# NATIONAL DISLOCATED WORKER GRANT (DWG)

**Suggested Application Form**

**Employment Recovery—FULL APPLICATION**

##### Suggested Application Form: Instructions

The information in this form must be submitted along with other required application materials as described in the programmatic guidance, [Training and Employment Guidance Letter (TEGL) 09-24](https://www.dol.gov/agencies/eta/advisories/tegl-09-24), in particular Attachment I. If you need more space than this suggested application provides, please attach additional pages as necessary.

You are encouraged to use the Suggested Application to ensure all the information required in an Employment Recovery DWG application is clearly addressed. However, you are not required to use this suggested application form and may submit an application in an alternative format. Should you decide to submit an alternative format follow the instructions on grants.gov to ensure that you are aware of all required information that must be included in your application.

Please note that **Attestations** are requested throughout the Suggested Application. For each attestation, you must confirm understanding of and compliance with specified requirements. For additional guidance regarding information required in the application, refer to TEGL 09-24, Attachment I.

The table below provides information on how the elements of the Suggested Application form are organized and how you should go about filling out your application.

| **Key** | **Color** |
| --- | --- |
| Instructions or informational language | Light gray |
| Fields where required or requested information is entered | Light orange |
| Attestations | Light yellow |

Follow the contents below to ensure a complete and responsive application.

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## SECTION I. General Application Information

**Instructions**

Provide the information requested in each section below.

1. Applicant Information –Provide the information requested below.
2. Applicant Organization Name and Type – Provide the name of the applicant organization, and the type of applicant as required by TEGL 09-24, Attachment I.

|  |  |
| --- | --- |
| **Applicant Organization Name**Enter the name of the applicant organization in the box to the right. | *[Enter applicant organization name in this space.]* |
| **Type of Applicant**Select the type of applicant from the list of eligible applicants to the right.  | [ ]  State or outlying area, or a consortium of states or outlying areas[ ]  Local WDB or a consortium of WDBs[ ]  An entity eligible for funding through the Indian and Native American Program in WIOA Section 166 (c) [ ]  An entity determined to be appropriate by the governor of the state or outlying area involved. (If you choose this category, you must attach the information and documentation required by TEGL 09-24 to demonstrate eligibility for this type of applicant.)[ ]  An entity that demonstrates to the Secretary of Labor their capability to effectively respond to circumstances related to specific dislocations. (If you choose this category, you must attach the information and documentation required by TEGL 09-24 to demonstrate eligibility for this type of applicant.) |

1. Primary Project Point of Contact– Please list the individual responsible for day-to-day management and oversight of the Disaster Recovery DWG. This individual will be the person ETA will consider the primary contact on the project. Note: This individual may differ from the authorized representative for the grant.

| **Contact Information Type** | **Response** |
| --- | --- |
| **Name** | *[Insert project contact name here.]* |
| **Title** | *[Insert project contact’s title here.]* |
| **Phone** | *[Insert project contact’s phone number here.]* |
| **Email** | *[Insert project contact’s email address here.]* |

[ ]

1. Qualifying Event– Select the box(es) below to indicate the eligible qualifying event(s) applicable to the application. Provide the emergency declaration information requested.

| **Qualifying Event Type** | **Qualifying Event Information** |
| --- | --- |
| [ ]  Mass Layoff/Plant Closure | *Date of Layoff/Closure or Qualifying Notification: [ENTER DATE]* |
| [ ]  Community Impact | *Dates of Layoffs/Closures or Qualifying Notifications: [ENTER DATE] through [ENTER DATE]* |
| [ ]  Higher-than-Average Demand for Services from Dislocated Members of the Armed Services | *Dates of Layoffs/Closures: [ENTER DATE] through [ENTER DATE]* |

**Attestation: Qualifying Event** – Select the appropriate boxes below to confirm understanding of and compliance with requirements for each qualifying layoff event.

|  |
| --- |
| [ ]  **Mass Layoff or Plant Closure**: Documentation or information demonstrating a layoff or plant closure affecting 50 or more within the applicant’s planed service area is included with this application. |
| [ ]  **Community Impact**: Documentation substantiating multiple dislocations occurring over a period of up to 12 months that have significantly increased the number of unemployed individuals in a state, or a regional or local workforce area or areas is included with this application. |
| [ ]  **Higher-than-Average Demand for Services from Dislocated Members of the Armed Services**: illustrating higher-than-average demand is included in this application per TEGL 09-24, Attachment I. |

#### Demonstrating Higher-than-Average Demand for Services from Dislocated Members of the Armed Services Qualifying Event (if applicable)

|  |
| --- |
| If you are submitting an application under the “Higher-than-Average Demand” qualifying event, you must provide additional information to demonstrate that such a qualifying event has occurred. Please see the table below for the information that you must provide and enter your information in the table below or as an attachment to your application. **This information is only required if you are submitting an application based on the “higher-than-average demand” qualifying event.** Your application must address each of the following elements:First, you must demonstrate that current demand for services by this population exceeds the average demand for services from this population.1. **Average Demand**. An application must show how the applicant calculated the *average* demand for employment and training services by dislocated members of the Armed Services and dislocated spouses. Average demand should be determined based on data for at least the two years immediately prior to the year that will be used to determine the current demand.
2. **Current Demand**. The application must then show how the applicant calculated the *current* demand for employment and training services by dislocated members of the Armed Services and dislocated spouses, using the same methodology or information used to determine the average demand.
3. **Current Demand Exceeds the Average**. Finally, the application must demonstrate that the *current* demand for employment and training services (as described in #2 above) for this same population exceeds, or is on target to exceed, the average demand (as described in #1 above).

Second, you must demonstrate that the higher-than-average demand exceeds existing state or local resources for providing the employment and training services. Your application must provide sufficient information to demonstrate that either:1. **the total number** of dislocated members of the Armed Services and spouses seeking, or intending to seek, employment and training services in one or more local areas, or statewide, is at least 50; or
2. **the total number** of dislocated members of the Armed Services and spouses seeking employment and training services is fewer than 50 individuals, but the impact still exceeds existing state or local resources to provide employment and training services.

And third, you must demonstrate that services to dislocated members of the Armed Services and dislocated military spouses will be carried out in partnership with the Department of Defense and Department of Veterans Affairs transition assistance programs. To demonstrate this you must provide evidence of existing partnerships, or concrete plans for developing partnerships, with entities that provide transition assistance to veterans and dislocated service members and spouses through the Department of Veterans Affairs, Department of Defense, or DOL VETS. |
| *[Enter information to demonstrate “higher-than-average demand” in this box or submit an attachment to your application. If you are not using “higher-than-average demand” as your qualifying event, you may skip this section.]*  |

1. Funding Request–You must provide the **total** funding requested in the grant, as well as the amount of the total that you estimate will be allocated to providing allowable employment and training activities. The total funding request must reflect the total federal funding request amount listed on the SF-424, line 18a, and the budget (SF-424A) and budget narrative.

| **Instructions** | **Funding Requested** |
| --- | --- |
| Insert the **total** funding request for this Employment Recovery DWG in the box to the right.  | *[Enter total funding amount requested here.]* |
| Enter the estimated amount of the grant request anticipated to be allocated for employment & training activities including career, training and supportive services and other related costs, in accordance with TEGL 09-24) | *[Enter estimated amount to be allocated for employment & training activities here.]* |

**Attestation: Funding Request Exceeds Published Limitation** – Please complete the Attestation below if your funding request exceeds the published limitation amount for an Employment Recovery DWG.

|  |  |
| --- | --- |
| **Instructions** | **Attestation** |
| Check the box to the right if your funding request exceeds ETA’s published funding limitations for Employment Recovery DWGs. If this box is checked, you **must** submit additional narrative as an attachment to this application to justify an award that exceeds the funding limitations. | [ ]  **Request exceeds published funding limitation.**  |

1. Projected Participant Enrollment – Provide the **estimated** enrollment projections for the grant in the table below.

| **Category** | **Projected Participant Enrollment Number** |
| --- | --- |
| **Number of Planned Participants**  | *[Enter the number of participants you plan to enroll.]* |

1. Description of Early Intervention or Rapid Response Efforts – To ensure that Employment Recovery DWG applications are crafted to meet identified needs, WIOA requires that Rapid Response or other early intervention activities occur prior to an application for an Employment Recovery DWG is submitted. In the box below, provide an overview of those efforts that occurred prior to the submission of your application. Please describe the results of these efforts including any identified career or training needs among the affected employees as part of your determination for your Employment Recovery DWG funding request.

Please note: If your organization is not a state workforce agency or local workforce development board (WDB), you must describe coordination strategies with appropriate local WDBs or with the state workforce agency to ensure coordination with Rapid Response and early intervention activities.

|  |
| --- |
| **Early Intervention or Rapid Response Efforts**In the box below, provide information on the early intervention or Rapid Response efforts that were carried out prior to the submission of this application. |
| *[Enter information on early intervention or Rapid Response activities here.]* |

1. Project Start Date and Period of Performance – Applicants may request a grant start date that precedes the award of the grant, per TEGL 09-24. DWGs are generally awarded for a 36-month period of performance unless the applicant requests a shorter period.

|  |
| --- |
| *Project Start Date*: Select **one** of the two project start date options below.  |
|  [ ]  Start Date *Prior* to Date of Award\* Date Requested: \_\_/\_\_/\_\_\_\_ |
|  [ ]  Date of Award |
|  \*If you are requesting a start date prior to the date of award, please provide a brief justification below.  |
| *[Enter start date justification here.]* |
| *Period of Performance*: Check **one** of the following two options for the length of your grant.  |
| [ ]  **36 months** from Project Start Date |
| [ ]  **Fewer than 36 months** from Project Start Date Requested Period of Performance (in months): \_\_\_\_\_ months |

## SECTION II. Project Description

##### Instructions

Applicants must submit a Project Description as part of an Employment Recovery DWG application. The Project Description provides the context for the effects of the qualifying event, explains the planned grant activities and timeline, and lays out the anticipated outcomes for grant participants. This Suggested Application provides all of the required elements of the Project Description, per TEGL 09-24, Attachment I.

1. Project Overview– Applicants must briefly summarize their planned project. The project overview must address at least the following information:
* Provide an overview of the project’s scope and priorities.
* Summarize any allowable activities carried out prior to the full award of a grant that will be allocable to the Employment Recovery DWG when awarded.
* Describe the strategies and approaches that will be implemented to, including specific types of training, including work-based learning such as On-the-Job Training, career services such as transitional jobs or internships, or other related activities that may be used where appropriate.
* Describe strategies planned or in place to support the goal of enabling individuals to return to or enter high quality employment as a result of project activities; these strategies might include outreach to potential employers, creating partnerships, or prioritizing employment that includes a living wage and benefits, promotion potential, schedule flexibility, or other factors.
* Describe plans to identify, recruit and enroll eligible participants, and describe strategies to address any barriers to participation or employment.

Include any additional information that helps tell the story of how your grant will operate and support economic and employment recovery in the impacted areas.

|  |
| --- |
| **Project Overview**In the space below, include a brief summary of your Employment Recovery DWG project. |
| *[Enter Project Overview information here.]* |

1. Community Needs Assessment – The Community Needs Assessment provides information on the effects of the qualifying layoff event and its associated impacts on the area to be covered by the grant. It also provides information on the kinds of employment and training needs in the areas covered by the qualifying declaration.
	1. Impacts of the Qualifying Event on the Proposed Service Area – Employment Recovery DWGs are designed to help mitigate the economic and employment-related effects following a qualifying layoff event and its associated impacts on the area to be covered by the grant.

|  |
| --- |
| In the box below, provide a brief description of the effects qualifying layoff event and its associated impacts on the proposed project service area. This description must address:* A description of the qualifying event, including dates, duration, or other relevant information
* The secondary or other related layoffs that have or are expected to result from the qualifying layoff event
* Other associated challenges such as increased unemployment, other major layoff events, or other factors facing the area covered by the grant that may impact the availability of formula dislocated worker funds
* Any other information that may support your request for an Employment Recovery DWG
 |
| *[Enter information on the impacts of qualifying event here.]* |

* 1. Employment and Training Priorities–Employment Recovery DWG projects provide employment and training activities to eligible participants. This section of the Suggested Application allows you to describe the economic and other conditions by which your priorities for services delivered to grant participants are designed.

|  |
| --- |
| Provide a brief overview of the economic situation within the communities to be included in the project. You may include information such as:* Unemployment rates, poverty rates, and educational attainment data.
* The workforce needs in the project service area, identifying any barriers to employment.
* Employment opportunities, high growth industries, or priority occupations within the project service area.
 |
| *[Enter employment and training priority information here.]* |

* 1. Description of Employment and Training Activities – Provide a brief description of employment and training strategies to address the priorities described above.

|  |
| --- |
| In the box below, please describe: * How the specific needs of each participant will be determined.
* The strategies planned or in place to allow participants to obtain unsubsidized, sustainable, and quality employment following the conclusion of grant-supported activities.
* The goals for successful placement of participants in employment post-award. These goals might prioritize employment that includes a living wage and benefits, promotion potential, workplace flexibility, or other factors as described by the applicant.
* Any other information that supports the successful implementation of employment and training activities.
 |
| *[Enter employment and training activities information here.]* |

Attestations: Project Implementation– All grant recipients must comply with WIOA statute and regulations (including DWG regulations at 20 CFR part 687), TEGL 09-24, grant award terms and conditions, and Uniform Guidance (2 CFR parts 200 and 2900). Below are some, but not all, of the requirements relevant to project implementation.

1. Policies and Procedures–DWGapplicants must have the following policies and procedures in accordance with 20 CFR 687.170(b) and, TEGL 09-24, and TEGL 19-16 to support the allowability of project activities. In the table below, select the appropriate box to confirm understanding of and compliance with specified requirements. If selecting “no,” provide additional information to support the response.

| **Choose One** | **Attestations of DWG Policy Requirements** |
| --- | --- |
| [ ]  **Yes** [ ]  **No** | **Employment and Training Activities**: Policies are in place to effectively carry out employment and training services including career services, training services, and supportive services. These policies align with state or local policies for these services, where applicable. For non-state and non-local workforce applicants without policies, please note in the “Additional Information” field below that policies will be developed for this grant but do not necessarily align with state/local policies. |
| [ ]  **Yes** [ ]  **No** | **Participant Eligibility**: Policies are in place for determining participant eligibility. |
| [ ]  **Yes** [ ]  **No** | **Employment and Training Services**: Policies are in place to effectively carry out employment and training services including career services, training services, and supportive services.  |
| [ ]  **Yes** [ ]  **No** [ ]  **N/A** | *Subrecipient Monitoring*: Policies are in place to ensure subrecipients meet the grant award terms and conditions and applicable regulations.  |
| **Additional Information**As applicable, provide any additional context regarding policies and procedures activities to the right. | *[Enter additional information on policies and procedures here.]* |

1. Performance and Reporting – Employment Recovery DWG recipients are required to collect and report performance data in accordance with WIOA. Please address the two attestations below to demonstrate your understanding of and ability to comply with performance reporting requirements.

| **Choose One** | **Attestations of DWG Policy Requirements** |
| --- | --- |
| [ ]  **Yes** [ ]  **No** | Planned performance goals for this project align with the agreed-upon negotiated goals for the state WIOA Dislocated Worker program. |
| [ ]  **Yes** [ ]  **No** | The applicant can report required performance data through WIPS and submit a DWG Participant Individual Record Layout (PIRL). An applicant may include an agreement with a State Workforce Agency or a local Workforce Development Board to report performance on their behalf. |
| **Additional Information**As applicable, provide any additional context regarding policies and procedures activities to the right. | *[Enter additional information here, as applicable.]* |

1. One-Stop Partner Requirement – Employment Recovery DWGs are required partners in the one-stop system. You must attest that you are a partner. If you are not a partner, you must provide additional information as to your plans to become a partner.

| **Choose One** | **Attestation of DWG Policy Requirements** |
| --- | --- |
| [ ]  **Yes** [ ]  **No** | DWG grants are funded through Title I of WIOA and are considered **required** one-stop partners. Grant recipients other than Native American programs (described in WIOA sec. 166) are required to **confirm** that they are already one-stop partners by selecting the appropriate box. |
| If you select “no” you must provide additional information on plans to become a one-stop partner.  | *Enter additional information if you selected “no” in the attestation above here.]* |

## SECTION III. Project Timeline

1. Project Timeline – Your application must include a project timeline that reflects your major proposed goals and objectives over the period of performance of the project (generally 36 months from the grant start date). If you need more space, you may add additional rows as necessary in the table below, or you may submit a complete timeline as an attachment to your application. An example is provided in the first row following the heading.

| **Major Goals and Objective(s)** | **Project Timeline** |
| --- | --- |
| Goal #1 (Example)Fully executed subrecipient agreements within 50 days of grant application submissionObjectives for Goal #1:1. Create and send potential subrecipients an invitation to partner.
2. Draft subrecipient MOU.
3. Host subrecipient information meeting(s) and solicit verbal commitments from partners.
4. Negotiate agreements as needed
5. Send revised agreements to subrecipient signatories for review and signature.
 | 1. Start Date – Completion Date
2. Start Date – Completion Date
3. Start Date – Completion Date
4. Start Date – Completion Date
5. Start Date – Completion Date
 |
| *[Enter major goals and objectives information here.]* | *[Enter timeline information here.]* |
| *[Enter major goals and objectives information here.]* | *[Enter timeline information here.]* |
| *[Enter major goals and objectives information here.]* | *[Enter timeline information here.]* |
| *[Enter major goals and objectives information here.]* | *[Enter timeline information here.]* |

## Section IV. Required Attachment

### Abstract

You must include an abstract as an attachment to your application submission. The abstract should not exceed two pages and **must** include at least the following information:

* A summary of the impacts of the qualifying event on the areas covered by your application.
* An overview of the employment and training activities that are likely to be included in the grant, as well as other allowable activities, as applicable.
* A description of the types of participants to be enrolled.
* A list of the project operators or subrecipients likely under the grant, and a summary of the kinds of activities they will carry out.
* Any deliverables or expected outcomes.