/10/2008 | End: 12/31/2010 |
| Funding Level: \$1,750,000 | | |
| Number of Participants: 900 | | |
| Counties included in Project Operator Service Area: Elkhart, St. Joseph, Marshall, Kosciusko, and Fulton Counties | | |

ETA 9107 (February 2003)

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 15 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

BUDGET INFORMATION - Non-Construction Programs

OMB Approval no. 0348-0044

SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|--|-----------------------------|--------------------|-----------------------|--------------------|--------------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. TOTALS | | | | | | |

SECTION B - BUDGET CATEGORIES

| 6. OBJECT CLASS CATEGORIES | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total |
|---|-------------------------------------|----------------------|-----|-----|-------|
| | (1) Admin Costs | (2) Program Costs | (3) | (4) | (5) |
| a. Personnel | \$0 | \$0 | | | \$0 |
| b. Fringe Benefits | \$0 | \$0 | | | \$0 |
| c. Travel | \$0 | \$0 | | | \$0 |
| d. Equipment | \$0 | \$0 | | | \$0 |
| e. Supplies | \$0 | \$0 | | | \$0 |
| f. Contractual | \$0 | \$0 | | | \$0 |
| g. Construction | \$0 | \$0 | | | \$0 |
| h. Other | \$0 | \$0 | | | \$0 |
| i. Total direct Charges (sum of 6a-6h) | \$0 | \$0 | | | \$0 |
| j. Indirect Charges | \$0 | \$0 | | | \$0 |
| k. TOTALS (sum of 6i and 6j) | \$0 | \$0 | | | \$0 |
| 7. PROGRAM INCOME | | | | | |

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)

| SECTION C - NON FEDERAL RESOURCES | | | | | |
|--|---------------------------------------|-----------------------|--------------------------|--------------------|--------------------|
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. TOTALS (sum of lines 8 -11) | | | | | |
| SECTION D - FORECASTED CASH NEEDS | | | | | |
| | Total for 2nd Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | | | | | |
| 14. Non Federal | | | | | |
| 15. TOTAL (sum of lines 13 - 14) | | | | | |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | |
| (a) Grant Program | FUTURE FUNDING PERIODS (YEARS) | | | | |
| | (b) First | (c) Second | (d) Third | (e) Fourth | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. TOTALS (sum of lines 16 -19) | | | | | |
| SECTION F - OTHER BUDGET INFORMATION | | | | | |
| 21. Direct Charges: | | 22. Indirect Charges: | | | |
| 23. Remarks | | | | | |

Standard Form 424A (Rev. 7-97)
 Prescribed by OMB Circular A-102

Authorized for Local Reproduction

Budget Information Narratives

Budget Narrative

Planning Form (Regular) (page 1 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

| PERFORMANCE FACTOR | PROGRAM YEAR QUARTER | | | | | | | | | |
|---|----------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| | ADMIN | PROGRAM | QTR1 09/30/2008 | QTR2 12/31/2008 | QTR3 03/31/2009 | QTR4 06/30/2009 | QTR5 09/30/2009 | QTR6 12/31/2009 | QTR7 03/31/2010 | QTR8 06/30/2010 |
| IMPLEMENTATION SCHEDULE | | | | | | | | | | |
| Receiving Intensive Services | | | 440 | 700 | 1,327 | 1,327 | 1,327 | 1,327 | 1,327 | 1,327 |
| Enrolled In Training | | | 0 | 300 | 700 | 1,327 | 1,327 | 1,327 | 1,327 | 1,327 |
| Receiving Supportive Services | | | 0 | 300 | 700 | 1,327 | 1,327 | 1,327 | 1,327 | 1,327 |
| Receiving Needs-Related Payments | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Exits | | | 0 | 0 | 120 | 225 | 350 | 500 | 650 | 850 |
| Entering Employment At Exit | | | 0 | 0 | 94 | 176 | 273 | 390 | 507 | 663 |
| Total Planned Participants | | | 440 | 700 | 1,327 | 1,327 | 1,327 | 1,327 | 1,327 | 1,327 |
| Supportive Services | | 3,150,000 | 0 | 350,000 | 700,000 | 1,050,000 | 1,400,000 | 1,750,000 | 2,100,000 | 2,450,000 |
| Admin Excluding NRP Processing* | 315,000 | | 0 | 35,000 | 70,000 | 105,000 | 140,000 | 175,000 | 210,000 | 245,000 |
| NRP Processing* | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other* | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total: Program Management And Oversight | 315,000 | 0 | 0 | 35,000 | 70,000 | 105,000 | 140,000 | 175,000 | 210,000 | 245,000 |
| Indirect* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other* | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures: Grantee Level | 315,000 | 3,150,000 | 0 | 385,000 | 770,000 | 1,155,000 | 1,540,000 | 1,925,000 | 2,310,000 | 2,695,000 |
| Core And Intensive Services | | 900,000 | 90,000 | 180,000 | 270,000 | 360,000 | 450,000 | 540,000 | 630,000 | 720,000 |
| Training | | 5,400,000 | 0 | 600,000 | 1,200,000 | 1,800,000 | 2,400,000 | 3,000,000 | 3,600,000 | 4,200,000 |
| Supportive Services | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NRPs* | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other* | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Admin Excluding NRP Processing* | 630,000 | | 9,000 | 78,000 | 147,000 | 216,000 | 285,000 | 354,000 | 423,000 | 492,000 |
| NRP Processing* | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other* | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total: Program Management And Oversight | 630,000 | 0 | 9,000 | 78,000 | 147,000 | 216,000 | 285,000 | 354,000 | 423,000 | 492,000 |
| Total Expenditures: Project Operator Level | 630,000 | 6,300,000 | 99,000 | 858,000 | 1,617,000 | 2,376,000 | 3,135,000 | 3,894,000 | 4,653,000 | 5,412,000 |
| Total Expenditures: Grantee And Project Operator Level | 945,000 | 9,450,000 | 99,000 | 1,243,000 | 2,387,000 | 3,531,000 | 4,675,000 | 5,819,000 | 6,963,000 | 8,107,000 |

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Planning Form (Regular) (page 2 of 2)

All quarterly entries are CUMULATIVE over all previous quarters.

| PERFORMANCE FACTOR | PROGRAM YEAR QUARTER | |
|---|-------------------------|---------------------|
| | QTR9 09/30/2010 | QTR10 12/31/2010 |
| IMPLEMENTATION SCHEDULE | | |
| Receiving Intensive Services | 1,327 | 1,327 |
| Enrolled In Training | 1,327 | 1,327 |
| Receiving Supportive Services | 1,327 | 1,327 |
| Receiving Needs-Related Payments | 0 | 0 |
| Exits | 1,150 | 1,327 |
| Entering Employment At Exit | 897 | 1,035 |
| Total Planned Participants | 1,327 | 1,327 |
| Supportive Services | | |
| Supportive Services | 2,800,000 | 3,150,000 |
| Admin Excluding NRP Processing* | 280,000 | 315,000 |
| NRP Processing* | 0 | 0 |
| Other* | 0 | 0 |
| Total: Program Management And Oversight | 280,000 | 315,000 |
| Indirect* | 0 | 0 |
| Other* | 0 | 0 |
| Total Expenditures: Grantee Level | 3,080,000 | 3,465,000 |
| Core And Intensive Services | | |
| Core And Intensive Services | 810,000 | 900,000 |
| Training | 4,800,000 | 5,400,000 |
| Supportive Services | 0 | 0 |
| NRPs* | 0 | 0 |
| Other* | 0 | 0 |
| Admin Excluding NRP Processing* | 561,000 | 630,000 |
| NRP Processing* | 0 | 0 |
| Other* | 0 | 0 |
| Total: Program Management And Oversight | 561,000 | 630,000 |
| Total Expenditures: Project Operator Level | 6,171,000 | 6,930,000 |
| Total Expenditures: Grantee And Project Operator Level | 9,251,000 | 10,395,000 |

The reporting requirements are approved by OMB according to the Paperwork Reduction Act of 1995 under OMB approval No. 1205-0439. **NOTE:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's obligation to reply to these reporting requirements are mandatory (PL: 107-210). Public reporting burden for this collection of information is estimated at 90 minutes. Send comments regarding this burden or any other aspect of this collection, including suggestions for reducing the burden to the U.S. Department of Labor, Office of National Response, Room N-5422, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0439).

Narrative Statements

| |
|---|
| Project Type: Regular |
| <p>GENERAL EXPLANATION: Please enter any information that would benefit the reviewers who will approve or deny this application. Use this area to explain items and concepts that you feel need additional information, items that need DOL specialist attention during the review process, or any information on how the program is meeting demand-driven goals.</p> <p>(from NEG-IN-ST-08-001.1) General Explanation of proposed project is available in attached document, titled NEG-IN-ST-08-001 General Explanation.</p> |
| Grant Modifications |
| <p>Modification Explanation:</p> <p>This modification request is included in the Additional Information section, attached as an Other Supporting File document, titled NEG-IN-ST-08-001.2 Modification Explanation.</p> |
| <p>Grant Modification: Please provide explanation for change in number of participants</p> <p>With the inclusion of dislocations from Starcraft RV, Fleetwood Travel Trailers, Jayco, Entegra Coach, and Flexsteel Industries, as well as an additional layoff at Fleetwood Motor Homes, the number of projected participants in this project has increased. This modification increases the total number of affected workers from 2,585 to 3,577, and the total number of participants from 1,040 to 1,327. These changes have been reflected in the project plan and the employers/events sections of the grant application.</p> |
| Project Overview |
| <p>Please explain why planned entered employment rate is less than the negotiated state goal.</p> <p>(from NEG-IN-ST-08-001.1) The one-stop system in Indiana is going through and extensive reorganization, based around the functional integration of WIA, Wagner-Peyser, and TAA programs. In addition, the State of Indiana recently received a waiver from DOL-ETA that allows the State to waive the statutory WIA performance measures and move solely to Common Measures.</p> <p>Because of these changes, the State is currently working with DOL-ETA to renegotiate Common Performance Measures that will accurately reflect the expected levels of performance for the new, integrated system. The State is in the public comment phase of its proposed Common Measures goals for PY08. Once the public comment phase is concluded, in September 2008, the State will negotiate its final goals for PY08 with DOL-ETA. The State would request that the goals established through these negotiations be the goals for this project.</p> <p>The proposed entered employment rate of 78% for this project was calculated by averaging the PY07 WIA State Dislocated Workers entered employment rate of 89% and the PY07 Wagner-Peyser entered employment rate of 66%. The State of Indiana believes that the 78% entered employment rate proposed for this project is better representative of the integrated system of Indiana than the original negotiated level of 89%.</p> <p>It should also be noted that the proposed performance level or 78% for entered employment was approved for the ATA worker NEG that was awarded to the State on June 24, 2008.</p> |
| Employers/Events |
| <p>If no Rapid Response was initiated with the employer(s) despite prior notification of layoffs - please explain. Company: Pilgrim International (Middlebury, IN)</p> <p>(from NEG-IN-ST-08-001.1) Pilgrim International did not give employees or the State of Indiana any advance notice of their intentions to close. The company announced the closing a day after the doors to the facility were closed and locked. Subsequent phone calls to the Pilgrim facility have been unanswered.</p> |
| <p>If no Rapid Response was initiated with the employer(s) despite prior notification of layoffs - please explain. Company: Pilgrim International (Middlebury, IN)</p> <p>(from NEG-IN-ST-08-001.1) Pilgrim International did not give any notice to workers and/or State of Indiana. Public announcement was made the day after the doors were locked. Subsequent phone calls to Pilgrim facilities have not been answered.</p> |
| <p>Please explain why the number of planned participants for this employer is less than 50. Company: Dutchmen Manufacturing (Goshen, IN)</p> <p>(from NEG-IN-ST-08-001.1) Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.</p> |
| <p>Please explain why the number of planned participants for this employer is less than 50. Company: Entegra Coach (Wakarusa, IN)</p> <p>The number of planned participants for this employer is less than 50 because it represents another RV manufacturer that is closing in the affected area of the grant project, and the dislocated workers will need access to the services provided by the NEG. Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 336); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.</p> |

Please explain why the number of planned participants for this employer is less than 50.**Company: Flexsteel Industries Inc. (New Paris, IN)**

The number of planned participants for this employer is less than 50 because it represents another RV industry related manufacturer that is closing in the affected area of the grant project, and the dislocated workers will need access to the services provided by the NEG.

Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 336); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.

Please explain why the number of planned participants for this employer is less than 50.**Company: Monaco Coach (Elkhart, IN)**

The number of planned participants for this employer is less than 50 because this is a smaller facility of Monaco Coach, which has three larger facilities in the same county. Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 336); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.

Please explain why the number of planned participants for this employer is less than 50.**Company: Pilgrim International (Middlebury, IN)**

(from NEG-IN-ST-08-001.1) Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.

Please explain why the number of planned participants for this employer is less than 50.**Company: Sundowner Trailers (Elkhart, IN)**

(from NEG-IN-ST-08-001.1) The number of planned participants for this employer is less than 50 because this is company is a smaller employer. Under the terms of an industry-wide layoff, this employer is included in the grant application because, 1) it is in the same industry (NAICS Code 332); and 2) it is in the same geographic (Elkhart County) and workforce area (Indiana Economic Growth Region 2) as the other employers included in the industry-wide layoff.

Project Plan**Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing - Program Management and Oversight (Grantee Level).**

(from NEG-IN-ST-08-001.1) The Indiana Department of Workforce Development is both the grantee and project operator for this project. Administrative excluding NRP Processing, and Total Program Management and Oversight Expenditures at the Grantee Level (\$315,000) are not greater than 10% of total Expenditures (\$3,465,000).

Please delineate the cost components of the planned cost in Admin. Excluding NRP Processing (Project Operator Level).

(from NEG-IN-ST-08-001.1) The Indiana Department of Workforce Development is both the grantee and project operator for this project. Administrative excluding NRP Processing, and Total Program Management and Oversight Expenditures at the Project Operator Level (\$630,000) are not greater than 10% of total Expenditures (\$6,930,000).