**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.**

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

**OR**

<table>
<thead>
<tr>
<th>CRITERION B:</th>
<th>Applies to impact from a shift in production/supply of services to a foreign country</th>
</tr>
</thead>
</table>
| 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  
   **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  
2. **Has the shift contributed importantly to workers’ separation/threat of separation?** |
   | Yes | No |

**AND**

<table>
<thead>
<tr>
<th>CRITERION C:</th>
<th>Applies to impact from either increased imports or from a shift in production (A &amp; B above)</th>
</tr>
</thead>
</table>
| 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 | No |

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

---

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

Revised 2/15/2010
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 ☐  No ☐

b. Will the loss of business from your firm contribute importantly to job losses at the supplier's firm?  

Yes ☐  No ☐

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 ☐  No ☐

b. Will the loss of business from your firm contribute importantly to job losses at the downstream producer's firm?  

Yes ☐  No ☐
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 # __________________

Revised 2/15/2010 Page 3 of 3