

**PRINCE GEORGE'S COUNTY ECONOMIC DEVELOPMENT CORPORATION  
WORKFORCE SERVICE DIVISION  
DEPARTMENT OF ADMINISTRATION AND CONTRACTS  
1801 McCormick Drive, Suite 400  
Largo, MD 20774**

**PRE-AWARD FOR RELOCATING ESTABLISHMENTS**

Date: _____	<input type="checkbox"/> Expanded Establishment
	<input type="checkbox"/> Relocated Establishment
To: _____	
(Name of Relocated or Expanded Establishment)	
_____	
(Former Name(s) of Relocated Establishment)	
_____	
(Street Address)	
_____	
_____	
(City, State and Zip Code)	
_____	_____
(Authorized Representative)	(Title)
From: _____	
(Name of Service Delivery Area)	
_____	
(Street Address)	
_____	
(City, State and Zip Code)	
_____	_____
(Authorized Representative)	(Title)

Section 181 (d) of the Workforce Investment Act (WIA) of 1998 prohibits On-the-Job Training with employers who have relocated their facilities, or portions of their facilities,

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until 120 days have elapsed since the commencement of operations at the relocated site, if such relocation results or resulted, in a loss of employment for any employee of such establishment at the original location.

In order to be considered for an On-the-Job Training contract, the OJT Representative is conducting this pre-award review to assist in determining if the relocation of your establishment has resulted in such unemployment.

Please respond to the following inquiries and return them to the address identified above.

**QUESTIONNAIRE:**

1. What date did your establishment move, or start-up at \_\_\_\_\_?    \_\_/\_\_/\_\_  
(Location)

2. Is this new location a "start-up" and therefore does not negatively effect employment levels at existing Company locations? \_\_\_\_\_ (if yes, questions #3-11 may be disregarded)

3. From which labor market area did your establishment move?  
\_\_\_\_\_  
(City, state)

4. How many employees were employed at your previous location? \_\_\_\_\_

5. How many employees were affected by this relocation? \_\_\_\_\_

6. How many affected employees were afforded the opportunity to transfer to the new location? \_\_\_\_\_

7. How many employees actually transferred or have plans to transfer? \_\_\_\_\_

8. How many affected employees were or are eligible for retirement? \_\_\_\_\_

9. How many employees actually retired or have plans to retire? \_\_\_\_\_

10. For those affected employees declining transfer opportunities or ineligible for retirement, what efforts did your company make to provide alternative employment opportunities or otherwise provide separation assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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11. How many of the affected workers are eligible for and have applied for unemployment insurance? \_\_\_\_\_

12. Please feel free to provide any additional comments with regard to your company's start-up, or relocation.

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**I ATTEST that the above is accurate on the date this was signed.**

\_\_\_\_\_  
Signature of Employer Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PGCEDC-WSD Authorized Representative

\_\_\_\_\_  
Date