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| <b>EMPLOYMENT AND TRAINING ADMINISTRATION</b><br><b>ADVISORY SYSTEM</b><br><b>U.S. DEPARTMENT OF LABOR</b><br><b>Washington, D.C. 20210</b> | <b>CLASSIFICATION</b><br>DWG- Disaster Recovery Grants |
|   | <b>CORRESPONDENCE SYMBOL</b><br>OWI-DWASWS             |
|   | <b>DATE</b><br>September 14, 2018                      |

**ADVISORY: TRAINING AND EMPLOYMENT GUIDANCE LETTER NO. 4-18**

**TO:** STATE WORKFORCE AGENCIES  
 STATE WORKFORCE ADMINISTRATORS  
 STATE WORKFORCE LIAISONS  
 STATE AND LOCAL WORKFORCE BOARDS AND CHAIRS  
 STATE LABOR COMMISSIONERS  
 INDIAN AND NATIVE AMERICAN PROGRAM GRANTEEES

**FROM:** ROSEMARY LAHASKY /s/  
 Deputy Assistant Secretary

**SUBJECT:** National Health Emergency Phase Two: Disaster Recovery National Dislocated Worker Grants to Address the Opioid Crisis

1. **Purpose.** To describe how the Employment and Training Administration (ETA) interprets the statutory and regulatory requirements of the National Dislocated Worker Grant Program’s disaster grants (Disaster Recovery DWGs) as they apply to the unique challenges of the opioid crisis. Under this guidance, eligible applicants can obtain Disaster Recovery DWGs to create disaster-relief employment as well as to provide employment and training activities, including supportive services, to address economic and workforce impacts related to widespread opioid use, addiction, and overdose.

2. **References.**

- Workforce Innovation and Opportunity Act (WIOA), Section 170;
- Training and Employment Guidance Letter (TEGL) No. 2-15, Attachment II: *National Dislocated Worker Grant Program Guidance* (July 1, 2015);
- ETA Form 9130 (Office of Management and Budget (OMB) Control No. 1205-0461);
- TEGL No. 19-16, *Guidance on Services Provided through the Adult and Dislocated Worker Programs under the Workforce Innovation and Opportunity Act (WIOA) and the Wagner-Peyser Act Employment Service (ES), as amended by title III of WIOA, and for the implementation of the WIOA Final Rules* (March 1, 2016); and
- TEGL No. 12-17, *National Health Emergency Dislocated Worker Demonstration Grants to Address the Opioid Crisis* (March 20, 2018).

3. **Background.** The United States faces an ongoing health crisis due to widespread abuse of and addiction to prescription opioid painkillers, as well as illicit opioids. According to the Centers for Disease Control and Prevention, deaths from drug overdoses in the United States more than tripled from 1999 to 2015, with this increase driven by dependency and addiction

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| <b>RESCISSIONS</b><br>None | <b>EXPIRATION DATE</b><br>Continuing |
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to opioid painkillers,<sup>1</sup> which are often prescribed to individuals suffering from chronic pain.<sup>2</sup> For some, addiction to prescription opioids has led to abuse of heroin, an illegal opioid that in some circumstances can be cheaper and easier to obtain.<sup>3</sup> In 2016, around 2.5 million Americans had a substance-use disorder involving either prescription painkillers or heroin.<sup>4</sup> The CDC's preliminary estimate is that 72,000 people died of drug overdose deaths in the United States in 2017, which would be a record number.<sup>5</sup> In addition to deaths, overdoses from both prescription and illicit drugs were responsible for increasing nonfatal emergency department and hospital admissions.<sup>6</sup> In all, researchers have found that this crisis has cost the United States more than \$1 trillion since 2001, and it could have a negative impact of \$500 billion more over the next three years if conditions do not change.<sup>7</sup>

The Trump Administration has made addressing this crisis a high priority, making significant investments to support treatment and recovery services, target availability of overdose-reversing drugs, train first responders, and more. The Secretary of Health and Human Services (HHS), at the White House's direction, declared a national public health emergency in October 2017.<sup>8</sup> Consistent with that declaration, in March 2018, ETA issued TEGL No. 12-17, announcing a crisis-focused demonstration project, National Health Emergency (NHE) Demonstration Grants. The Department awarded more than \$22 million to six state applicants under this NHE Demonstration Grant funding opportunity. These awards were announced on July 24, 2018.

These grants allowed states to provide training to reintegrate eligible participants affected by the crisis, as well as to encourage individuals to enter professions that could provide relief to those affected by the crisis: mental healthcare, addiction treatment services, and pain management services. These demonstrations also allowed ETA to determine the best approach to make a positive impact on the crisis by using its other DWG funds.

As the second phase of its efforts to respond to the opioid crisis, ETA now announces guidance for how states can apply for Disaster Recovery DWGs to respond to the opioid

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<sup>1</sup> Centers for Disease Control and Prevention. Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017. Surveillance Special Report 1. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Published August 31, 2017. Accessed July 30, 2018 from <https://www.cdc.gov/drugoverdose/pdf/pubs/2017-cdc-drug-surveillance-report.pdf>.

<sup>2</sup> Katie Witkewitz and Kevin E. Vowles, Alcohol and Opioid Use, Co-Use, and Chronic Pain in the Context of the Opioid Epidemic: A Critical Review, available at <https://www.ncbi.nlm.nih.gov/pubmed/29314075>.

<sup>3</sup> National Institute on Drug Abuse, How is heroin linked to prescription drug misuse? <https://www.drugabuse.gov/publications/research-reports/heroin/how-heroin-linked-to-prescription-drug-misuse>.

<sup>4</sup> American Society of Addiction Medicine, Opioid Addiction, 2016 Facts & Figures, <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>.

<sup>5</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, Provisional Drug Overdose Death Counts (Aug. 15, 2018), <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.

<sup>6</sup> Centers for Disease Control and Prevention. Annual Surveillance Report of Drug-Related Risks and Outcomes — United States, 2017.

<sup>7</sup> Altarum, Economic Toll of Opioid Crisis in U.S. Exceeded \$1 Trillion Since 2001 (Feb. 13, 2018), <https://altarum.org/about/news-and-events/economic-toll-of-opioid-crisis-in-u-s-exceeded-1-trillion-since-2001>.

<sup>8</sup> For more information on the HHS declaration, visit <https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>.

crisis. This guidance is effective until HHS' declaration expires.<sup>9</sup> Under the Workforce Innovation and Opportunity Act (WIOA), the Department of Labor (Department) has discretion to award Disaster Recovery DWGs, which are grants aimed at reducing the workforce impacts of federally declared disasters through employment and training activities for dislocated workers and temporary employment opportunities assisting disaster-relief efforts. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis. Grantees also may use these funds to provide services to reintegrate into the workforce eligible participants affected by the crisis and train individuals to work in mental health treatment, addiction treatment, and pain management.

The opioid crisis has had severe impacts on American workers and the economy. Opioid abuse affects both employed and unemployed individuals. Research has shown that in many areas the number of opioid prescriptions correlates with a reduction of labor-force participation rates,<sup>10</sup> as well as an increase in unemployment rates coincident with increases in opioid-related hospitalizations. However, it is unclear whether opioid addiction is a cause of unemployment or an effect of scarce employment opportunities. Additionally, lost workforce productivity in American businesses as a result of opioid abuse—as demonstrated through diminished job performance, absenteeism, incarceration, and even death—has approached \$20 billion annually.<sup>11</sup> Researchers have estimated lost wages due to overdose deaths at \$800,000 per person.<sup>12</sup> The Department has the workforce development capacity to impact underlying and complicating factors of this national crisis.

The Department expects that successful opioid Disaster Recovery DWG projects will accomplish the following:

- Facilitate community partnerships that are central to dealing with this complex public health crisis;
- Provide training that builds the skilled workforce in professions that could impact the causes and treatment of the opioid crisis: addiction treatment, mental health, and pain management;
- Ensure the timely delivery of appropriate, necessary career, training, and support activities to dislocated workers (including displaced homemakers), individuals temporarily or permanently laid off due to the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or significantly underemployed as a result of the opioid public health emergency—including individuals

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<sup>9</sup> HHS announced the latest renewal of its declaration on July 19, 2018.

<https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

<sup>10</sup> See, e.g., Organization for Economic Cooperation and Development (OECD), *OECD Economic Surveys, United States* (June 2018), <http://www.oecd.org/eo/surveys/Overview-United-States-2018-OECD.pdf> (“Opioid addiction costs many lives, harms livelihoods, depresses labor market participation, and entails significant public healthcare spending.”); Alan B. Krueger, Brookings, *Where Have All the Workers Gone? An Inquiry into the Decline of the U.S. Labor Force Participation Rate* (Sept. 7, 2017), <https://www.brookings.edu/bpea-articles/where-have-all-the-workers-gone-an-inquiry-into-the-decline-of-the-u-s-labor-force-participation-rate/>.

<sup>11</sup> Congressional Research Service: “The Opioid Epidemic and the Labor Force”, November 28, 2017, <https://www.everycrsreport.com/reports/IN10828.html>.

<sup>12</sup> Altarum, *Economic Toll of Opioid Crisis in U.S. Exceeded \$1 Trillion Since 2001* (Feb. 13, 2018), <https://altarum.org/about/news-and-events/economic-toll-of-opioid-crisis-in-u-s-exceeded-1-trillion-since-2001>.

in these populations who have been impacted by opioid use, to promote successful reemployment; and

- Create temporary disaster-relief employment that addresses the unique impacts of the opioid crisis in affected communities.

4. **Funds Availability.** At its discretion, ETA will award opioid crisis Disaster Recovery DWGs to applicants who meet the requirements of this TEGL until HHS' health emergency declaration expires. Available funds for this grant could be depleted by other DWG funding needs, such as natural disasters that could cause potentially large loss of employment. ETA will award funds to responsive applications meeting the requirements of WIOA, 20 C.F.R. part 687, and this TEGL.

5. **Eligibility.**

- a. **Eligible Applicants.** Under 20 C.F.R. 687.120, the following entities are eligible to apply for Disaster Recovery DWGs:
- States;
  - Outlying areas; and
  - Indian tribal governments as defined by the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122(6)).

Recipients of the NHE Demonstration Grants who otherwise meet the eligibility requirements may also apply for the opioid-crisis Disaster Recovery DWGs; however, their proposals must show needs unaddressed by the demonstration grant, such as, humanitarian needs caused by the opioid crisis that disaster-relief employment could address. Demonstration grantees and applicants must submit a new application and not resubmit their previous demonstration application.

Disaster Recovery DWG grantees and applicants should note that while there are similarities between the earlier NHE Demonstration Grant and this one, there are significant differences between these two grant types, particularly with respect to eligible participants and fundable activities. Applicants must ensure that the proposed activities, participants, and other elements align with this TEGL.

- b. **Eligible Participants.** Individuals eligible to receive services through a Disaster Recovery DWG must be one of the following:
1. A dislocated worker;
  2. An individual temporarily or permanently laid off as a consequence of the disaster or emergency;
  3. A long-term unemployed individual; or
  4. A self-employed individual who became unemployed or significantly underemployed as a result of the emergency or disaster.

Eligible participants for opioid-crisis Disaster Recovery DWGs are not required to have a history of opioid abuse or otherwise be personally affected by the opioid crisis to participate in grant-funded employment, activities, and services. However, to the extent

that eligible participants are impacted by the opioid crisis, grantees must not reject or otherwise negatively treat participants who do have a history of opioid abuse or are otherwise personally affected as described in Section 14 below.

Participants' disclosure of impact by the crisis must be voluntary. Grantees may ask participants if they have been affected by the crisis as part of the process of determining what supportive services and other needs the participant may have, but these inquiries must comply with the requirements described in Section 14 below. Grantees cannot require participants to disclose whether they have been impacted by the opioid crisis as a condition of their participation in grant-funded employment, activities, and services.

- 6. Grant Activities.** Grantees must provide disaster-relief employment aimed at alleviating the issues caused by the opioid crisis in affected communities. Participants in these employment opportunities also may be co-enrolled in employment and training activities and receive supportive services. Individual enrollment in temporary employment is limited to 12 months (or 2,040 hours) unless the grantee requests an extension of up to an additional 12 months through a grant modification, and the Secretary of Labor grants such an extension. Requirements for disaster-relief employment activities responding to the opioid crisis are described below.

In addition to creating disaster-relief employment, grantees may provide employment and training activities to participants, both those who are and those who are not enrolled in disaster-relief employment. Applicants should consider that participants may be enrolled in:

- Disaster-relief employment only;
- Employment and training activities only; or
- Both disaster-relief employment and employment and training activities. These may occur concurrently, or one may occur prior to the other.

Applicants must assess and determine the specific needs of each individual participant and enroll them in disaster-relief employment, employment and training services, or both, in a manner that is most likely to result in successful outcomes. As a general goal, applicants should design and provide employment and training activities aimed at allowing participants to obtain unsubsidized, sustainable employment following the conclusion of grant-supported activities.

All employment and training activities must take one or both of the following approaches:

- Reintegration of eligible participants who volunteer that they have been impacted by the opioid crisis according to the procedures of Section 14 below. Reintegration activities include career, training, and supportive services.
- Providing career, training, and supportive services to eligible participants aimed at boosting the number of qualified professionals in fields that can have an impact on the crisis. The Department has determined that the following are fields that can have an impact on the opioid crisis: addiction treatment, mental health treatment focused on conditions that can lead to or exacerbate opioid addiction, and pain management services and practices that the applicant demonstrates could help reduce or avoid prescription

painkiller addiction. Allowable activities can include the training of eligible participants in medical and public health professions on services and techniques within the fields of addiction treatment, mental health treatment, and pain management, with the ultimate goal of preparing medical and public health professionals to help impact the causes of the opioid crisis. Applicants may seek to provide career and training services for other professions including, but not limited to, medical and health professions not encompassed in the three categories above, but they must make certain demonstrations in their application as described in Section 8 below. Individuals personally affected by the opioid crisis can participate in these career and training activities.

Grantees may provide the following services so long as they comply with the requirements set out for these services in WIOA, the relevant WIOA regulations, and TEGL 19-16:

Career Services – Career services include training and job placement assistance to aid participants in finding and filling jobs in identified emerging or high-demand sectors. Allowable career services are described in detail in TEGL No. 19-16. Some examples of allowable career services include:

- Soft skills such as punctuality, personal maintenance skills, and professional conduct;
- In-depth interviewing and evaluation to identify employment barriers and development of individual employment plans; and
- Career planning (that includes a career pathway approach), job coaching, and job-matching services.

Training Services and Work-Based Training Models – Allowable activities include but are not limited to:

- Traditional classroom training funded through Individual Training Accounts (ITAs), including apprenticeship programs on the state’s Eligible Training Provider List; or
- Connecting businesses and eligible participants to on-the-job or customized training programs and apprenticeships to help facilitate reemployment.

Supportive Services – Supportive services are a broad range of services that help ensure individuals can participate in employment and training activities or temporary disaster-relief employment. Supportive service delivery must comply with any state and local supportive service policies.

These services may include but are not limited to:

- Purchase and provision of items necessary for participants to perform disaster-relief employment;
- Healthcare, mental health treatment, addiction treatment, or other forms of outpatient treatment that may impact opioid addiction and related, underlying, or complicating conditions;
- Additional services needed to facilitate post-training employment of participants impacted by the opioid crisis;
- Linkages to community services, including services offered by partner organizations designed to support grant participants;
- Assistance with child care and dependent care; and

- Payments and fees for employment and training-related applications, tests, and certifications.

**Note: Disaster Recovery DWG funds may not be used to pay the costs of in-patient drug treatment and rehabilitation programs.**

Disaster-Relief Employment – Under 20 C.F.R. 687.180(b)(1)-(2), grantees may use Disaster Recovery DWG funds to create temporary disaster relief employment opportunities. Applicants must ascertain their clean-up, recovery, or humanitarian needs related to the opioid crisis, describe those needs in their Statement of Need, and then explain why their proposed employment initiatives will meet the crisis-related needs of their area. The remainder of this subsection explains guidelines and requirements for fundable disaster-relief employment initiatives.

Pursuant to 20 C.F.R. 687.180(b), clean-up and recovery initiatives under this TEGL include demolition, cleaning, repair, renovation, and reconstruction of structures, facilities, and lands that have been damaged or destroyed by the opioid crisis. While applicants may propose clean-up and recovery employment initiatives, it is likely there will be few such initiatives that are both appropriate to address the opioid crisis and legally allowable under WIOA. For example, WIOA would allow a grantee to use Disaster Recovery DWG funds for temporary employment removing deposits of used needles from places where individuals frequently use heroin to mitigate the spread of hepatitis and other diseases. In contrast, WIOA would not allow the demolition of abandoned buildings where opioid abuse occurs unless an applicant could show the opioid crisis caused the damage or destruction of those buildings.

Thus, due to the nature of the opioid crisis, it is likely that most fundable temporary employment initiatives will relate to the delivery of humanitarian assistance for those affected by the opioid crisis. Humanitarian assistance includes actions designed to save lives, alleviate suffering, and maintain human dignity in the immediate aftermath of disasters and emergencies. Humanitarian assistance disaster-relief employment funded under this TEGL must directly relate to the effects or complications of widespread opioid abuse. A non-exclusive, illustrative list of allowable humanitarian assistance disaster-relief employment includes:

- Providing support for addiction treatment services;
- Serving as peer recovery navigators or in other peer-focused positions that support individuals struggling with opioid addiction or recovery from opioid addiction; or
- Carrying out intake and coordination services that connect homeless individuals affected by the opioid crisis to partners who can provide shelter, food, and other assistance.

WIOA does not allow temporary employment initiatives geared only toward prevention and planning of future disaster events. Therefore, in proposing disaster-relief employment initiatives, applicants must consider the specific, current needs of communities impacted by opioid abuse.

**7. Spending Limitations on Administrative Expenses and Supportive Services.**

- a. **Administrative Costs.** WIOA Title I functions and activities that constitute administrative costs are identified at 20 C.F.R. 683.215. ETA will apply the following administrative cost limitations to opioid-crisis Disaster Recovery DWGs, subject to negotiation during the application review and grant award and modification processes:
- If a state is the DWG recipient and one or more local areas operate the DWG project, the state may retain up to five percent of the award amount for administrative costs, and the project operator(s) may retain up to 10 percent of the award amount (for a total of 15 percent of the award).
  - If a state is the DWG recipient and also acting as project operator, total administrative costs must not exceed 10 percent.
  - ETA will negotiate administrative cost limitations with all other DWG recipients.
- b. **Supportive Services.** Grantees must not spend more than 20 percent of their DWG award on supportive services for participants. However, grantees may submit a modification request to the Grant Officer seeking pre-approval to spend more than 20 percent of their award on supportive services. The Grant Officer will only approve these requests where the grantee demonstrates: (i) additional supportive services spending is necessary to effectively carry out the employment and training goals of the opioid-crisis Disaster Recovery DWG; (ii) the additional supportive services spending will not be so great that it impedes the availability and effectiveness of employment and training activities provided under the grant; and (iii) this additional spending follows the established local policy on providing supportive services.

- 8. Application Requirements.** For applications under this TEGL, the Department has determined that all states, outlying areas, and appropriate tribal entities are eligible for Disaster Recovery DWG assistance under 20 C.F.R. 687.110(b)(2). Although typically Disaster Recovery DWG applicants must submit a copy of a disaster or emergency declaration to show eligibility and describe how the disaster could affect the local economy and cause a potentially large loss of employment, applicants for opioid-crisis Disaster Recovery DWG do not have to do so. The Secretary of Health and Human Services' public health emergency declaration covers the entirety of the United States, and, for the reasons discussed in the Background section above, the Department has determined that the opioid crisis is a disaster or emergency that negatively affects local economies and could lead to a potentially large loss of employment.

Applicants, however, must demonstrate that they have met all other requirements in 20 C.F.R. part 687. Additionally, ETA, under its discretion in setting DWG application requirements at 20 C.F.R. 687.150, will not fund any application that does not meet this TEGL's additional application requirements. These additional requirements are designed to ensure grantees spend DWG awards in ways that best impact the opioid crisis as it has manifested in grantees' affected communities.

To apply, applicants must either: (i) complete the suggested Proposal Summary (Attachment A), which includes all requirements of an applicant's proposal, or (ii) submit a written proposal, not exceeding 10 pages double-spaced, that addresses all of this TEGL's

application requirements and all information sought in the Proposal Summary. The 10-page limitation does not include required documentation as described below. In the applicant's Proposal Summary or written proposal, the applicant must describe their communities' opioid-related needs, proposed grant activities, and the manner in which applicants would implement these activities, as described below.

The Proposal Summary and this TEGL identify areas where applicants must attach additional documentation. ETA does not set requirements on what type of information and documents applicants can use to support their applications, only that these documents and information are independently verifiable.

- a. **Statement of Need.** Under 20 CFR 687.140(b), Disaster Recovery DWG applicants must: (i) conduct a preliminary assessment of the clean-up and humanitarian needs of the affected areas; (ii) reasonably ascertain that there is a sufficient population of eligible individuals to conduct the planned work; and (iii) coordinate with the Local Workforce Development Board (WDB) and chief elected official(s) of the local area(s) in which the proposed initiative is to operate. Applicants must meet these regulatory requirements in the methods described below, as well as additional application requirements, pursuant to 20 C.F.R. 687.150, meant to ensure that grant-supported initiatives are effectively tailored to the opioid crisis.

- i. Demonstration of Opioid Crisis Needs in Affected Communities

Applicants must list the communities their grant initiatives will serve. Applicants must briefly describe: (a) why they selected those communities, and (b) the clean-up and humanitarian needs the opioid crisis has created in those communities. The opioid crisis has manifested differently in different areas. In some areas, for example, the chief concern may be a shortage of treatment services. In others, the primary need may be additional health services to curb hepatitis or outbreaks of diseases caused by injectable opioid use. To receive DWG funding, an application must describe its affected communities' training, healthcare, and treatment needs and why its proposed initiative will impact or help resolve these issues.

Applicants must attach no more than 10 pages of documentation supporting the determination of needs. Examples of information and documentation that applicants may use include:

- Rates of deaths related to opioid use and the predominant causes of those deaths;
- Rates of non-fatal hospitalizations related to opioid abuse and the reasons for those hospitalizations;
- Data that reasonably shows a shortage of addiction, mental health services, or appropriate medical services in an affected community, such as the number of available slots or beds available for those seeking services, length of waitlists for such, number of licensed professionals in affected communities, and geographic information indicating that such services are significant distance or hard to reach for individuals in affected communities; or

- Public health statistics showing the incidences of diseases or conditions that could result from opioid abuse.

ii. Eligible Individuals Available to Perform Disaster-Relief Work and Participate in Training Activities

Applicants must demonstrate that there are a suitable number of eligible individuals available to participate in proposed disaster-relief employment. If an applicant also intends to provide employment and training activities independent of disaster-relief employment, the applicant must demonstrate that it has a population of eligible participants for these activities as well.

As stated above, ETA does not limit what type of supporting documentation applicants use to support this application, but some examples of information demonstrating a suitable population of eligible participants through information include:

- Current figures on the number of dislocated workers and other participants eligible for this grant in the communities where applicants plans to operate their initiative;
- Documentation of any layoff events, announced future layoffs, legacy industry decline, decreasing employment or labor market participation rates, economic impacts that may or may not be overtly related to the opioid epidemic;
- Rapid Response activities that have been or will be conducted, including demographic data gathered by company and/or worker surveys or through other methods; or
- Any additional relevant data or information on the region, economy, workforce, etc., to support the application.

iii. Coordination with Partner Organizations, Local WDBs, Chief Elected Officials in Affected Communities, and American Job Centers

Applicants must identify their partners for planning and delivering services and support in their grant-funded initiatives. Services provided under opioid-crisis Disaster Recovery DWGs are only one part of a comprehensive set of solutions that address the health and well-being of individuals who struggle or have struggled with addiction issues. Therefore, applicants must demonstrate appropriate partnerships and strategies best suited for sustainability of employment of crisis-affected individuals and its proposed disaster-relief employment.

Partners will vary by community, based on the unique characteristics of each area. Applicants must demonstrate partnership with at least one community organization working with individuals directly impacted by opioid addiction. These partners may include, but are not limited to:

- Employers or industry organizations
- Community health providers or health-related organizations
- Justice or law enforcement organizations

- Faith- and community-based organizations
- Educational institutions

Applicants must list and briefly describe the role of each partner, and how they will align resources through partner organizations and the decision-making process for activities carried out under the partnership.

Additionally, applications must include letters of commitment from at least one local WDB or American Job Center (AJC) in the affected communities it proposes serving. Applicants also must indicate they have coordinated with all chief elected officials (as defined in WIOA Section 3(9)) and local WDBs in the communities the grant will serve.

b. **Service Delivery.** In describing their initiatives, applicants must ensure responses answer the following questions pertaining to service delivery:

- i. **What type of disaster-relief employment will the applicant provide and how will this work address the opioid crisis needs as described in the applicant’s Statement of Need?**

For example, if a shortage of addiction treatment services is an issue in an opioid-affected community, a successful application could describe how a proposed project will provide temporary employment to boost the availability of treatment professionals in its area. Another example is if the crisis-related issue is homelessness, a successful application could describe how the temporary workers will focus on connecting homeless individuals with entities that provide food and shelter.

ETA encourages applicants, in developing their proposals, to consider: (1) what steps it will take to ensure these services remain available after the expiration of the Disaster Recovery DWG, and (2) any innovative or novel approaches for addressing the needs of affected communities through disaster-relief employment.

- ii. **What anticipated employment and training activities, including supportive services, will applicants provide eligible participants, and how will applicants carry out these activities?**

The applicant must identify anticipated employment and training activities, including the supportive services it will provide to eligible participants, and the ways it will carry out employment and training activities according to the following requirements.

Where applicants propose employment and training activities, applicants must indicate whether they intend to take one or both of these approaches:

1. Reintegration into the workforce of eligible participants who volunteer that they have been impacted by the opioid crisis, consistent with the requirements of Section 14 of this TEGL;

2. Transition of eligible participants into one of the following professional fields that could impact the opioid crisis or its underlying or complicating causes, including: addiction treatment and related services; pain therapy and pain management services that could reduce or prevent dependence on prescription painkillers; and mental healthcare treatment services for disorders and issues that could lead to or exacerbate opioid abuse and addiction. Allowable activities include training in techniques and services in these three fields for eligible participants in the medical and public health professions, with the ultimate goal of preparing those medical and public health professionals to impact the causes of the opioid crisis. Applicants may train participants in additional professions—including, but not limited to, medical and health professions not encompassed in the above list—but only if they: (a) list the additional professions in which they wish to provide training; (b) demonstrate that those professions are in demand; and (c) demonstrate that training in these professions will mitigate the underlying circumstances of the opioid crisis in affected communities. Individuals personally affected by the opioid crisis can participate in these career and training activities. Applicants may attach additional documentation to make these required demonstrations, and this documentation counts toward the 10-page limit on additional documentation.

An applicant must note if disaster-relief employment will be a component of a proposed training initiative for transitioning eligible participants into professions that could impact the opioid crisis (addiction treatment, mental health treatment, and pain management treatment that can avoid or reduce prescription painkiller addiction.)

Applicants may propose providing supportive services to any eligible participant of any activity under this grant. Applicants must state the procedures through which it will determine each participant’s individual needs. Applicants must indicate whether they or their partners plan to utilize techniques such as trauma-informed assessments, which partner will carry these out determinations, and how they will carry out the determination process.

iii. **What is the strategy for identifying and enrolling eligible participants?**

Applications must describe clear strategies for identifying eligible participants, and these strategies may differ based on specific grant activities. Eligible participants under this grant include dislocated workers under Section 3(15) of WIOA, individuals who are permanently or temporarily laid-off because of the opioid crisis, long-term unemployed individuals, and self-employed individuals who are unemployed or underemployed as a result of the opioid crisis.

Applicants proposing activities to reintegrate individuals impacted by the opioid crisis must describe how their recruitment and enrollment of these individuals will comply with the requirements of Section 14 below. Again, a participant does not have to be impacted by the opioid crisis to participate in initiatives supported by an opioid-crisis Disaster Recovery DWG. Individuals who do not voluntarily answer that they have

been impacted by the crisis may participate in disaster-relief employment as well as employment and training activities to enter professions that respond to the crisis (addiction treatment, mental health treatment, pain management treatment meant to avoid or reduce prescription painkiller addiction).

For disaster-relief employment, applicants are encouraged to consider the relevant skills and abilities of participants when enrolling them in particular disaster-relief employment opportunities. If the applicant proposes employing participants in a medical, mental health, or addiction treatment capacity, the applicant must demonstrate: (1) it has a population of potentially eligible participants qualified to perform the temporary work it intends, and/or (2) a plan for training eligible participants who lack qualification or past experience so that they can safely and effectively provide appropriate services to those affected by the crisis.

- c. **Additional Requirements for NHE Demonstration Grantees.** As stated above, a recipient of the NHE Demonstration Grants also may apply for opioid-crisis Disaster Recovery DWGs if such an applicant is otherwise eligible, but in its proposal or the appropriate field in the Proposal Summary, such an applicant must demonstrate there are needs this Disaster Recovery DWG would address that the demonstration grant cannot. Demonstration grantees and applicants must submit a new application and may not resubmit their previous demonstration application unless the applicant has updated the previous application to meet the requirements of this TEGL and the features of Disaster Recovery DWGs.

9. **Application Procedures, Requirements, and Timeline.** To receive funding, applicants must submit the following items through Grants.gov at <https://www.grants.gov/>:
- An electronically signed copy of a SF-424 - Application for Federal Assistance (OMB Control No. 4040-0004);
  - An SF-424A - Budget Information - Non-Construction Programs (OMB Control No. 4040-0006);
  - A Budget Narrative to explain the projected costs reflected in each line item of the SF-424A, demonstrating how grant funds will be used. See Attachment B for instructions on completing the budget narrative;
  - A completed Proposal Summary (Attachment A), OR a written proposal, not exceeding 10 pages double-spaced, that addresses TEGL application requirements outlined in Section 8, and all information/supporting documentation sought in the Proposal Summary; and
  - Letters of commitment from partners, including at least one local WDB or AJC and at least one community organization working with individuals who are, or who have been, directly impacted by opioid use.

An SF-424 electronically submitted through Grants.gov constitutes the official signed document and must reflect the total amount requested in item #18, *Estimated Funding*. Item #11 must include the *Catalog of Federal Domestic Assistance Number*, 17.277.

For grants awarded under this TEGl, applicants and grantees do not have to submit a Project Implementation Plan as described in 20 C.F.R. 687.150.

To be considered for an opioid-crisis Disaster Recovery DWG, applicants must comply with all application requirements. ETA will award these funds on a first-come, first-served basis, funding applications that meet all requirements based on the order ETA received them, until all funds are depleted. If an applicant initially submits an un-fundable application, and then later resubmits a fundable application meeting all requirements, its place in the order of receipt will be when it submitted the fundable application.

**10. Grants.gov Submission Process.** Applicants must submit the application package through Grants.gov. Applicants that need to register with Grants.gov may do so here: <https://www.grants.gov/web/grants/applicants/apply-for-grants.html>. Registration is a one-time process, and applicants who already have a Grants.gov account do not need to register again.

To submit the required application package, applicants must:

- a. Select the *SEARCH GRANTS* tab on the Grants.gov homepage.
- b. Under the Section, *BASIC SEARCH CRITERIA*, enter the Funding Opportunity Number: **ETA-TEGL-4-18**.
- c. Select the link to the applicable Opportunity Number provided in the search results.
- d. Select the *PACKAGE* tab.
- e. Under the *ACTIONS* column, select *APPLY*.

Submitting the SF-424 through [www.grants.gov](http://www.grants.gov) constitutes an electronically signed SF-424, Application for Federal Assistance. This submission process may at times be complicated and time-consuming. As such, the Department strongly encourages applicants to initiate the process as soon as possible, in order to allow time to resolve unanticipated technical problems.

Submission requirements stipulate that all applicants for Federal grant and funding opportunities must have a Data Universal Numbering System (D-U-N-S®) number and must supply their D-U-N-S® number on the SF-424.

Before submitting their application, applicants must also ensure their registration with the System for Award Management (SAM) is current. Applicants may find instructions for registering with SAM at <https://www.sam.gov/portal/SAM/#1>. An awardee must maintain an active SAM registration with current information at all times during which it has an active Federal award or an application under consideration. To remain registered in the SAM database after the initial registration, entities must review and update the registration at least every 12 months from the date of initial registration. Failure to register with SAM and maintain an active account will result in Grants.gov rejecting the application submission.

For technical issues encountered during application submission, applicants may call 800-518-4726 or 606-545-5035 to speak to a Customer Support Representative, or email [support@grants.gov](mailto:support@grants.gov). The Contact Center is open 24 hours a day, seven days a week, but closes on federal holidays.

- 11. Availability of Funds and Application Review and Award.** To receive funding for an opioid-crisis Disaster Recovery DWG, applicants must meet all eligibility requirements described in this TEGL and submit all required information and documents. Awards will be made at ETA's discretion until the expiration of the HHS' national health emergency declaration.

The period of performance for Disaster Recovery DWGs is two years. However, the Department reserves the right to provide period of performance extensions beyond this date, as it deems appropriate and necessary, to achieve the purposes of these awards.

- 12. Other Award Considerations.** At its discretion, ETA intends to fund applicants who adequately demonstrate eligibility according to the application requirements above. ETA may elect to award a grant with or without discussions with the applicant. Should ETA award a grant without discussions, ETA will base the award on the applicant's signature on the SF-424, including electronic signature, which constitutes a binding offer by the applicant.

*NOTE: The Department will determine if the applicant had any restriction on spending for any ETA grant due to adverse monitoring findings within the past three years. Depending on the severity of the findings, the Grant Officer may elect to not provide the applicant a grant award or to impose conditions on the award.*

All applications deemed to be complete and responsive by the Grant Officer will go through a risk review process. Before making an award, ETA will review information available through any OMB-designated repository of government-wide eligibility qualification or federal integrity information, such as the Federal Awardee Performance and Integrity System (FAPIIS), Dun and Bradstreet, and "Do Not Pay". Additionally, ETA will comply with the requirements of 2 CFR Part 180 (Government-wide Debarment and Suspension Non-Procurement.) This risk evaluation may incorporate results of the evaluation of the applicant's eligibility (application screening) or the quality of its application (technical review). If ETA determines that an entity is responsible and an award will be made, special conditions that correspond to the degree of risk assessed may be applied to the award. Risk-related criteria evaluated include:

1. Financial stability;
2. Quality of management systems and ability to meet the management standards prescribed in the Uniform Grant Guidance;
3. History of performance. The Applicant's record in managing awards, cooperative agreements, or procurement awards, if it is a prior recipient of such Federal awards, including timeliness of compliance with applicable reporting requirements, and if available, the extent to which any previously awarded amounts will be expended prior to future awards;

4. Reports and findings from audits performed under Subpart F – Audit Requirements of the Uniform Grant Guidance (2 CFR Sections 200.500 – 200.520) or the reports and findings of any other available audits and monitoring reports containing finds, issues of non-compliance, or questioned costs; and
5. The applicant’s ability to effectively implement statutory, regulatory, or other requirements imposed on recipients.

Selection of an organization as a recipient does not constitute approval of the grant application as submitted. Before the actual grant is awarded, the Department may enter into negotiations about such items as program components, staffing and funding levels, and administrative systems in place to support grant implementation, as well as impose additional requirements on the grant-supported activities the applicant proposed. If the negotiations do not result in a mutually acceptable submission, the Grant Officer reserves the right to terminate the negotiations and decline to fund the application. The Department reserves the right to not fund any application related to this TEG.

**13. Reporting.** Disaster Recovery DWG recipients must submit the following reports no later than 45 days after the end of each quarter:

- a. Participant Individual Record Layout (PIRL) – Recipients must report the characteristics, services received, and outcomes of participants served with WIOA funds, including the Disaster Recovery DWGs. Grantees must submit an individual record file quarterly on all participants and exiters. Performance accountability for Disaster Recovery DWGs generally aligns with WIOA title I programs and WIOA Section 116(b)(2)(A). The quarterly PIRL submission is the means for calculating individual participant performance outcomes, as well as performance for this funding opportunity. An amendment to the DOL-only PIRL (ETA 9172) was approved on January 17, 2018 (OMB Control No. 1205-0521) which may be found at this web site: <https://doleta.gov/performance/reporting/>.

Disaster Recovery DWG grantees must report using the Workforce Integrated Performance System (WIPS). Information on how to report are available on the WIPS Resource Page: <https://doleta.gov/performance/wips/>. All relevant data elements on the individual record layout must be completed.

**PIRL Special Instructions for Opioid-Crisis Disaster Recovery DWGs**

In order to ensure that each participant of opioid-crisis Disaster Recovery DWGs is appropriately recorded and tracked, the ETA-assigned grant number must be captured in PIRL data element 105. The full grant number may contain 13 or 14 alpha-numeric characters. The required entry for PIRL data element 105 is the **first seven** alpha-numeric digits of the grant number (without dashes). The ETA assigned grant number may be found in the grant award documentation.

- b. WIOA Joint Narrative Template – Quarterly project narrative reports are required using the WIOA Joint Narrative template (OMB Control No. 1205-0448). This report is an

opportunity for grantees to share information on success stories, upcoming grant activities, and promising approaches and processes. The final quarterly report must summarize the successes and/or challenges in delivering services to the target population, as well as address the topics of sustainability, replicability, and lessons learned.

- c. Quarterly Fiscal Reports – Recipients must submit the quarterly Basic ETA-9130 financial report until such time as all funds have been expended or the grant period has expired. Quarterly reports are due 45 days after the end of each calendar year quarter. Grant recipients must submit the ETA 9130 using the Department’s Online Electronic Reporting System. Specific instructions on how to use that system will be provided in the grant agreement after award.

**14. Notice about Disability and Medical Information Protections for Opioid-Crisis Disaster Recovery DWG Participants.** ETA intends opioid-crisis Disaster Recovery DWGs to help reintegrate individuals with a history of opioid use into the workforce. Accordingly, grant recipients should be aware of requirements pertaining to the gathering and confidentiality of medical information and their obligations under Department civil rights regulations pertaining to protections for individuals with disabilities.

- a. Inquiring about how an individual has been impacted by the opioid crisis

Grantees may only ask the following question to determine that an applicant or eligible participant has been impacted by the opioid crisis:

*Your answer to this question is voluntary. Do you, a friend, or any member of your family have a history of opioid use? Please answer “Yes” or “No.”*

- b. Confidentiality of medical information

Under applicable law, grant recipients must maintain the confidentiality of medical information obtained about an individual. Medical information must be kept confidential even if the individual volunteers the medical information without being asked.

Information regarding an individual’s disability is included in information that must be kept confidential, but *any* medical information obtained must be kept confidential (whether or not the individual has a disability).

**Example 1:** An applicant may disclose that she previously has taken opioids legally with a prescription from her doctor (which is medical information, but may or may not be disability-related). The grant recipient must keep that information in a separate file and limit which staff have access to that information, under 29 C.F.R. 38.41(b)(3) (which explains how to keep such information separately and who may have access to it).

**Example 2:** An individual may self-disclose that he has diabetes (which is both medical information and disability-related information). The grant recipient must keep that information in a separate file and limit which staff have access to that information, under

29 C.F.R. 38.41(b)(3) (which explains how to keep such information separately and who may have access to it).

c. Drug use and protections for individuals with disabilities

When making program decisions about individuals, grant recipients should remember that disability is among the statuses protected from discrimination for participants in and applicants for programs supported by opioid-crisis Disaster Recovery DWGs. Services provided under these grants must comply with 29 C.F.R. 38.5, which sets out antidiscrimination protections for WIOA title I programs. For example, grant recipients will have to make reasonable accommodations for individuals with disabilities, according to 29 C.F.R. 38.14, and they cannot treat a participant or applicant for services less favorably on the basis of the individual’s disability, according to 29 C.F.R. 38.12.

Due to the nature of these DWGs, some participants or applicants for participation will be individuals with disabilities based on their drug history and some will not. Disability status, and how it may affect the provision of services under a WIOA grant, is a case-by-case determination, and given the many causes and complicating factors surrounding the opioid crisis, the circumstances of an individual’s history with opioids could differ significantly.

Disability status for drug addiction usually depends on whether the individual is currently engaging in the illegal use of drugs, including the illegal use of some prescription drugs.<sup>13</sup> A recovering addict not currently using drugs illegally may be legally protected as an individual with a disability. The question of “current use” of illegal drugs is made on a case-by-case basis. “Current” means that the illegal drug use occurred “recently enough” to justify the grant recipient’s reasonable belief that drug use is an ongoing problem. Grant recipients may treat an individual less favorably because of current illegal use of drugs but may not make adverse decisions on the basis of an individual’s disability (even if he or she is currently engaged in the illegal use of drugs).

A potential or enrolled participant in a Disaster Recovery DWG also may have another disability—separate from his or her drug history—that entitles him or her to legal protections.

**Example 1:** A grant recipient discovers that a blind participant who uses a service dog is currently engaging in the illegal use of opioids. The grant recipient may terminate the individual’s participation in the program because of the current illegal use of drugs, but the grant recipient may not prohibit the individual from using his service dog because he is illegally using drugs.

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<sup>13</sup> “Illegal use of drugs” means the use of a drug that is unlawful to possess or distribute under the Controlled Substances Act (21 U.S.C. 801 et seq.). “Illegal use of drugs” does not include the use of a drug taken under supervision by a licensed healthcare professional or other uses authorized by the Controlled Substances Act or other provisions of Federal law.

**Example 2:** An individual is a recovering addict who is addicted to (but not currently using) opioids. The grant recipient must reasonably accommodate this disability by, for example, changing the program activity schedule to allow the participant to attend a Narcotics Anonymous meeting during the program day. However, if the grant recipient discovers that the individual has resumed using illegal drugs, the grant recipient may terminate the individual's participation on the basis of that current illegal drug use.

**15. Program Evaluation.** As a condition of grant award, grantees are required to participate in evaluations if undertaken by the Department. To support the Department's evaluations, grantees must agree to: (i) make data, documents and records available to the evaluation contractor; (ii) timely scheduling and participation in site visits, and providing access to personnel, participants, and partners; (iii) timely responses to surveys; (iv) encourage participants, partners, and other stakeholders to participate in evaluation activities; (v) follow evaluation procedures as specified by the evaluation contractor under the direction of the Department; and (vi) participate in peer learning and information-sharing sessions facilitated by the evaluation contractor.

**16. OMB Information Collection.** OMB Information Collection No 1225-0086 expires May 31, 2019.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. A respondent's reply to these reporting requirements is required to obtain or retain benefits (Workforce Innovation and Opportunity Act, Section 116). Public reporting burden for this collection of information is estimated to average 20 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This information is being collected for the purpose of awarding a grant. The Department will use the information collected through this solicitation to ensure that grants are awarded to the applicants best suited to perform the functions of the grant. This information is required to be considered for this grant.

**17. Inquiries.** Questions regarding this guidance should be directed to the appropriate ETA Regional Office.

**18. Attachment(s).**

- A. Proposal Summary
- B. Instruction Sheet for Budget Narrative