



## **BUSINESS BID SURVEY**

PETITION NUMBER: TA-W-[NUMBER]  
WORKERS' FIRM NAME: [NAME OF WORKER GROUP]  
WORKERS' FIRM LOCATION: [FULL ADDRESS]  
  
NAME OF FIRM AND ADDRESS: [NAME AND ADDRESS]  
PROJECT NAME/ID: [XXX]  
DATE OF AWARD: [DATE]

Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov  
Phone: 202-693-[XXXX] – Fax: 202-693-3986/3584/3585

### **Processing Instructions**

A petition for Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) for Workers has been filed on behalf of a group of workers at [WORKERS' FIRM NAME], [CITY], [STATE]. By law (19 U.S.C. 2273(a)), this determination must be made within a 40 calendar days following the filing date of the petition. The Secretary of Labor is authorized to obtain this information through subpoena if the firm fails to comply with this request (19 U.S.C. 2272(d)(3)(B) and 2321). Your assistance in expeditiously completing this form is necessary for the U.S. Department of Labor (the Department) to determine whether these workers may be eligible to apply for federal benefits. Complete and return this form no later than [Insert date here].

**Background.** The Trade Adjustment Assistance (TAA) and Alternative Trade Adjustment Assistance (ATAA) for Workers program (TAA/ATAA program) is authorized under Title II of the Trade Act of 1974, as amended (19 U.S.C. § 2271 et seq.) (“the Act”). The TAA program provides workers who have been adversely affected by foreign trade with opportunities to obtain skills, credentials, resources, and support necessary to become reemployed. The TAA/ATAA program offers the following services to eligible workers: employment and case management services, training, out of area job search and relocation allowances, income support, as well as, additional benefits for workers age 50 or older to find reemployment and additional support. Filing a petition is the first step in qualifying for TAA/ATAA program benefits and services. In response to a filing, the Department conducts an investigation to determine whether foreign trade was an important cause of the workers’ job loss or threat of job separation. After the investigation, the Department issues a determination regarding the worker group’s eligibility to apply for TAA/ATAA program benefits and services. A state workforce representative will notify workers in a certified worker group of the determination, at which time the individual worker may apply for eligibility of benefits and services at a local American Job Center. Additional information is available on our website at [www.dol.gov/agencies/eta/tradeact/](http://www.dol.gov/agencies/eta/tradeact/).

**Completing Form.** Individuals are only required to respond to this information request if the form displays a valid Office of Management and Budget (OMB) control number. Type or print legibly and complete all sections. If there is no quantity or value for a field in a section on this form, enter “zero” or “none.” Include any relevant information not covered in this form on a separate sheet of paper and/or attach other supporting documents when submitting this form to the Department. If you have any difficulty completing this form, or have questions, contact [Insert investigator name here].



**BUSINESS BID SURVEY**

PETITION NUMBER: TA-W-[NUMBER]  
 WORKERS' FIRM NAME: [NAME OF WORKER GROUP]  
 WORKERS' FIRM LOCATION: [FULL ADDRESS]

NAME OF FIRM AND ADDRESS: [NAME AND ADDRESS]  
 PROJECT NAME/ID: [XXX]  
 DATE OF AWARD: [DATE]

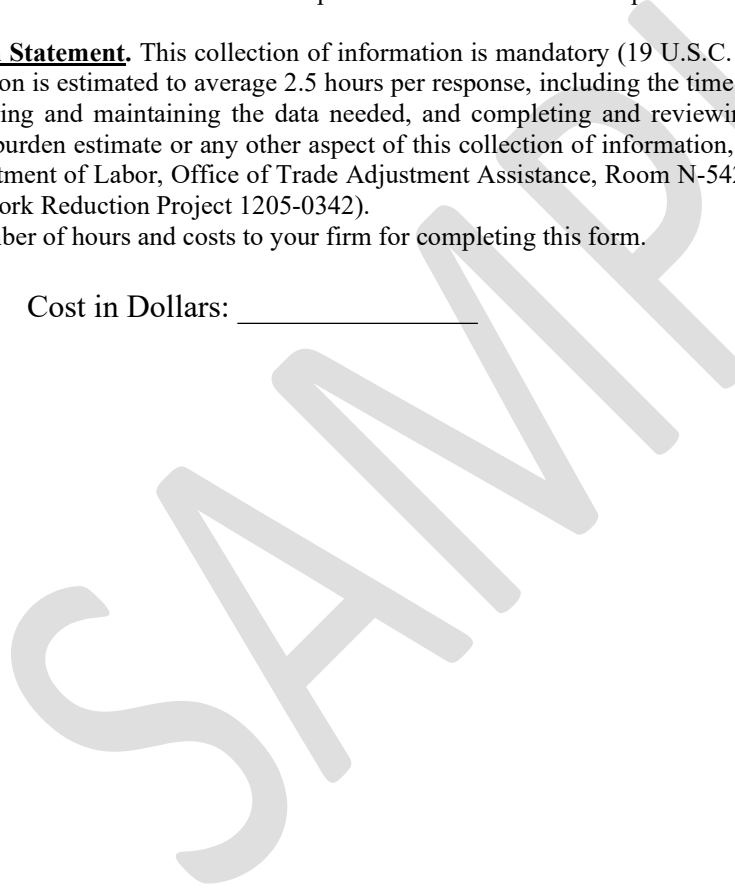
Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov  
 Phone: 202-693-[XXXX] – Fax: 202-693-3986/3584/3585

**Confidentiality.** All information submitted under this request will be used to determine whether the criteria for certification of the workers covered by a petition have been satisfied. The Department will protect the confidentiality of the information you provide to the full extent of the law, in accordance with the Act, 19 U.S.C. 2272 (d)(3)(C), Trade Secrets Act, 18 U.S.C. 1905 and the Freedom of Information Act, 5 U.S.C. 552(b)(4), Executive Order 12600, dated June 23, 1987 (352 F.R. 23781, June 25, 1987), Executive Order 13392, dated December 14, 2005 (70 FR 75373, December 19, 2005); Presidential Memorandum for the Heads of Executive Departments and Agencies Concerning the Freedom of Information Act (74 FR 4683, January 21, 2009); and Attorney General Holder's Memorandum for Heads of Executive Departments and Agencies Concerning the Freedom of Information Act (March 19, 2009), available at <https://www.usdoj.gov/ag/foia-memo-march2009.pdf>. Information (on the form and attachments) which your firm would like to be considered as confidential must be placed in brackets and accompanied with a justification for such designation.

**Public Burden Statement.** This collection of information is mandatory (19 U.S.C. 2272(d)(3)(B) and 2321). Public reporting burden for this collection is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Trade Adjustment Assistance, Room N-5428, 200 Constitution Ave., N.W., Washington, DC 20210 (Paperwork Reduction Project 1205-0342).

Report the number of hours and costs to your firm for completing this form.

Hours: \_\_\_\_\_ Cost in Dollars: \_\_\_\_\_





### **BUSINESS BID SURVEY**

PETITION NUMBER: TA-W-[NUMBER]  
 WORKERS' FIRM NAME: [NAME OF WORKER GROUP]  
 WORKERS' FIRM LOCATION: [FULL ADDRESS]

NAME OF FIRM AND ADDRESS: [NAME AND ADDRESS]  
 PROJECT NAME/ID: [XXX]  
 DATE OF AWARD: [DATE]

Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov  
 Phone: 202-693-[XXXX] – Fax: 202-693-3986/3584/3585

### **Affirmation of Information**

A qualified representative of your firm is required to complete this request because a petition for a determination of eligibility to apply for TAA/ATAA benefits and services has been filed on behalf of workers employed or previously employed by your the firm.

Information from the firm is needed in order to determine if the worker group can be certified as having been impacted by foreign trade under the Act. Knowingly making a false statement of a material fact, knowing it to be false or knowingly failing to disclose a material fact on this form, is a Federal offense (19 U.S.C. § 2316). By signing below, you agree to the following statement:

“Under penalty of law, I declare that to the best of my knowledge and belief the information I have provided on this form is true, correct, and complete.”

NAME OF CUSTOMER OFFICIAL: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_



**BUSINESS BID SURVEY**

PETITION NUMBER: TA-W-[NUMBER]  
 WORKERS' FIRM NAME: [NAME OF WORKER GROUP]  
 WORKERS' FIRM LOCATION: [FULL ADDRESS]

NAME OF FIRM AND ADDRESS: [NAME AND ADDRESS]  
 PROJECT NAME/ID: [XXX]  
 DATE OF AWARD: [DATE]

Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov  
 Phone: 202-693-[XXXX] – Fax: 202-693-3986/3584/3585

**Part I**

Please answer the questions below regarding the nature of the project identified within the header.

- Who was /were the successful awardee(s)? Please list name(s) and address(es).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- At what U.S. dollar value was the contract awarded to the successful awardee?  
 \_\_\_\_\_
- On what date was the project awarded?  
 \_\_\_\_\_
- On what date was the contract set to begin?  
 \_\_\_\_\_
- On what date was the contract set to end?  
 \_\_\_\_\_
- Where (city, state, country) will the article(s) be produced?  
 \_\_\_\_\_
- If known, during [DATE] to [DATE] or [DATE] to [DATE], did the awardee import the subject article(s) into the U.S.? **Yes**  
 **No**
- If other than the awardee, who was the lowest domestic (production facility within the U.S.) bidder? At what U.S. dollar value was the bid entered?

Name	Address	Value



**BUSINESS BID SURVEY**

PETITION NUMBER: TA-W-[NUMBER]  
 WORKERS' FIRM NAME: [NAME OF WORKER GROUP]  
 WORKERS' FIRM LOCATION: [FULL ADDRESS]

NAME OF FIRM AND ADDRESS: [NAME AND ADDRESS]  
 PROJECT NAME/ID: [XXX]  
 DATE OF AWARD: [DATE]

Contact the U.S. Department of Labor: [INVESTIGATOR NAME] – Email: [EMAIL]@dol.gov  
 Phone: 202-693-[XXXX] – Fax: 202-693-3986/3584/3585

9. Please list the ranking of the five lowest bidders, from lowest to highest.

#1 \_\_\_\_\_  
 #2 \_\_\_\_\_  
 #3 \_\_\_\_\_  
 #4 \_\_\_\_\_  
 #5 \_\_\_\_\_

10. Was the bidding competition designed so that the lowest bidder received the award? Yes  No

11. Please explain other qualifying criteria for receiving the award.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Would it have been possible for more than one firm to participate in the award? Yes  No

13. Were any major portions of the successful award subcontracted out? Yes  No

If yes, who was (were) the subcontractor(s)? Please list name and address of manufacturing operation(s).

Name	Address