Federal regulations [20 CFR 683.260](https://www.ecfr.gov/current/title-20/chapter-V/part-683/subpart-B/section-683.260) require that this pre-award review checklist be completed prior to using Workforce Innovation and Opportunity Act (WIOA) funds to provide the following kinds of assistance to a business: customized training, skill training, on-the-job training, incumbent worker training, transitional employment or company-specific assessments of job applicants or employees.

|  |  |
| --- | --- |
| **Business Legal Name** |  |
| Please list other name(s) under which business conducts or has conducted business, including predecessors and successors in interest. |
| Business NAICS Code |  | FEIN |  |
| Year Business Established |  | Number of Current Employees |  |
| Address of Business (Worksite) Seeking WIOA Assistance |
| City |  | State |  | Zip Code |  |

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| --- |
| Has the business relocated from another area in the US within the last 120 days? [ ]  Yes [ ]  NoIf yes, did that relocation result in any employee losing his/her job at the original location? [ ]  Yes [ ]  No |
| Is WIOA assistance being sought in connection with past or impending job losses at other facilities? ☐ Yes ☐ No |
| Are any employees at this location currently on layoff? ☐ Yes ☐ No |
| WARN Notices Filed in Last 12 Months ☐ Yes ☐ No |
| Is the business being sold or merging with another company? ☐ Yes ☐ NoIf yes, list name of other company: |

**For On-the-Job Training Assistance Only**

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| --- |
| Does the business currently have unpaid Unemployment Insurance taxes? [ ]  Yes [ ]  NoEmail UI@dwd.wisconsin.gov to request this information. |
| Does the business currently have unpaid Worker's Compensation taxes? [ ]  Yes [ ]  NoEmail dwddwc@dwd.wisconsin.gov to request this information. |

**Signatures**

|  |
| --- |
| **Business Official Certifying Pre-Award Review Information** |
| Name |  | Title |  |
| Address [ ]  Same as listed above.  |
| By signing below, I attest to the accuracy of the information contained in this Pre-Award Review Checklist. |
| Signature |  | Date |  |

|  |
| --- |
| **WIOA Representative (Workforce Development Board or Service Provider) Conducting Pre-Award Review**  |
| Name |  | Title |  |
| Organization  |  | WDA |  |
| By signing below, I attest to the accuracy of the information contained in this Pre-Award Review Checklist. |
| Signature |  | Date |  |