



**AGENCY FOR WORKFORCE INNOVATION (AWI)
REEMPLOYMENT AND EMERGENCY ASSISTANCE COORDINATION TEAM (REACT)**

**TRADE ACT IMPACT ASSESSMENT INSTRUMENT
PRIMARILY-IMPACTED COMPANY**

Name of This Firm or Subdivision: _____

Name of Staffing Agency** (if applicable): _____

**Complete only if the firm uses leased or temporary workers, and if those workers are affected.

CRITERION A	Applies to impact from <u>increased imports</u> of goods or services from a foreign country
1. Have your company's sales and/or its production of goods or services decreased? AND	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have increased imports contributed importantly to the separation/threat of separation and the decline in your firm's sales or production? AND	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 a. Have imports of articles or services like or directly competitive with those produced by your firm increased? OR	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have imports of articles that either incorporate component articles produced by the firm or use services provided by the firm increased?	Yes <input type="checkbox"/> No <input type="checkbox"/>

OR

CRITERION B:	Applies to impact from a <u>shift in production/supply of services</u> to a foreign country
1 a. Has there been, or is there going to be, a shift in production by your firm to a foreign country in the production of goods or supply of services that are competitive with goods or services supplied by the firm? OR	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Has the firm acquired from a foreign country goods or services that are like or directly competitive with goods or services produced by the firm? AND	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Has the shift contributed importantly to workers' separation/threat of separation?	Yes <input type="checkbox"/> No <input type="checkbox"/>

AND

CRITERION C:	Applies to impact from either <u>increased imports</u> or from a <u>shift in production</u> (A & B above)
Are there significant job losses at your firm or subdivision? (Significant in number or proportion, including either total or partial separations, or threatened separations.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE TURN TO NEXT PAGE IF FIRM HAS TRADE-IMPACTED WORKFORCE REDUCTION

NEEDS ASSESSMENT

PLEASE DESCRIBE ANY **SEVERANCE PACKAGE** AVAILABLE TO EMPLOYEES?

1. What does the package include?
2. What time period does the package cover?
3. Will the workers' last day of work be their official separation date? If not, please explain.

WILL **COBRA** BE AVAILABLE TO EMPLOYEES?

Yes No

If yes, will the employer pay any portion of the premiums?

Yes No

If yes, how much and for how long?

SECONDARILY-IMPACTED COMPANIES

Do you believe that a group of workers from another firm that contributes to the production or services provided by your company will lose their jobs? YES NO

If yes, please answer the following questions:

SUPPLIER	For each firm that meets the criteria for a "Supplier" listed here, please provide contact information on the attached worksheet.		
a.	Does the other firm provide component parts or services that are used in the production of goods or the supply of services related to the workforce reduction at your firm? IF YES, please answer b	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Will the loss of business from your firm contribute importantly to job losses at the supplier's firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DOWNSTREAM PRODUCER	For each firm that meets the criteria for a "Downstream Producer" listed here, please provide contact information on the attached worksheet.		
a.	Does the other firm perform value-added production processes or services, such as assembly, finishing, testing, etc. related to the workforce reduction at your firm? IF YES, please answer b	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b.	Will the loss of business from your firm contribute importantly to job losses at the downstream producer's firm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

WORKSHEET

CONTACT INFORMATION FOR SECONDARILY-IMPACTED FIRMS

(Note: Please make additional copies if needed)

Company Name: _____

Street Address: _____

Mailing Address: _____

City _____ County _____ State _____ FL Zip _____

Type of Dislocation: Please circle one: "Supplier" "Downstream Producer"

Contact Name _____ Phone # _____

E-mail _____ Fax # _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City _____ County _____ State _____ FL Zip _____

Type of Dislocation: Please circle one: "Supplier" "Downstream Producer"

Contact Name _____ Phone # _____

E-mail _____ Fax # _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City _____ County _____ State _____ FL Zip _____

Type of Dislocation: Please circle one: "Supplier" "Downstream Producer"

Contact Name _____ Phone # _____

E-mail _____ Fax # _____