Last Update: July 25, 2019

Application Procedures for National Dislocated Worker Grants (DWG)

DWGs Awarded through the E-system

- DWGs that had initial applications submitted through the e-System will continue to be managed through the system.
- Modification submissions for grants whose initial application came through the e-System must also be submitted through the e-System. This includes modification requests seeking incremental or supplemental funding. This modification process continues after the July 1, 2019 termination of the e-System application process, until the grant expires.
- o The e-System Quarterly Performance Report (QPR), form ETA-9104, expires September 30, 2019. This is the last day a report may be submitted for the quarter ending June 30, 2019. Performance reports for the quarter ending September 30, 2019 must be submitted in accordance with Training and Employment Guidance Letter (TEGL) 14-18, Aligning Performance Accountability Reporting, Definitions, and Policies across Workforce Employment and Training Programs Administered by the U.S. Department of Labor. The requirements for DWGs are specifically outlined in Attachment 6 of TEGL 14-18.
- o Technical assistance for the e-System may be obtained by contacting Jeanette Provost at provost.jeanette@dol.gov.

Overview of the Grants.gov Process for DWG funding requests after July 1, 2019

Grants.gov Application Submission

- Beginning the Application Process
 - Applicants log on to Grants.gov and proceed to the posting for DWG applicants: https://www.grants.gov/web/grants/view-opportunity.html?oppId=317673. The posting contains:
 - a synopsis of the funding available through the DWG program;
 - a link to <u>TEGL 2-15</u>, *Operational Guidance for Dislocated Worker Grants*, the guidance under which DWG applicants apply for funding;
 - instructions on how to apply for DWG funding; and,
 - suggested application forms.
 - o <u>Applicant Completes a Draft Application Package</u>

The applicant e-mails to the appropriate ETA regional office email account and assigned Federal Project Officer a completed draft application package containing the suggested forms provided in Grants.gov.

- o FPO Reviews the Draft Application Package
 - After reviewing the application, the FPO: 1.) returns the package to the applicant for required revisions; or, 2.) emails to the applicant their concurrence with the submission of the draft DWG application.
- Applicant Submits Application Package via Grants.gov
 After receiving FPO concurrence on the draft application package, the applicant formally submits the application package via Grants.gov.
- National Office Receives and Reviews the Application
 The National Office assesses the application against the requirements of grant specialist works through the assigned FPO to address questions and concerns regarding the application. The grant specialist emails any required revisions to the FPO using the DWG mailbox
- o Funding Decision

(DOL-ETA-DWG@dol.gov).

- The Department makes a funding determination within 45 days of receiving a complete application, with the execution of approved funding occurring by day 55.
- Questions Regarding Grants.gov Process?
 Questions, concerns, and suggestions regarding the new DWG procedures may be emailed to DOL-ETA-DWG@dol.gov, with a cc to Lynn Fraga.

Modification requests for DWGs submitted through Grants.gov

Grantees submitting modification requests for DWGs awarded under the Grants.gov submission process must follow the procedures below:

o <u>Suggested Modification Forms</u>

DWG grantees may access the suggested modification forms for each modification type below.

o <u>Submittal of Modification Request</u>

Grantees complete the suggested modification forms for the applicable modification type (See Tables below to determine forms needed). The package must also include a cover letter requesting the modification. This letter must be printed on organizational letterhead and signed by the Authorized Representative. The forms and cover letter must be emailed to the assigned FPO in the applicable regional office.

Process for Revision Requests

If revisions are required prior to the modification execution, the grants management specialist in the National Office will email the request to the FPO using the DWG mailbox. (DOL-ETA-DWG@dol.gov). The FPO may take the opportunity to discuss questions and concerns regarding the revision request with the grants management specialist, after which the FPO forwards the revision request to the grantee. Grantees respond to revision requests by emailing the FPO, who then forwards the correspondence to the DWG mailbox.

o <u>Modification Approval</u>

Modifications are generally processed in 30 business days from the receipt of an approvable and complete modification.

The suggested documents/forms for each application and modification type is outlined below (Table 1 and Table 2):

Table 1

SUGGESTED DOCUMENTS FOR DWG APPLICATION FUNDING REQUESTS									
Form Form	Layoff Recovery	Disaster Recovery Emergency Application	Disaster Recovery Full Application	Incremental Funding Request	Supplemental Funding Request				
Project Synopsis	x	x	X	x	X				
Project Narrative	x	x	X	x	х				
SF-424	x	X	X	x	х				
SF-424A	x		x	x	X				
Budget Narrative	x		X	x	X				
Employer Data Form	х			x (Only if adding an employer)	x (Only if adding an employer)				
Project Operator Forms	х		x	x (Only if adding a project operator)	(Only if adding a project operator)				
Disaster Worksite Summary - Template			x	X (Only if modifying disaster worksites)	x (Only if modifying disaster worksites)				

Table 2

SUGGESTED DOCUMENTS FOR DWG MODIFICATION PACKAGES (All modification requests must include a cover letter on organizational letterhead, signed by the Authorized Representative)									
Mod Type Form	Budget Perf		Disaster Recovery Full Application	Statement of Work	Adding an Employer	Respond to Special Conditions of Award			
Project Synopsis	Yes	·	Yes	Yes – if increasing planned participants or changing the provision of career and training services	Yes – if increasing planned participants or changing the provision of career and training services				
Narrative	Recommended	Yes	Yes	Yes	Recommended				
SF-424 (signed by Authorized Representative)			Yes						
SF-424A	Yes		Yes			Required forms for modifications responding to special conditions will be stipulated in the prior modification's Special Conditions of Award document.			
Budget Narrative	Yes		Yes			Special containing of Award accument.			
Employer Data Form (Layoff Recovery only)					Yes				
Project Operator Form			Yes						
Disaster Worksite Summary Template (Disaster Recovery only)			Yes						
		ОТНЕ	R DWG MODIF	ICATION REQUIRE	MENTS				
MODIFICA	TION TYPE			REC	QUIREMENTS				
Authorized Repre	sentative Change	over the appuletter must: Speeding Spe	 Specify the name of the outgoing signatory Specify the name of the incoming signatory, along with their address, phone number, and email. The effective date of the change 						
	ing a NICRA direct Cost Rate ment)	арр	applicable grant number.						

The application documentation and forms are as follows and included below:

- Project Synopsis Project Operator Form
- Employer Data Form Disaster Worksite Summary
- Budget Narrative Instructions

Project Synopsis

National Dislocated Worker Grants

U.S. Department of Labor / Employment and Training Administration

GENERAL INFORMATION							
State:	Amount of Funding Requested:						
Project Name:							
Project Type: (Disaster Recovery, La	yoff Recovery, TAA Dual Enrollmer	nt, or Service Member):					
Total Number of Planned Participant	ės:	Total Cost per Participant:					
Disaster Grants Only - Name of Fede	eral Agency Declaring Disaster:						
If submitting an abbreviated Emerge	ncy Application for a <i>Layoff</i> Recov	very DWG, provide reason:					
GRANT ACTIVITIES: PROJECTE Complete the applicable line items below b							
Grant Activity or Reemployment Service	Total Projected Cost for Activity or Service	Number of Participants Receiving the Service	Cost per Participant for each Service				
Participant Wages Disaster Relief Employment (Disaster Recovery Projects Only)							
Participant Fringe Benefits for Disaster Relief Employment (Disaster Recovery Projects Only)							
Career Services							
Work-Based Learning (including On-the-Job Training, Work Experience, Apprenticeship and Customized Training)							
Training Services - Other than Work Based Learning							
Transitional Jobs (may not exceed 10% of the total award)							
Supportive Services (this may include services provided to disaster relief workers, including personal supplies needed for cleanup and recovery work, such as boots, protective clothing, etc.)							
Needs Related Payments (not permissable for disaster relief workers)							
PROJECTED ADMINISTRATIVE	COSTS						
Administrative Costs - Grantee Leve	<u> </u>						
Administrative Costs - Project Opera (If no Project Operator, enter N/A)	ator Level						
COUNTIES INCLUDED IN PROJE	ECT SERVICE AREA						

PERFORMANCE (for Layoff Recovery DWGs, or Disaster DWGs Providing Career and Training Services)

The DWG program applies performance measures as described in WIOA Section 116. These include the following:

Planned Employment Rate (2nd Quarter after Exit)
Planned Employment Rate (4th Quarter after Exit)
Planned Median Earnings
Planned Credential Rate
Planned Measurable Skill Gains Rate

Are the planned performance goals for this project the same as the applicable negotiated goals established for the Dislocated Worker Program? (Yes or No)

If proposing to set DWG performance goals to levels other than those established for the State's Dislocated Worker formula program, note those goals below. (Non-state applicants should use these same goals as a basis for DWG performance targets.)

Planned Employment Rate (2nd Quarter after Exit):

Planned Employment Rate (4th Quarter after Exit):

Planned Median Earnings:

Planned Credential Rate:

Planned Measureable Skill Gains Rate:

If the above goals are lower than the State negotiated goals, please explain why:

NARRATIVE INSTRUCTIONS (required)

The applicant must provide a narrative attachment.

For Disaster Recovery Grants

- 1. Describe the disaster event and the impact on the community, and reference the Federal declaration pertaining to the disaster.
- 2. Describe the anticipated clean-up and recovery activities to be done by participants of the Disaster Recovery DWG.
- 3. Describe, if any, the career, training or supportive services to be provided to participants. These may also be added to the project at a later date.

For Layoff Recovery Grants

- Describe the layoff event(s) and the impact on the community.
- 2. Describe Rapid Response activities and other methods used to establish the projected participant number, the planned reemployment services to address the specific needs of the affected workers, and the requested funding amount.
 - 3. If the target population has any barriers to employment, provide a description of those barriers.
 - 4. Identify the types of reemployment services to be provided.
 - 5. Describe how the proposed services will assist participants in securing employment in in-demand jobs.

For Modifications Requests

A brief narrative is required for all modification requests. It must explain the reasons for the modification, address conditions of award, and provide necessary details in support of the request.

Project Operator Data Form National Dislocated Worker Grant Application

U.S. Department of Labor / Employment and Training Administration

	Organizationa	Co	ntact Informatio	n	Duration of Project Operator Agreement: Service Information:			ation:				
Project Operator Name	Street Address	City	State	Zip Code	Contact Person	Phone	Email	Start Date	End Date	Projected Funding Requirement	Planned Number of Participants to Receive Services	Counties Included in Project Operator Service Area
West Bay Workforce Board	200 Main Street	Jacksonville	FL	20000-0000	Susan Someone	000-000-0000	susan.someone @State.gov	12/12/2018	12/12/2020	\$3,000,000	600	Brevard, Suffolk, Washington, Smith
				_		_						

Employer Data Form

National Dislocated Worker Grant Application

U.S. Department of Labor / Employment and Training Administration

	Employer Information			Layoff Notification Layoff Data				Rapid Response				TAA Petition		Union Information		
#	Layoff Occurred	Type of Business	Two- Digit NAIC Code	Notification Type (i.e. WARN)	Date of Notification	Closure Y/N	Layoff Date(s)	Number of Affected Workers	Number of Planned Participants	Contact with Employer Date	Contact with Workers Date	Number of Affected Workers Contacted	Number of Field Surveys Completed	TAA Petition Y/N	Date Filed	List Any Labor Organization Representation
1	XYZ Company, 300 Somewhere Ave, Boston, MA 00000	Mfg.	77	WARN	12/12/2018	У	12/12/2018	2,000	500	12/12/2018	12/12/2018	700	600	no	3/12/2019	AFL/CIO
2																
3																
4																
5																
6																
7																
8																
9																

EMPLOYMENT AND TRAINING ADMINSTRATION UNITED STATES DEPARTMENT OF LABOR

Disaster Relief Employment Worksite Summary Template National Dislocated Worker Grant

٧	Norksite 1 – County and Location:								
	Primary cleanup and recovery work to be performed:								
	ALL Job Titles								
	(i.e. supervisor, laborer, etc.)	Number of participants							
	for worksite clean-up activity temporary workers	(for each job title outlined at left)							
٧	Norksite 2 - County and Location:								
	Primary clean up and recovery work to be performed:								
	ALL Job Titles								
	(i.e. supervisor, laborer, etc.)	Number of participants							
	for worksite clean-up activity temporary workers	(for each job title outlined at left)							
v	Norksite 3 – County and Location:								
	Primary clean up and recovery work to be performed:								
	Primary clean up and recovery work to be performed.								
	ALL Job Titles	Number of participants							
	(i.e. supervisor, laborer, etc.)	(for each job title outlined at left)							
	for worksite clean-up activity temporary workers	(· · · · · ,							
		J							

Copy and paste the table to additional pages for listing additional sites.

	Worksite #4 - County and Location:								
	Primary clean up and recovery work to be performed:								
	ALL Job Titles	No make a of menticinante							
	(i.e. supervisor, laborer, etc.)	Number of participants							
	for worksite clean-up activity temporary workers	(for each job title outlined at left)							
W	orksite #5 - County and Location:								
	Primary clean up and recovery work to be performed:								
	Filliary clean up and recovery work to be performed.								
	ALL Job Titles	Number of participants							
	(i.e. supervisor, laborer, etc.)	(for each job title outlined at left)							
	for worksite clean-up activity temporary workers	,							
W	orksite #6 – County and Location:								
	Primary clean up and recovery work to be performed:								
	ALL Job Titles								
	(i.e. supervisor, laborer, etc.)	Number of participants							
	for worksite clean-up activity temporary workers	(for each job title outlined at left)							
١٨/	orksite #7 – County and Location:								
VV									
	Primary clean up and recovery work to be performed:								
	ALL Job Titles	Number of participants							
	(i.e. supervisor, laborer, etc.)	(for each job title outlined at left)							
	for worksite clean-up activity temporary workers	, ,							

General Instructions for the Completion of a Budget Narrative National Dislocated Worker Grants

When developing the **Budget Narrative**, please ensure the following:

- Provide a narrative explanation for each line item on the SF-424A, which includes an itemization of the component
 costs adding up to the total projected cost for each line item. The calculations provided in the Budget Narrative
 must be accurate, and the line item cost projections in the narrative must match the associated cost identified on
 the SF-424A.
- For grant modifications requesting a budget realignment, the Budget Narrative must address the reason for the change in each affected line item.
- Use the following instructions to develop the Budget Narrative.

Personnel – List all staff positions by title. For each staff position, identify the annual salary, the percentage of time devoted to the project, the salary amount funded by the grant, and the total cost for the full period of performance.

Fringe Benefits – Provide the overall fringe benefit percentage which reflects the recipient's organizational fringe. Also list the component benefits, such as health insurance, FICA, retirement, etc. Provide the fringe benefit calculation for each staff position listed under the Personnel line item.

Travel – Specify the type and purpose of the travel, the number of travelers, approximate mileage, per diem rates, estimated number of trips, and other associated travel costs.

Equipment – Identify each item of equipment to be purchased which has an estimated acquisition cost of \$5,000 or more per unit and a useful lifetime of more than one year. List the quantity and unit cost per item. Items with a unit cost of less than \$5,000 are supplies.

Supplies – Supplies include all tangible personal property other than "equipment." Identify supply categories (e.g. office supplies, cell phones, personal tools for disaster clean-up, etc.). List the cost associated with each supply category.

Contractual -

- List each project operator provisioning WIOA services and the funding allocation made to each; and,
- identify any additional contractual entities, the amount allocated, and the purpose.

Construction – Construction costs are not allowed and this line must be left as zero. Minor alterations to adjust an existing space for grant activities (such as a classroom alteration) may be allowable.

Other – List each item in sufficient detail for DOL to determine whether the costs are reasonable or allowable. Costs included under *Other* should not fit into any other line item category.

Indirect Charges – If charging indirect costs to the grant, this line item must be populated. Include the current approved Negotiated Indirect Cost Rate Agreement or Cost Allocation Plan, signed by the Federal cognizant agency, as an attachment to the grant application.