



Employment & Training Program (ETP) Division

Modification Request

for

COVID-19 National Dislocated Worker Grant (NDWG)

Updated 6/15/2022

Grantee Name: City of Duluth

Introduction

The Minnesota Department of Employment and Economic Development (DEED) administers 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. Participants must be found eligible prior to program enrollment..

Authorization of Funds

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. In October 2017, the Secretary of Health and Human Services (HHS) declared the opioid crisis a national public health emergency. Disaster Recovery DWGs will create temporary employment opportunities aimed at alleviating humanitarian and other needs created by the opioid crisis.

Technical Assistance

Requests for technical assistance with the planning documents or grant requirements should be directed to the DW grants specialists:

Rita.Apaloo@state.mn.us

Rita Apaloo, Grants Specialist Senior, Dislocated Worker and Federal Adult Programs

Frederick.Nah@state.mn.us

Frederick Nah, Grants Specialist Senior, Dislocated Worker and Federal Adult Programs

John.Connell@state.mn.us

John Connell, Grants Specialist Coordinator, Dislocated Worker and Federal Adult Programs

Policy questions should be directed to the DW program monitors:

Linda.Skogen@state.mn.us

Linda Skogen, Program Monitor

Kokulo.Supuwood@state.mn.us

Kokulo Supuwood, Program Monitor

Performance and data questions should be directed to the Performance and Data Coordinator:

Amy.Carlson@state.mn.us

Amy Carlson, State Program Administrator Coordinator

All other questions can be addressed to the DW Program Supervisor:

Lensa.Idossa@state.mn.us

Lensa Idossa, Program Manager

Submitting to DEED

The information you provide to the questions and in the tables below will become part of your contract. Before submitting to DEED, we recommend the following:

- Use the tables provided. Please do not copy tables from other documents into this document.
- Double check the numbers in the participant, activity, and budget plans to ensure they align with each other. It can slow down the review process if there are errors.
 - *Tip:* To ensure the math in the budget plan is correct, paste the values into Excel and use the AutoSum feature to ensure a correct total for each column.
- Send the body of this template as a Word document. This will allow us to expedite the review process and easily double check numbers in Excel.
- After the signature page has been scanned, convert it to a PDF document. Electronic signatures are allowed.
- Email the documents (*Word and PDF*) to Rita and Fred at rita.apaloo@state.mn.us and Frederick.Nah@state.mn.us

1. Organization and Grant Information

Signature Page

Table 1: Organization and Grant Information

| | | | |
|---|--|---------------------------------|-------------------------------------|
| Organization Name: | City of Duluth Workforce Development | | |
| Director Name and Title: | Elena Foshay, Director | Primary Contact Name and Title: | Deb Holleman, Employment Technician |
| Phone: | 218-730-5241 | Phone: | 218-730-5233 |
| Email: | efoshay@duluthmn.gov | Email: | dholleman@duluthmn.gov |
| Address: | 402 W 1st St Duluth, MN 55802 | Address: | 402 W 1st St Duluth, MN 55802 |
| Program Name: | COVID-19 Disaster Recovery Dislocated Worker Grant | | |
| Grant ID Number: | 1040100 | | |
| Modification Number: | 2 | | |
| Grant Start Date: | 4/20/2021 | | |
| Grant End Date (current not requested): | 6/30/2022 extended to 6/30/2023 | | |

Authorized Representative: I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit these planning documents on behalf of the organization.

| | |
|-------------------------|---|
| Name and Title (print): | Elena Foshay |
| Signature: |  |
| Date: | June 22, 2022 |

2. Description of Modification

Attachment 1: Work Plan Modification 2

Instructions:

- Select the type of modification you're requesting below (select all that apply).
- Briefly describe the request after each checked box. For example, for an increase in participants: "100 to 150 participants."
 - Increase or decrease in total participants (briefly describe): [Click here to enter text](#).
 - Increase or decrease in total allocation (briefly describe): [Click here to enter text](#).
 - Cost category change (briefly describe): [Click here to enter text](#).
 - Subcontractor award (briefly describe): [Click here to enter text](#).
 - Grant end date extension (briefly describe): [Grant end date extended to June 30, 2023](#)
- Check the recent RPR/FSR to be sure none of the modification amounts are less than what your agency has expended.

3. Narrative

Attachment 1: Work Plan Modification 2

Instructions:

- Please answer the questions below:
 - Is this modification request the result of a monitoring visit? Yes No
 - What factors are contributing to this modification request? Please be specific and describe why changes to the work plan and/or budget are needed.

The U.S Department of Labor (DOL) approved MN's COVID-19 DWG period of performance request. This action extends the end date of the grant to 6/30/2023.

4. Participant Plan

Attachment 1: Work Plan Modification 2

Instructions:

- Complete **Table 4: Participant Plan** on the next page.
- Select an end date and provide a plan for every applicable quarter.
- For the current and remaining quarters, list the planned enrollments.
- For the previous 4 quarters (if applicable), list the actual enrollments as reported in Workforce One (WF1).
 - Run reports as “Funding Stream Level” in WF1.

Complete the plan in cumulative fashion.

Table 2: Participant Plan

Attachment 1: Work Plan Modification 2

| Category | ACTUAL Qtr. 1 End Date: 6/30/2021 | ACTUAL Qtr. 2 End Date: 9/30/2021 | ACTUAL Qtr. 3 End Date: 12/31/2021 | ACTUAL Qtr. 4 End Date: 3/31/2022 | Qtr. 5 End Date: 6/30/2022 | Qtr. 6 End Date: 9/30/2022 | Qtr. 7 End Date: 12/31/2022 | Qtr. 8 End Date: 3/31/2023 | Grant End Date: 6/30/2023 |
|--|--|--|---|--|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|------------------------------|
| A. DWG funded disaster-recovery employment <u>only</u> | | | | | | | | | |
| B. DWG funded employment and training activities <u>only</u> | | | | | | | | | |
| C. Accessing both disaster-recovery and employment and training activities (<i>These may occur concurrently, or one may occur prior to the other.</i>) | 4 | 7 | 11 | 14 | 14 | 14 | 14 | 14 | 14 |
| D. Total participants accessing DWG funds (A+B+C) | 4 | 7 | 11 | 14 | 15 | 15 | 15 | 15 | 15 |
| E. Total participants no longer accessing DWG funds | 0 | 0 | 4 | 7 | 8 | 9 | 12 | 14 | 15 |
| F. Exits to Unsubsidized Employment/Successful Exits | 0 | 0 | 1 | 0 | 2 | 3 | 5 | 7 | 7 |
| G. All Other Exits | 0 | 0 | 3 | 6 | 6 | 6 | 7 | 7 | 8 |
| H. Total participants exited (F+G) | 0 | 0 | 4 | 7 | 8 | 9 | 12 | 14 | 15 |
| I. Current participants accessing DWG funds (D-E) | 4 | 7 | 7 | 7 | 7 | 6 | 3 | 1 | 0 |

Instructions:

- Complete **Table 5: Activity Plan** on the next page.
- Select a quarter end date and provide a plan for every applicable quarter.
- Every participant should receive an Individual Plan Development, Staff Assisted Assessment, and Career Counseling.
- The activity plan should align with the participant plan. For example, if you plan to recruit participants from Q1–Q6, an activity plan should be listed for Q1–Q6.
- Complete the plan in cumulative fashion.

Table 3: Activity Plan

Attachment 1: Work Plan Modification 2

| Activity | ACTUAL Qtr. 1 End Date: 6/30/2021 | ACTUAL Qtr. 2 End Date: 9/30/2021 | ACTUAL Qtr. 3 End Date: 12/31/2021 | ACTUAL Qtr. 4 End Date: 3/31/2022 | Qtr. 5 End Date: 6/30/2022 | Qtr. 6 End Date: 9/30/2022 | Qtr. 7 End Date: 12/31/2022 | Qtr. 8 End Date: 3/31/2023 | Grant End Date: 6/30/2023 |
|---|--|--|---|--|----------------------------------|----------------------------------|-----------------------------------|----------------------------------|---------------------------------|
| Number of participants Engaged in Disaster Recovery Services | 4 | 7 | 11 | 14 | 14 | 14 | 14 | 14 | 14 |
| Number of participants accessing DWG funded Career Services | | | | | | | | | |
| Individual Plan Development* | 4 | 7 | 11 | 14 | 15 | 15 | 15 | 15 | 15 |
| Assessment / Staff Assisted Assessment* | 4 | 7 | 11 | 14 | 15 | 15 | 15 | 15 | 15 |
| Job Search / Staff Assisted Job Search | 4 | 7 | 11 | 14 | 15 | 15 | 15 | 15 | 15 |
| Career Counseling* | | | | | | | | | |
| Pre-vocational Services | | | | | | | | | |
| Work Readiness Services | | | | | | | | | |
| Work Experience (Unique count) | | | | | | | | | |
| Transitional Jobs (Specific Work Experience Type) | | | | | | | | | |
| Unique count of participants accessing DWG funded Training Services | | | | | | | | | |
| Non-Credentialed Training | | | | | | | | | |
| Classroom Training (Credential) | | | | | | | | | |
| Customized Training (Credential) | | | | | | | | | |
| OJT Public and Private (Non-credential) | | | | | | | | | |
| Apprenticeship Training (Credential) | | | | | | | | | |
| Entrepreneurial Training (Credential) | | | | | | | | | |

5. Subcontractor Information

Attachment 1: Work Plan Modification [_2_](#)

Instructions:

- Complete **Table 5: Subcontractor Information** on the next page.
- Do not include vendors.
- Any services provided by subcontractors not listed on this work plan, or costs incurred above the approved amount, are subject to being disallowed.
- If a provider intends to add or remove a subcontractor during the grant period, they must submit a modification to their work plan and budget.
- The **subcontractor contracts will be reviewed as part of the monitoring process** per the Uniform Guidance and Minnesota Office of Grants Management policies: [Monitoring Requirements](#).

Table 4: Subcontractor Information

Attachment 1: Work Plan Modification 2

| Type of Organization (e.g. employer, business, educational institution, etc.) | Name and Address of Organization | Responsibilities: (Case Management, Training, Accounting, etc.) | Key Contact Person and Telephone Number | Letter of Intent Enclosed | Responsible for Workforce One Data Entry | Conflict of Interest Disclosure Letter Required? | Anticipated total amount of compensation from grant |
|---|---|---|---|--|--|--|---|
| Non-profit | CHUM 125 N 1 st Ave Duluth, MN 55802 | Disaster-related employment | Scott Van Daele svandaele@chumduluth.org | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$38,891 |
| Non-profit | American Indian Community Housing Organization (AICO) 202 W 2 nd St Duluth, MN 55802 | Disaster-related employment | Michelle LeBeau 218-722-7225 michelle.lebeau59@gmail.com | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$39,168 |
| Non-profit | Healthy Alliances Matter for All 4328 W 6 th St Duluth, MN 55807 | Disaster-related employment | Janet Kennedy healthyalliancesforall@gmail.com | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$58,336 |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

6. Budget Plan

Attachment 2: Budget Modification [_2_](#)

Instructions:

- Complete **Table 7: Budget Plan** on the next page.
- Select an end date and provide a plan for every applicable quarter.
- For current and remaining quarters, list the planned values.
- For the previous 4 quarters, list the actual expenditures (per the RPR/FSR).
 - For example, if it's currently Q6, list planned values for Q6 and on, list actuals for Q2 - Q5.
- Complete the plan in cumulative fashion.
- Use whole numbers with planned values. Please don't include cents (only allowed for actuals).
- The budget should align with the participant and activity plans. For example, if you plan to recruit participants from Q1–Q6, activity and budget plans should be provided for Q1–Q6.
- Check the recent RPR/FSR to be sure none of the modification amounts are less than what your agency has already expended.
 - For example, you want to decrease Support Services from \$4,500 to \$3,500, but the recent RPR shows your agency has been reimbursed a total of \$3,900. You can only decrease to \$3,900 or you can submit a revised RPR.

Reminders:

- A maximum of 10% can be used for Administrative Costs. We recommend budgeting slightly under 10%.
- Any unexpended funds exceeding 20% of the total allocation by the end of Q4 may be recaptured and reallocated.

Table 5: Budget Plan

Attachment 2: Budget Modification 2

| Office Use Only | Cost Category | ACTUAL (Qtr. 1) Grant Start Date through: 6/30/2021 | ACTUAL Qtr. 2 End Date: 9/30/2021 | ACTUAL Qtr. 3 End Date: 12/31/2021 | ACTUAL Qtr. 4 End Date: 3/31/2022 | Qtr. 5 End Date: 6/30/2022 | Qtr. 6 End Date: 9/30/2022 |
|-----------------|---|---|-----------------------------------|------------------------------------|-----------------------------------|----------------------------|----------------------------|
| 833 | Administrative Costs¹ | \$100.00 | \$1,514.97 | \$4,444.43 | \$6,836.18 | \$10,379 | \$12,784 |
| 841 | Participant Wage and Fringe | - | \$5,466.03 | \$37,376.62 | \$56,843.98 | \$67,850 | \$90,186 |
| 857 | Career Services | \$3,112.50 | \$6,706.12 | \$9,967.68 | \$16,839.62 | \$29,395 | \$33,235 |
| 838 | Direct Participant Training | - | - | - | \$11,070.50 | \$11,071 | \$11,071 |
| 828 | Support Services | - | \$506.80 | \$1,041.20 | \$1,461.98 | \$1,871 | \$2,366 |
| Total: | | \$3,212.50 | \$14,193.92 | \$52,829.93 | \$93,052.26 | \$120,566 | \$149,642 |

¹ Administrative costs cannot exceed 10% of total funds requested and expended.

Table 5 cont.: Budget Plan

Attachment 2: Budget Modification __

| Office Use Only | Cost Category | Qtr. 7 End Date: 12/31/2022 | Qtr. 8 End Date: 3/31/2023 | Grant End Date: 6/30/2023 | Percent (%) of Total | | |
|-----------------|------------------------------------|-----------------------------|----------------------------|---------------------------|----------------------|---|---|
| 833 | Administrative Costs | \$15,189 | \$17,594 | \$20,000 | 9.09% | - | - |
| 841 | Participant Wage and Fringe | \$109,250 | \$120,768 | \$136,395 | 62.00% | - | - |
| 885 | Direct Services | \$37,075 | \$40,915 | \$44,755 | 20.34% | | |
| 838 | Direct Participant Training | \$11,071 | \$13,035 | \$15,000 | 6.82% | - | - |
| 828 | Support Services | \$2,861 | \$3,356 | \$3,850 | 1.75% | - | - |
| Total: | | \$175,446 | \$195,668 | \$220,000 | 100% | - | - |
