
Defense Industry Adjustment (DIA) IES/NCDMVA Growth and Diversification Project Guidelines & Application

Program Guidelines

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

BUSINESS APPLYING FOR FUNDING:

- ◆ Must have been in operation in North Carolina with an assigned FEIN for a minimum of three years prior to application date to be eligible for grant funding.
- ◆ Must be an aerospace related manufacturer or service provider.
- ◆ Must have at least twenty (20) to three hundred (300) full-time employees.
- ◆ 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 Industry Expansion Solutions at NC State University or a third party contractor that provides specialized business services.
- ◆ Can be conducted at the business' 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.

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 noted job retention.
- ◆ Business 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.

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

Michael Mullins, Director of the North Carolina Defense Industry Diversification Initiative, Industry Expansion Solutions, NC State University: 9 1 9 . 5 1 5 . 8 8 1 2 o r mrmulli2@ncsu.edu

APPROVAL PROCESS:

- ◆ Business will email a completed application to Michael Mullins at mrmulli2@ncsu.edu
- ◆ Applications will be reviewed by a panel and a decision will be provided within 15 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 #:		
North Carolina Sales Tax Reg. #:			NAICS Code:		
Is your company current on all State of North 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 an aerospace related 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 36 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:		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:	

Type/description of your business, aviation related product(s) and/or service(s):	
Description of your company's current state of cybersecurity compliance with NIST 800-171 and DFARS requirements:	
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?	

Explanation:

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

SECTION 3. 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.

By agreeing to participate in the NC DIDI UPGRADE Program, I consent to the use, reproduction, editing and/or broadcast by the NCDIDI organization and NC State University of any and all photographs, video recordings and audio recordings of me and/or the employees of my company without compensation. NC DIDI/NC State University will give my company the opportunity to review videos prior to publication, and will not publish a video of my company without my approval. All negatives, prints, video-recorded images and audio recordings shall be the property of NC DIDI and NC State University.

Signature:	Title:
Print Name:	Date:

Email your application to:

Michael Mullins

mrmulli2@ncsu.edu

Phone: 919-515.8812