
Defense Industry Adjustment (DIA) Program Guidelines & Application

Program Guidelines

The Defense Industry Adjustment Training Program is funded through the Office of Economic Adjustment (OEA) of Department of Defense (DoD). Applications are open to all South Carolina companies meeting the guidelines listed below.

BUSINESS APPLYING FOR FUNDING:

- ◆ Must have been in operation in South Carolina with an assigned FEIN for a minimum of one year prior to application date to be eligible for grant funding.
- ◆ Must have at least one full-time employee.
- ◆ Must be current on all state tax obligations.
- ◆ Must be a prime defense contractor or subcontractor to a prime defense contractor affected by defense budget reductions or impending budget reductions and have at least 10% business revenue derived from DoD contracts or as a subcontract.
- ◆ Experienced a loss or can demonstrate an imminent threat of loss of at least 5% of sales and/or production due to reduced DoD expenditures.

TRAINING SERVICES:

- ◆ Will be provided by the vendor of the businesses' choice of the four listed: kglobal, SC Technical College System, Dilks-Simone, Inc., and SCMEP
- ◆ Can be conducted at the businesses' own facility, at the training provider's/consultant's facility or at a combination of sites.
- ◆ Instructors/trainers/consultants can be either full or part-time educators or professional trainers.

REIMBURSABLE TRAINING EXPENSES:

- ◆ Instructors/trainers/consultants salaries
- ◆ Training
- ◆ Textbooks/manuals
- ◆ Materials and supplies

NON-REIMBURSABLE COSTS:

- ◆ Trainee wages
- ◆ Trainee travel
- ◆ Training equipment

- ◆ Capital improvements.
- ◆ Purchase of any item or service that may possibly be used outside of the training/consulting project.
- ◆ Costs incurred prior to the approval date of the application.

GRANT AWARDS:

- ◆ With limited funding available, federal and private funds will be leveraged.
- ◆ Business approved for funds must sign an agreement to complete the training project as proposed.
- ◆ Business must keep accurate records of the project's implementation process.

PROJECT COMPLETION:

- ◆ Training projects are performance based with specific measurable outcomes, including the completion of the training/consulting deliverables and job retention.
- ◆ Businesses will provide sufficient documentation for identification of all employee trainees for calculation of performance measures and outcomes deemed pertinent to the execution of this grant.

Application Instructions

Complete the attached Defense Industry Adjustment Program Grant Application. Any information or documentation that cannot be supplied in the provided space should be identified by the relevant question number and attached to the back of the application form.

IT IS RECOMMENDED THAT YOU SUBMIT YOUR APPLICATION AT LEAST 45 DAYS PRIOR TO THE PROJECTED START OF YOUR DIVERSIFICATION STRATEGY.

If you have any questions or need assistance in completing the application, please contact:

Fred Gassaway, Defense Diversification Manager, South Carolina Department of Commerce at: 803-760-5771 or fgassaway@sccommerce.com

APPROVAL PROCESS:

- ◆ Businesses will email a completed application to Greg Fluke at gfluke@dew.sc.gov.
- ◆ Applications will be reviewed by a panel and a decision will be provided within 30 days of submission.

Defense Industry Adjustment Grant Application

SECTION 1. Company Information:

Company Name:			
Authorized Company Representative:		Title:	
Phone:	Ext.:	Fax:	
Email:		Website Address:	
Street/Mailing:			
City:		ZIP:	County:
Date of Inception:			
Years in Business:		Total Number of Full-time Employees:	
Total Number of Part-time Employees:		Legal Structure of Business:	
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation (Designation:)
Employer's Federal ID #:		Unemployment Comp ID #:	
South Carolina Sales Tax Reg. #:		NAICS Code:	
Is your company current on all State of South Carolina tax obligations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does your company derive a minimum of 10% of its business revenue from DoD contracts or as a subcontractor?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your company a prime defense contractor or subcontractor to a prime defense contractor affected by defense budget reductions or impending budget reductions?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has your company experienced a loss or can demonstrate an imminent threat of a loss of at least 5% of sales and/or production due to reduced DoD expenditures?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please provide data on sales, production and employment from current through the past 24 months. For losses and in the case of an imminent threat, provide a projection from current through the next 24 months.			
Is your company receiving/applying for other public training/consulting funds?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes explain:			
Has there been a layoff at this site within the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes:	<input type="checkbox"/> Temporary Layoff	Number affected:	<input type="checkbox"/> Permanent Layoff
			Number affected:
Has the business or part of the business relocated operations within the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes:	Relocated from:	Relocated to:	Date of Relocation:
Does your company use SC Works Online Services (SCWOS)?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please check all applicable services:	<input type="checkbox"/> List Job Openings	<input type="checkbox"/> Mass Hires	<input type="checkbox"/> On-the-Job Training (OJT)
	<input type="checkbox"/> Job Fairs	<input type="checkbox"/> Other	
	<input type="checkbox"/> Testing & Assessment		
Type/description of your business, product(s) and/or service(s):			
Amount of Grant Request:		Number of trainees:	
Start Date:		End Date:	

Our company is minority owned. (Please check one of the boxes below)	
<input type="checkbox"/> Women-owned	<input type="checkbox"/> Asian/American owned
<input type="checkbox"/> African/American owned	<input type="checkbox"/> Native/American owned
<input type="checkbox"/> Hispanic/American owned	<input type="checkbox"/> Other minority owned (specify):

SECTION 2. Anticipated Outcomes of the Diversification Project

Please check the boxes that apply to the anticipated outcomes of the proposed diversification project. Attach a brief statement to this application for each checked box explaining "how" and/or "why" this diversification strategy would result in the specific outcomes. (See Statement Below)

<input type="checkbox"/> Critical to the long-term viability of our company	<input type="checkbox"/> Critical to the short-term viability of our company
<input type="checkbox"/> Would increase the profitability of our company	<input type="checkbox"/> Would lower employee turnover in our company
<input type="checkbox"/> Would increase new sales in our company. How much?	<input type="checkbox"/> Would retain sales in our company. How much?
<input type="checkbox"/> Would create new jobs within our company. How many?	<input type="checkbox"/> Would retain jobs within our company How many?

Explanation:

SECTION 3. Training Provider Information:

Select the training provider of your choice below:		
<input type="checkbox"/> kglobal	<input type="checkbox"/> SC Technical College System	
<input type="checkbox"/> Dilks-Simone, Inc.	<input type="checkbox"/> SCMEP	
Name of Training Provider Representative:		
Address:		
City:	State:	ZIP:
Phone:	Fax:	

SECTION 4. Training Project Information:

Please list in order of priority for your business.

TRAINING #1			
Name of Training/consulting			
Training/consulting Description			
Training/consulting Organization			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Vendor providing training/consulting:			
Anticipated training/consulting dates:			
# of Hours of Training/consulting		# of Trainees	
Job Titles(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	* Materials/Supplies/Textbooks: \$	
	* Other Costs: \$	TOTAL COST:	
* Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #2			
Name of Training/consulting			
Training/consulting Description			
Training/consulting Organization			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Vendor providing training/consulting:			
Anticipated training/consulting dates:			
# of Hours of Training/consulting		# of Trainees	
Job Titles(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	* Materials/Supplies/Textbooks: \$	
	* Other Costs: \$	TOTAL COST:	
* Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #3			
Name of Training/consulting			
Training/consulting Description			
Training/consulting Organization			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Vendor providing training/consulting:			
Anticipated training/consulting dates:			
# of Hours of Training/consulting		# of Trainees	
Job Titles(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	* Materials/Supplies/Textbooks: \$	
	* Other Costs: \$	TOTAL COST:	
* Please itemize costs related to materials, supplies, textbooks and other costs here:			

TRAINING #4			
Name of Training/consulting			
Training/consulting Description			
Training/consulting Organization			
Address:			
City:		State:	ZIP:
Phone:		Fax:	
Name of Vendor providing training/consulting:			
Anticipated training/consulting dates:			
# of Hours of Training/consulting		# of Trainees	
Job Titles(s)			
Certification Earned			
BUDGET	Instructor Wages/Tuition: \$	* Materials/Supplies/Textbooks: \$	
	* Other Costs: \$	TOTAL COST:	
* Please itemize costs related to materials, supplies, textbooks and other costs here:			

SECTION 5. Training Program Budget

Please use this as a guide. You may include other items for consideration as required. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs occurring before the application is approved. Please take this into account when developing your budget and timeline.

BUDGET CATEGORY	DoD GRANT ASSISTANCE REQUESTED	TOTAL
Instructor Wages/Tuition (Break out costs for individual programs including total hours and instructor wages)		
Materials/Supplies Textbooks (itemize)		
Training Equipment Purchase (itemize)	XXXXXXXXXX	
Other Costs (describe)		
Travel	XXXXXXXXXX	
Trainee Wages	XXXXXXXXXX	
Total		

How did you learn about the DoD Defense Industry Adjustment Training Program?

SECTION 6. Certification by Authorized Company Representative

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

Signature:	Title:
Print Name:	Date:

Email your application to:

Greg Fluke, Business Services Coordinator
E-mail: gfluke@dew.sc.gov
Phone: (803) 737-1572