

ALABAMA WORKFORCE INVESTMENT SYSTEM

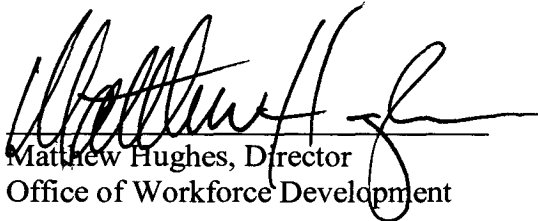
**Alabama Department of Economic and Community Affairs
Workforce Development Division
401 Adams Avenue
Post Office 5690
Montgomery, Alabama 36103-5690**

February 13, 2009

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY 2008-04

SUBJECT: *Workforce Investment Act Relocation Assistance Guidelines*

- 1. Purpose.** This Directive transmits the revised and updated version of the *Workforce Investment Act Relocation Assistance Guidelines*.
- 2. Discussion.** Since it has been over eight years since the initial issuance of the *Workforce Investment Act Relocation Assistance Guidelines*, it is necessary to revise and update the *Guidelines* due to changes in forms, etc. The revised *Guidelines* are attached for your use in assisting people, who request and qualify for relocation assistance. There are no policy changes in regard to relocation assistance but this Directive supersedes Directive Number PY 2000 and all changes thereto.
- 3. Action.** Those who are responsible for providing intensive services should use the attached revised *Workforce Investment Act Relocation Assistance Guidelines* in regard to providing relocation assistance.
- 4. Contact.** Questions regarding this Directive should be referred to Bill Hornsby, Supervisor, Workforce Development Division, State Programs and Divisional Budget Management Section. (Telephone: (334) 242-5847 or Email: bill.hornsby@adeca.alabama.gov).


Matthew Hughes, Director
Office of Workforce Development

Date

Attachments

**WORKFORCE
INVESTMENT
ACT**

**RELOCATION
ASSISTANCE
GUIDELINES**



**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
WORKFORCE DEVELOPMENT DIVISION**

REVISED JANUARY 2009

RELOCATION ASSISTANCE GUIDELINES

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RELOCATION ASSISTANCE GUIDELINES

I. GENERAL

These guidelines are designed to assist the local One-Stop operators in providing relocation assistance to those who are eligible for and seeking such services. These guidelines are effective as of the issuance date contained on the Governor's Workforce Development Directive, which transmitted these guidelines. In accordance with 29 CFR97.5, all other program manuals, handbooks, and other non-regulatory materials, which are inconsistent with these guidelines, are superseded, except to the extent that they are required by statute.

II. AUTHORITY

In accordance with the Workforce Investment Act (WIA) and its implementing regulations (20 CFR663.200 (a)), relocation assistance is one of the allowable intensive services for adults and dislocated workers. There are two categories of adults and dislocated workers who may receive intensive services. These are: Adults and dislocated workers who are unemployed, have received at least one core service and are unable to obtain employment through core services, and are determined by a One-Stop operator to be in need of more intensive services to obtain employment (20 CFR663.220 (a)); and adults and dislocated workers who are employed, have received at least one core service, and are determined by a One-Stop operator to be in need of intensive services to obtain or retain employment that leads to self-sufficiency, as described in 20 CRF663.230 (20 CFR633.220(b)).

Relocation assistance is provided through Workforce Investment Act (WIA), Title IB, Governor's set aside funding for participants in need of assistance to accept employment in another location. It is

intended to serve those eligible adults and dislocated workers who are unable to find suitable employment in the local area. At a minimum, the relocation employment should lead to "self-sufficiency as described at 20CFR 663.230. Such assistance will not be extended to participants who are transferring to another employment location while remaining with their present employer. In regard to relocation assistance, core services will have resulted in a written offer of employment, but the individual requires intensive services (relocation assistance) in order to accept the job. An adult or dislocated worker who completes training services is also eligible for relocation assistance if the other requirements for relocation assistance are met.

As noted above, a person must be eligible for these services and be properly enrolled into the WIA Relocation Assistance Project. Copies of enrollment and exit (after the move is completed) documents should be submitted as detailed later in this policy. However, enrollments and exits should be handled in the same manner as for other participants who receive intensive services. Follow the procedures outlined in the Forms Preparation and Data Validation Requirements Handbook.

Applicants should be encouraged to seek relocation assistance from other sources before applying for WIA assistance. Relocation assistance (up to a maximum of \$1,250.00 for actual moving expenses) that has not been paid from other sources may be provided to assist qualified participants in moving within Alabama or to another part of the United States. This means that if an employer (or other source) pays all of the moving costs, then WIA pays none. If an employer (or other source) pays only part of the costs, then WIA will pay the difference up to \$1,250.00 (State Policy).

The ADECA Workforce Development Division nor any of the enrolling agencies accept any liability for any participant's or moving service's damaged, lost, stolen property, etc. related to relocation assistance.

III. QUALIFICATIONS

To qualify for this assistance, **the participant must meet all of the following criteria. Written documentation must be maintained and submitted by the enrolling agency:**

- Be eligible for WIA Title I-funded services, as evidenced by the completed Eligibility/Registration Form and Activity/Service Record; and

(1) The participant cannot obtain self-sufficient employment within the commuting area.

The commuting area is a seventy-five (75) mile-radius or less of the participant's place of residence. The enrolling agency representative's written justification will serve as documentation; and

(2) The participant has secured self-sufficient long-duration employment outside the commuting area (over 75 miles from the participant's residence). This must be documented by the new employer's letter of verification of employment. The participant will be enrolled under the relocation assistance project number.

IV. RELOCATION ASSISTANCE REQUEST

The enrolling agency's representative will submit the Relocation Assistance Request Form, WDD-16 Relocation (Revised 7/00), Exhibit A, accompanied by a hiring letter from the new employer to the WDD-State Programs and Divisional Budget Management Section **at least ten (10) calendar days before the move**. If a person has moved prior to making application for WIA relocation

assistance, then no relocation expenses will be paid. Every effort will be made so that the enrolling agency's representative will be notified of approval or disapproval of said request at least five (5) days before the move. Submit the Relocation Assistance Request Form, WDD-16 Relocation, (Exhibit A), according to the printed instructions on the back of the form.

V. MOVING SERVICES

Household goods may be moved for the participant by either of the following methods:

- a. a bona fide moving company, **or**
- b. the participant, using equipment rented from a bona fide self-moving service (U-haul, Ryder, etc.).

In either event, estimates must be obtained from three (3) bona fide moving companies **or** three (3) self-moving services, as applicable. If estimates cannot be obtained from at least three of the same type of moving services, then written justification must be provided for less than three estimates. (See below.) Justifiable situations, in which the enrolling agency would select a bidder other than the lowest, would be:

- The lowest bidder cannot carry out the move within acceptable time frames.
- The lowest bidder will not accept payments on a reimbursement basis, and the participant does not have the funds to pay for the move.
- The lowest bidder does not have all the necessary equipment required for the move; i.e., a tow buggy for a vehicle, etc. (Rarely should this be used.)

If the lowest estimate is not selected, the enrolling agency must document justification for the selection.

If three moving companies or three self-moving services are not located within a participant's commuting area (75 miles or less), the participant is not required to solicit bids from others outside their commuting area. However, it is the enrolling agency's responsibility to retain documentation supporting the fact that this situation does exist and to provide copies of such with the Relocation Assistance Request Form, WDD-16 Relocation, (Exhibit C).

The participant who uses equipment rented from a self-moving service to relocate household goods may submit receipts for costs incurred for associated fuel and oil **for the vehicle used for the move only**. The participant may also submit receipts for other related moving expenses such as boxes and packing materials provided these expenses are incurred with the same bona fide moving service. Gasoline or diesel fuel for other vehicles is not reimburseable. The cost of food and lodging are not reimburseable. Also, deposits on equipment necessary for the move are not reimburseable, as the person being moved should get his/her deposits back upon turning in the equipment to the moving company. If necessary, the hiring of a truck driver may be allowable.

When the participant's primary residence is a mobile home and the participant desires to move the mobile home instead, the same requirements must be met as those of moving household goods; that is, three bids must be secured from bona fide mobile home movers before the move. Maximum reimbursement for moving a mobile home is \$1,250.00. Mobile home tires or tire repairs are not reimburseable costs.

VI. PAYMENT AUTHORIZATION

Once the participant has been determined eligible for the program and the relocation completed, then **submit the following forms to the WDD-State Programs and Divisional Budget**

Management Section.

- **Claim for Relocation Expenses, Form WDD-18 Relocation, (Exhibit B), (one copy).**
- **The Subrecipient's Invoice Report, Form WDD-9 Subrecipient's Invoice Report, (Exhibit C), (two copies).**
- **The bona fide cost estimates from a self-moving service or from moving companies (3 estimates).**
- **Actual invoice from the mover or self-moving company for the services or unit rental and invoices for fuel, gasoline, etc. used in a self-moving vehicle. (The invoice from the mover or self-moving company must indicate that payment has been made to the mover or self-moving company if reimbursement goes to the participant.)**
- **One copy of the Federal Form W-9 Request for Taxpayer Identification Number and Certification.**

The enrolling agency will take a positive outcome for a participant in the relocation assistance program upon successful completion of the move and the submission of all-appropriate documentation, reimbursement requests, etc.

a. Claim for Relocation Expenses

Reimbursement will be mailed directly to the participant or to the moving company, as directed by the participant on the Claim for Relocation Expenses, WDD-18 Relocation, Exhibit B. The person relocated, the enrolling agency's representative, and the mover must sign this form, if the relocation payment is to be made directly to the moving company. All signatures should be original on all copies submitted. The supporting documentation to include the invoice and the three cost estimates (or if not three, then justification as to the situation) solicited before the move, must be

attached. Complete the form and submit according to the printed directions on the back of the form.

In **addition**, the enrolling agency should send in an Exit form, WDD-2 to the ADECA Workforce Development Division, State Programs and Divisional Budget Management Section to exit the participant by using the appropriate exit code. The Exit Form, Eligibility / Registration Form, and Activity / Service Record can be located on the ADECA Intranet at <http://intranet/WDD/WIA.htm>.

The most current version of the Request for Taxpayer Identification Number and Certification can be found at www.irs.gov.

DATE _____

PROJECT NUMBER _____

RELOCATION ASSISTANCE REQUEST FORM

NAME _____

GOODS TO BE MOVED TO: _____

ADDRESS _____

SS# _____

APPROXIMATE DATE OF MOVE: _____

SIGNED: _____

Person to be Relocated

(Submit at least 10 days Prior to move)

ENROLLING AGENCY:

I hereby certify that this participant meets the criteria listed below and that written documentation is being **submitted** to verify each eligibility criterion:

1. Meets all WIA Title I Dislocated Worker or Adult eligibility criteria as documented on the WDD-1A attached.
2. The individual cannot obtain suitable employment within the individual's commuting area (75-mile radius from his/her residence). Copies of documentation attached.
3. The individual has secured long-duration employment, outside commuting distance. **A copy of documentation is attached.**

Signed: _____

Date: _____

Enrolling Agency Representative

Address: _____

Approval: _____

Division Director, WDD

Date

UPON APPROVAL, AN APPROVED COPY WILL BE RETURNED TO THE ENROLLING AGENCY WITH PROJECT NUMBER

**Instructions for Relocation Assistance Request Form
(Back of WDD-16 Relocation Form)**

Relocation assistance is provided through WIA Title I Governor's 15 percent funding for eligible dislocated workers and adults in need of assistance to accept employment in another location. It is intended to serve those eligible individuals who are unable to find suitable employment in the local area. Such assistance will not be extended participants who are transferring to another employment location while remaining with their present employer. Applicants should be encouraged to seek relocation assistance from other sources before applying for WIA assistance.

A participant's eligibility to receive relocation assistance services is contingent upon his/her being laid off from a company that received state Rapid Response assistance, or their being enrolled in a Title I Governor's 15 Percent program, or other eligible LWIA Title I Dislocated Worker participants, who are otherwise eligible for such assistance. The service is also, available to adults who are eligible under the adult program eligibility criteria.

Relocation assistance up to a maximum of **\$1,250.00** for actual moving expenses that have not been paid from other sources.

The enrolling agency is responsible for certifying the participant meets the eligibility criteria, and for ensuring that **all supporting documentation is attached** and the appropriate signatures are obtained. The Project Number will be assigned by ADECA-Workforce Development Division, State Programs and Divisional Budget Management Section upon approval.

Submit the Relocation Assistance Request Form, at least 10 days before the move is scheduled. The original form with original signatures is to be sent to the following address:

**SEND TO: ADECA-Workforce Development Division
 State Programs and Divisional Budget Management Section
 ATTN: Relocation Assistance
 P. O. Box 5690
 Montgomery, AL 36103-5690**

A copy should be maintained by the originating enrolling agency.

Every effort will be made to return the approved request to the enrolling agency approximately 5 days prior to the move. **This will serve as notice of the authorization of Relocation Assistance and will provide the Project Number for this effort.**

CLAIM FOR RELOCATION EXPENSES Project Number _____

NAME _____ DATE _____

GOODS MOVED FROM:

Street Address

City/State/Zip

Name of Mover

GOODS TO BE MOVED TO:

Street Address

City/State/Zip

Mover's Street Address

City/State/Zip

Total Relocation Expenses \$ _____
Less Amount Reimbursed From Other Sources \$ _____
Net Amount of which WIA will Reimburse up to \$1,250 \$ _____
Amount for WIA Claim (Not to exceed \$1,250) \$ _____

I hereby certify that the above named participant is being relocated under the Regulations and Procedures set forth in the Workforce Investment Act and meets all eligibility requirements to receive assistance in Relocation. I further certify that the service covered by this invoice **has been received**, and the amount is **correct**. Payment shall be actual non-reimbursed cost, not to exceed \$1,250. Attached is the invoice and three (3) cost estimates from carriers solicited before the move.

Signed: _____
Person Relocated _____
Date _____

Approved: _____
Enrolling Agency Representative _____
Date _____

APPROVAL: _____
WDD Division Director _____
Date _____

RELOCATION PAYMENT TO BE MADE PAYABLE TO:

Name

Address

City/State/Zip

IF PAYMENT IS MADE TO MOVER, PLEASE SIGN BELOW:

I certify that this invoice represents services provided, and this invoice is correct, due, and unpaid.

Signature of Mover/Date

**Instructions For Filing Claim For Relocation Expense
(Back of Form WDD-18 Relocation)**

Claims for relocation expenses **shall be actual costs, not to exceed \$1,250.00** for actual moving expense that have not been paid from any **other** sources.

The enrolling agency is responsible for certifying that the participant meets the eligibility criteria and is to ensure the appropriate signatures are attached. In addition, the enrolling agency is to make sure that **the supporting documentation, the invoice and the three cost estimates** (or if not three then, justification as to the situation) **solicited before the move, must be attached.**

This form is to be completed by the enrolling agency representative, and must include:

- a) the invoice from the moving company/self-moving service;
- b) copies of **three** (3) cost estimates from moving companies or self-moving services solicited prior to the move; **and**
- c) written justification if the lowest estimate was not chosen.

Payments may be made directly to the moving company/self-moving service **or** directly to the participant. If payment is to be made to the moving company/self-moving service, then the certification must be signed by the mover/self-moving service representative. The participant must sign the claim in either case.

All signatures should be original on each copy submitted.

The original form, and (1) one copy, with original signatures (plus attachments) is to be sent to the following address:

SEND TO: ADECA-Workforce Development Division
State Programs and Divisional Budget Management Section
ATTN: Relocation Assistance
P. O. Box 5690
Montgomery, AL 36103-5690

A copy must be maintained by the originating enrolling agency.

SUB-RECIPIENT'S INVOICE

EXHIBIT C

1. Name and Address of Sub-recipient		3. Agreement No.		
		4. Invoice No.		
		2. Fed. I.D.#	5. Reporting Period of Invoice	
6. Agreement Amount	7. Total Cash Requested through Previous Invoice		8. Balance Available	
			\$ -	
			Total Program Cost	
9. Total Expenditures of Prior Periods			\$ -	
10. Actual Expenditures This Period			\$ -	
11. Total Expenditures To Date			\$ -	
12. Total Cash Requested through Previous Invoice			\$ -	
13. Amount Requested				
<p>I HEREBY CERTIFY THAT (a) the Workforce Development Division has not been billed for the services covered by this invoice; (b) funds have not been received from the said WDD or expended for such services under any other agreement or grant; (c) the amount(s) claimed by this invoice constitute(s) allowable costs/expenditures under the terms of the agreement or grant; (d) all amounts for Federal Income, Unemployment, and FICA Taxes due through the end of the preceding quarter have been paid and; (e) that subcontractors have furnished evidence of attaining an Employer Identification (EI) number and are complying with applicable tax laws. Any advance of federal funds drawn down by either advance or a working capital advance and not disbursed with thirty days from the date of the advance must be refunded to ADECA (State/ADECA Policy).</p> <p align="center">Please use blue ink to sign.</p>				
14. Sub-recipient's Authorized Signature (Blue Ink Required)		15. Title		16. Date
17. Contact Person		18. Title		19. Telephone No.

Workforce Development Division/Date

Administrative Division/Date

SUBMIT IN DUPLICATE TO:
 Workforce Development Division
 State Programs and Divisional Budget Mgt Section
 P.O. Box 5690
 Montgomery, AL 36103-5690

Accounting Use Only:
 Warrant No. _____
 Warrant Date _____
 Voucher No. _____

Posted to Computer:
 Initials: _____
 Date: _____

SUBRECIPIENT'S INVOICE REPORT WDD-9
Instructions for Title I Relocation Assistance—**ONLY**

The **Enrolling Agency** should complete the following information on the Subrecipient's Expenditure Report, WDD-9:

Item 1. Name/Address of the Subrecipient—The individual for whom expenses are to be reimbursed or the moving company, if the participant chooses the reimbursement go directly to the moving company.

Item 2. The subrecipient's Social Security Number. The company's Federal ID number will replace the Social Security Number if payment goes to the moving company.

Item 3. Agreement Number – Relocation Assistance Project Number, as assigned by State staff, on the **approved** Relocation Assistance Request Form (WDD-16 Relocation) returned to the enrolling agency.

Item 23. Contact Person—Original signature of the enrolling agency's representative. **All** signatures should be **original** on **each** of the two (2) copies submitted.

Item 24. Title—of the enrolling agency's representative.

Item 25. Telephone Number—of contact person.

The participant or moving company should complete the following information on the Subrecipient's Invoice Report, WDD-9:

Item 20. Subrecipient's (Participant's) Signature—**All** signatures should be **original** on **each** of the two (2) copies submitted. If the moving company is to be reimbursed, then the company's authorized representative's signature is needed here.

Item 22. Date—of signature.

The rest of the form will be completed by Relocation Assistance Staff of the ADECA-Workforce Development Division, State Programs and Divisional Budget Management Section. Please submit this form, in duplicate with original signatures, along with:

- Claim for Relocation Expenses, form (WDD-18 Relocation)