# NATIONAL DISLOCATED WORKER GRANT (DWG)

# Suggested Application Form

###### **Disaster Recovery—FULL APPLICATION**

**Note to Applicants: T**his suggested application is designed to simplify the preparation and submission of a **Full Application** for a Disaster Recovery DWG. Applicants desiring to submit an **Emergency Application** for a Disaster Recovery DWG must follow the instructions in grants.gov.

##### Suggested Application Form: Full Application Instructions

Eligible applicants must submit the information described in this form and the other required supporting documentation described in **Attachment I, Part 2** of [Training and Employment Guidance Letter (TEGL) No. 09-24](https://www.dol.gov/agencies/eta/advisories/tegl-09-24), Attachment I. This Suggested Application form captures the information necessary to ensure a complete Disaster Recovery DWG application. Please attach additional supporting documentation, as needed.

You are encouraged to use the Suggested Application to ensure all the information required in a full 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 in 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 |

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SECTION I. General Application Information

##### Instructions

Provide the information requested in each section below.

1. Applicant Information– Provide the requested information in the tables 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 the applicant organization name here.]* |
| **Type of Applicant**  Select the type of applicant from the list of eligible applicants to the right. | State  Outlying area  Indian tribal governments as defined by the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122(6)) |

1. Primary Project Point of Contact – 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.

|  |  |
| --- | --- |
| **Name** | *[Enter contact name here.]* |
| **Title** | *[Enter contact title here.]* |
| **Phone** | *[Enter contact phone number here.]* |
| **Email** | *[Enter contact email address here.]* |

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

| **Declaration Type** | **Declaration Information** | **Declaration Attestation** |
| --- | --- | --- |
| **FEMA Emergency/Major Disaster** | FEMA Declaration Number:  *[Enter Declaration Number Here]* | Select the box to affirm that a copy of the FEMA declaration is attached to this application. |
| **Emergency or Disaster of National Significance** | Qualifying Federal Agency Declaration Identifier or Description:  *[Enter Declaration Information Here]* | Select the box to confirm that a copy of or link to the qualifying Federal agency declaration is included in your application.  Select the box to affirm that documentation is available to demonstrate a potential loss of at least 50 jobs within the disaster area. |
| **Relocation of Individuals from Disaster Area** | Originating FEMA or Federal Agency Declaration Number:  *[Enter Declaration Number Here]* | Select the box to affirm that documentation is available to demonstrate the relocation of a substantial number of individuals from an affected disaster area. |

1. Funding Request **–** Provide the total funding request for the period of performance. 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.

| **Funding Requested (must align with the SF-424, line 18a)** | **Funding Requested** |
| --- | --- |
| Insert the funding request for this Disaster Recovery DWG in the box to the right. | **[***Enter total funding amount requested here.]* |
| Check the box to the right if your funding request exceeds ETA’s published funding limitations for Disaster 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. Emergency Management Agency Coordination – Provide contact information for the state emergency management agency along with a brief summary of efforts or plans to coordinate activities and avoid duplication of effort.

|  |  |
| --- | --- |
| **Contact Individual Name** | *[Enter contact name here.]* |
| **Agency Name** | *[Enter emergency management agency name here.]* |
| **Date of Initial Contact or Expected Contact Date** | *[Enter contact date information here.]* |
| **Brief Summary of Coordination Efforts (Actual or Projected)** | *[Enter a brief summary of coordination efforts 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. Please note, if you have already received an initial award following an emergency application, you may keep the original start date, or request to change it in the full application. |
| Start Date Prior to Date of Award\*  Date Requested or Approved Per Emergency Application: *[Enter Date]* |
| Date of Award |
| \*If you are requesting a start date prior to the date of award and do not already have, or wish to change, an official start date following an emergency application, please provide a brief justification below. |
| *Enter start date justification here.* |
| Period of Performance: All DWG awards will end on the final business day of the quarter following the Period of Performance. Select **one** of the following two options for the length of your grant. Please note, if you have already received an initial award following an emergency application, you may keep the original period of performance, or request to change it in the full application. |
| **36 months** from Project Start Date (standard) |
| **Fewer than 36 months** from Project Start Date  Requested Period of Performance (in months): \_\_\_\_\_ months |

## 

## SECTION II. Statement of Work (SOW)

Instructions

You must submit a Statement of Work (SOW) as part of a Disaster Recovery DWG application. The SOW 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 the required elements of the SOW, per TEGL 09-24, Attachment I.

1. Project Overview– In the space below, briefly summarize your proposed Disaster Recovery DWG project. This project overview must:

* Provide an overview of the project’s scope and priorities.
* Describe plans to identify, recruit and enroll eligible participants.
* Summarize any allowable activities carried out prior to the full award of a grant (please include activities that will be allocable to the Disaster Recovery DWG when awarded, or which were funded by an emergency award for a Disaster Recovery DWG).
* Address any additional activities planned to be carried out following the receipt of the full award, as described in TEGL 09-24.
* And, if applicable, 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 Disaster Recovery DWG project. |
| --- |
| *[Enter Project Overview information here.]* |

1. Community Needs Assessment – The Community Needs Assessment provides information on the impacts of the qualifying emergency or disaster event on the areas covered by the declaration, and the kinds of disaster-relief employment (if applicable) will be created to respond to or mitigate the impacts. It also provides information on the kinds of employment and training needs in the areas covered by the qualifying declaration.
2. Impacts of the Qualifying Event on the Proposed Service Area – Disaster Recovery DWGs are designed to help mitigate the effects of a qualifying emergency or disaster event, and all disaster-relief employment activities must be designed as a result of, and in order to address or mitigate, the specific impacts of the qualifying event.

| In the box below, provide a brief description of the declared disaster’s impact on the proposed project service area. This description must address:   * The qualifying event details, including dates, duration, or other relevant information * The impacts of the event on the residents, businesses, and communities covered by the qualifying declaration * The kinds of physical damage or destruction caused by the qualifying event * The types of humanitarian assistance needs created by the qualifying event and its impacts on the affected communities * Any other information that will support the types of disaster-relief employment you intend to create under this grant   Please Note: For emergencies or disaster situations of national significance declared by Federal agencies other than FEMA, an application must include information demonstrating the projected level of job loss in the disaster area. |
| --- |
| *[Enter qualifying event impacts information here.]* |

1. Description of Disaster-Relief Employment Needs–Disaster Recovery DWGs *must* provide disaster-relief employment for participants, per TEGL 09-24 (see Attachment I for exceptions to this requirement). Disaster-relief employment must be designed to address cleanup and recovery efforts (including demolition, cleaning, repair, renovation and reconstruction of damaged and destroyed structures, facilities and lands located within the disaster area and in offshore areas related to the emergency or disaster), or to create employment related to the delivery of appropriate humanitarian assistance in the aftermath of the emergency or disaster.

|  |
| --- |
| The description of disaster-relief employment needs must briefly address:   * The cleanup and recovery, as well as humanitarian assistance, needs resulting from the disaster, and how these needs were identified * Any coordination activities that occurred with the appropriate organizations such as state emergency management agencies, to avoid duplication of activities and appropriately respond to the affected community’s needs after the disaster. If such coordination has not yet occurred, describe anticipated coordination efforts as required by TEGL 09-24. |
| *[Enter disaster-relief employment needs information here.]* |

1. Proposed Disaster-Relief Employment to Address Needs Described Above–Describe the disaster-relief employment positions to be created under the grant. Include the job title, a brief position description, and a description of how each position will address the needs resulting from the disaster as described above. For proposed disaster-relief employment positions to be approved by ETA, you must demonstrate the work carried out will be designed or intended to mitigate the humanitarian, physical, or economic impacts of the disaster. You may enter the information in the table below or include an attachment to your application.

| **Job Title** | **Position Description** | **Brief Description of How Position Mitigates the Effects of Declared Emergency or Disaster Event** |
| --- | --- | --- |
| *[Enter job title here.]* | *[Enter position description here.]* | *[Enter description of how the position mitigates the effects of the qualifying event here.]* |
| *[Enter job title here.]* | *[Enter position description here.]* | *[Enter description of how the position mitigates the effects of the qualifying event here.]* |
| *[Enter job title here.]* | *[Enter position description here.]* | *[Enter description of how the position mitigates the effects of the qualifying event here.]* |
| *[Enter job title here.]* | *[Enter position description here.]* | *[Enter description of how the position mitigates the effects of the qualifying event here.]* |
| *[Enter job title here.]* | *[Enter position description here.]* | *[Enter description of how the position mitigates the effects of the qualifying event here.]* |

1. Employment and Training Priorities–Disaster Recovery DWG projects may provide employment and training activities to participants, regardless of an individual’s participation in disaster-relief employment.

|  |
| --- |
| 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 priorities information here.]* |

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

Note: You may enroll participants in employment and training activities as appropriate throughout the life of the grant, even if employment and training activities are not requested in the application.

|  |
| --- |
| If you anticipate providing employment and training activities through this grant, 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 your description of employment and training activities here. Enter N/A if you are not proposing to provide employment and training activities in the grant.]* |

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**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** | Participant Eligibility: Policies are in place for determining participant eligibility (including “long-term unemployed” and “significantly underemployed”). |
| **Yes  No** | Worksite Selection and Management (including Health and Safety Standards): Policies are in place to ensure compliance with DWG requirements. |
| **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** | Supportive Services, Employment and Training Activities Participants: Policies and procedures align with state or local area supportive services policies. |
| **Yes  No**  **N/A** | Subrecipient Monitoring: Policies are in place to ensure subrecipients meet the grant award terms and conditions and applicable regulations. |
| **Please add any additional narrative regarding policies and procedures if necessary.** | *[Enter additional narrative information here.]* |

1. **Disaster-Relief Employment Activities** – DWG applicants must attest to the following requirements for disaster-relief employment, as described in TEGL 09-24.

| **Choose One** | **Attestations of DWG Policy Requirements** |
| --- | --- |
| **Yes  No** | Disaster-relief employment will occur only in the geographic disaster area covered by the qualifying declaration for the Disaster Recovery DWG. |
| **Yes  No** | Highest priority will be given to cleanup of the disaster areas’ most severely damaged public communities, facilities, and property, and to the cleanup and the provision of humanitarian assistance to economically disadvantaged areas within the disaster area. Where possible, grant recipients should prioritize enrollment of eligible participants most in need of economic support or workforce development services. |
| **Yes  No** | Documentation will be maintained for all worksites, including the dates and hours worked by each participant. For work on private property, documentation will include the rationale for the determination that such work was allowable under DWG program guidance. |
| If you answer no to any of these, provide explanation here. | *[Enter explanation for any “no” responses to the above attestations here.]* |

## SECTION III. Projected Enrollments and Costs

**Instructions**

Applicants must provide estimates for enrollments and expenditures for the grant period. ETA uses these projections to understand your anticipated costs and project plans, and to provide technical assistance if necessary.

1. Projected Project Enrollment – Provide the *estimated* enrollment projections for the grant in each of the categories listed below. Per TEGL 09-24, grant recipients are not held to the projected enrollments by category below; the total planned participant number is he only participant projection that recipients will be held to. Note: Grant recipients may enroll participants in either or both categories of activities as necessary, whether or not such participation was indicated in this application.

| **Category** | **Projected Enrollment Number** |
| --- | --- |
| **Total** Number of Projected Participants | *[Enter total number of projected participants here.]* |
| Of the total number of participants, how many are anticipated to **ONLY** receive disaster-relief employment services? | *[Enter number of participants receiving disaster-relief employment only here.]* |
| Of the total number of participants, how many are anticipated to **ONLY** receive employment and training services? | *[Enter number of participants receiving employment and training services only here.]* |
| Of the total number of participants who will receive employment and training services, how many are anticipated to **ALSO** engage in disaster-relief employment? | *Enter the number of participants receiving employment and training services who will ALSO engage in disaster-relief employment here.* |

**Attestation: Participant Eligibility** – Please complete the Attestation below to confirm your understanding of the requirements for participant eligibility as described in TEGL 09-24, Attachment I.

| **Choose One** | **Attestations of DWG Policy Requirements** |
| --- | --- |
| **Yes  No** | The grant recipient and any subrecipients understand that they may only enroll eligible participants. To be eligible for Disaster-Recovery DWG enrollment, individuals must meet one or more of the following eligibility categories:   1. Individuals temporarily or permanently laid off as a consequence of the emergency or disaster. 2. A dislocated worker (as defined in WIOA Section 3(15)), including displaced homemakers as defined in WIOA Section 3(16). 3. Long-term unemployed individuals, as defined by the grant recipient. 4. Self-employed individuals who became unemployed or significantly underemployed as a result of the emergency or disaster. |

1. Projected Costs: Disaster-Relief Employment –The estimated **total** costs of disaster-relief employment activities include wages, benefits, supplies, and other costs. Disaster-relief employment activities costs must align with participant wage limitations and other requirements under WIOA and TEGL 09-24.

| **Projected Disaster-Relief Employment Costs** | **Amount** |
| --- | --- |
| Provide estimated **total** costs of all disaster-relief employment activities in the box to the right. | *[Enter estimated costs for disaster-relief employment activities here.]* |

1. Projected Costs: Disaster-Relief Employment Positions – For each job type to be included in the grant, provide the **average** hourly wage for that position. Positions that are included under more than one subrecipient or Disaster Relief Employer, where wages may vary, should still be averaged into a single wage.(Add additional rows as necessary.)

| **Position/Job Title** | **Average Anticipated Wage (Hourly)** |
| --- | --- |
| *[Enter job title here.]* | *[Enter average anticipated hourly wage for this type of job here.]* |
| *[Enter job title here.]* | *[Enter average anticipated hourly wage for this type of job here.]* |
| *[Enter job title here.]* | *[Enter average anticipated hourly wage for this type of job here.]* |
| *[Enter job title here.]* | *[Enter average anticipated hourly wage for this type of job here.]* |
| *[Enter job title here.]* | *[Enter average anticipated hourly wage for this type of job here.]* |
| *[Enter job title here.]* | *[Enter average anticipated hourly wage for this type of job here.]* |

**Attestations: Disaster-Relief Employment** – Select the appropriate boxes below to confirm understanding of and compliance with specified requirements. If you are requesting that ETA negotiate different wage terms than as described in TEGL 09-24 you must provide documentation specifying how particular circumstances warrant different terms and that they are in the best interests of the workers and/or communities being assisted.

| **Choose One** | **Attestations of DWG Policy Requirements** |
| --- | --- |
| **Yes  No** | Disaster-relief employment activities meet requirements included in TEGL 09-24, Attachment I. |
| **Yes  No** | Individual participant duration in disaster-relief employment is limited to 12 months (or 2,080 hours) unless the grantee requests an extension of up to an additional 12 months through a grant amendment, and DOL grants such an extension. |
| **Yes  No** | All wages paid to disaster-relief employment participants will align with the requirements described in TEGL 09-24.  If you select “no” here, provide additional required information in the box below. |

|  |
| --- |
| *[Enter additional information if you selected “no” to any of the attestations above here.]* |

1. **Projected Costs: Employment and Training Activities** – Provide the estimated expenditure projections for the funding request as described below.

| **Estimated Employment and Training Activities Costs** | **Amount** |
| --- | --- |
| Enter the estimated *total* 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 total amount of the grant to be allocated to employment and training activities here.]* |

## 

## SECTION IV. Project Timeline

**Instructions**

Per TEGL 09-24, you must submit a project timeline with your full application for a Disaster Recovery DWG. A timeline helps ETA understand how you expect to implement your project.

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). Add additional rows as necessary in the table below or submit a timeline as an attachment to your application. *Two examples are provided*.

| **Major Goals and Objective(s)** | **Project Timeline** |
| --- | --- |
| Goal #1: (Example)  Fully executed subrecipient agreements within 30 days of grant application submission  Objectives 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 |
| Goal #2: (Example)  Disaster-relief employment activities implemented.  Objectives for Goal #2:   1. Establish agreements with Disaster Relief Employers. 2. Establish worksite priorities. 3. Coordinate planned activities with state emergency management agency. 4. Ensure participant eligibility definitions and eligibility determination procedures are updated and understood by all subrecipients. 5. Recruit and enroll participants for disaster-relief employment. | 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 here.]* | *[Enter project timeline information here.]* |
| *[Enter major goals and objectives here.]* | *[Enter project timeline information here.]* |
| *[Enter major goals and objectives here.]* | *[Enter project timeline information here.]* |
| *[Enter major goals and objectives here.]* | *[Enter project timeline information here.]* |

## Section V. 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 emergency or disaster event, including the areas covered by the declaration.
* An overview of the activities that are likely to be included in the grant, including disaster-relief employment that is likely to be created, as well as any employment & training activities that may be delivered, 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.