



**POLICY ISSUANCE 2021-03**

**Workforce Solutions to Address Maryland’s Opioid Crisis Policy | March 3, 2021**

**TO:** Maryland Department of Labor (MD Labor) Division of Workforce Development and Adult Learning (DWDAL) staff and Local Workforce Development Area (Local Area) directors and Opioid Workforce Innovation Fund (OWIF) grantees

**FROM:** MD Labor, DWDAL

**SUBJECT:** Guidance on the implementation of Workforce Solutions to Address Maryland’s Opioid Crisis.

**PURPOSE:** To support Maryland’s efforts to stem the opioid crisis by providing consistency in the quality and content of services delivered by MD Labor.

**ACTION:** Local Area directors, American Job Center (AJC) Labor Exchange Administrators, OWIF grantees, and central office managers must ensure all employees are aware of and receive copies of this policy. DWDAL policies are available [on the MD Labor website](#).

**EXPIRATION:** Until cancelled or replaced.

**QUESTIONS:**

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# WORKFORCE SOLUTIONS TO ADDRESS MARYLAND’S OPIOID CRISIS POLICY

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# GENERAL INFORMATION

## WORKFORCE INNOVATION & OPPORTUNITY ACT

The Workforce Innovation and Opportunity Act (WIOA) was signed into law on July 22, 2014, and went into effect July 1, 2015. WIOA supersedes the Workforce Investment Act of 1998 and amends the Adult Education and Family Literacy Act, the Wagner Peyser Act, and the Rehabilitation Act of 1973. To help both businesses and job seekers meet their needs, the workforce system established under WIOA is integrated by design. WIOA envisions connecting businesses with job seekers through meaningful partnerships among workforce, education, human services, and economic development entities to ensure optimum results and leveraging of resources. The law addresses the needs of job seekers by establishing a workforce system that helps them access employment, education, training, and support services to succeed in the labor market. Through the American Job Centers (AJCs), WIOA works to address employer demands by matching them to the skilled workers they need to compete in the global economy. Given the profound impact of the opioid crisis on Maryland's citizens, the workforce system is a key resource in a larger response to this statewide and national health emergency.

## MARYLAND'S APPROACH TO ADDRESSING THE OPIOID CRISIS

Heroin and opioid drug dependency surged in Maryland over the last decade, resulting in an urgent and growing public health threat affecting all demographics and geographical settings. From 2016 to 2019, 8,098 individuals in Maryland lost their lives due to opioid-related deaths, almost doubling the 4,387 opioid-related deaths the state experienced between 2010 and 2015.<sup>1</sup> Moreover, according to the National Survey on Drug Use and Health, Maryland's heroin use was more than double the national average from 2014 to 2016,<sup>2</sup> foreshadowing the dramatic increase in deaths in the following five years.

In response to the severity of the opioid crisis ravaging communities in Maryland, Governor Larry Hogan signed executive orders<sup>3</sup> to create and maintain a heightened response framework and ongoing cooperation and mobilization of State and local stakeholders.

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<sup>1</sup> Maryland Opioid Operation Command Center, [Annual Report](#), January 1, 2019 – December 31, 2019, Released March 24, 2020

<sup>2</sup> SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014, 2015, and 2016. <https://datafiles.samhsa.gov/>

<sup>3</sup> Executive Orders related to the Opioid Crisis can be found here: <https://governor.maryland.gov/category/executive-orders/page/8/>

## Maryland's Coordinated Workforce System Response

Maryland takes a multi-faceted approach to combatting the opioid crisis, utilizing a variety of different grants and funds to ensure that Marylanders are receiving the full breadth of possible supports. A summary of the grants, both past and present, can be found in the table below:

| <b>Grant Name</b>   | <b>Funding Source</b>  | <b>Timeline</b>                              | <b>Geographic Areas</b>   | <b>Summary of Services</b>  |
|---|--|--|---|---|
| National Health Emergency Grant   | Federal – Employment and Training Administration (ETA)   | July 1, 2018 – June 30, 2020                 | Statewide   | 1. Funding to Title I providers<br>2. Creation of Opioid Workforce Innovation Fund (OWIF)                             |
| Women's Bureau Maryland Opioid Grant  | Federal – United States Department Of Labor (USDOL) Women's Bureau   | October 1, 2018 – September 30, 2021         | Baltimore City, Maryland Correctional Institution for Women (MCIW)              | Pre-Apprenticeship Hospitality Pilot at MCIW  |
| Certified Peer Recovery Specialist Pilot Program  | State – Opioid Operational Command Center (OCCC)   | August 26, 2019 – June 30, 2020              | MCIW  | Pilot program to train Certified Peer Recovery Specialists at MCIW  |
| Workforce Development for Persons in Recovery   | Federal – Substance Abuse and Mental Health Services Administration (SAMHSA) via Maryland Department of Health | December 20, 2019 – April 30, 2021           | Statewide   | Funding provided to OWIF  |
| Certified Peer Recovery Specialist Pilot Program 2  | State – OCCC   | August 21, 2020 – June 30, 2021              | MCIW  | Continuation of pilot program to train Certified Peer Recovery Specialists at MCIW                                    |
| <b>Support to Communities: Fostering Opioid Recovery Through Workforce Development Grant Program (Support to Communities)</b> | <b>Federal – USDOL</b>   | <b>October 1, 2020 – May 31, 2024</b>        | <b>Statewide for interested Local Workforce Development Areas (Local Areas)</b> | <b>Awards Local Areas funds to provide workforce services to individuals personally affected by the opioid crisis</b> |
| <b>Workforce Development for Persons in Recovery 2</b>  | <b>Federal – SAMSHA via Maryland Department of Health</b>  | <b>December 1, 2020 – September 29, 2022</b> | <b>Statewide</b>  | <b>Funding provided to OWIF</b>   |

With the above grants and projects, the Maryland Department of Labor (MD Labor) is creating comprehensive solutions to the opioid crisis that extend beyond the exclusive scope of employment and training services. Maryland's workforce system partners with the OCCC and the Behavioral Health Administration (BHA) to address the complex needs of individuals struggling with addiction issues.

While all projects fit within Maryland's efforts to combat the opioid crisis, this *Workforce Solutions to Address Maryland's Opioid Crisis* policy relates exclusively to the final two opportunities noted above: Support to Communities grant and the Workforce Development for Persons in Recovery 2 grant. The total cost of the Support to Communities: Fostering Opioid Recovery Through Workforce Development Grant Program is \$4,589,064. 100 percent is funded through the USDOL Employment and Training Administration. The total cost of the Workforce Development for Persons in Recovery 2 grant is \$1,050,000. 100 percent is funded through the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration.

## **Partnerships**

Given the widespread nature of the opioid crisis and its complex array of underlying causes, MD Labor is committed to working collaboratively within a variety of fields to ensure customers receive necessary supports. With that, projects funded through Support to Communities and OWIF must include comprehensive partnerships across the spectrum of workforce, health, justice, and community organizations, among others, to align and coordinate the form and delivery of employment and related services that best meet the needs of impacted individuals and create opportunities for reemployment. Consistent with MD Labor's commitment to operating an integrated workforce system, awardees must approach their projects with a holistic perspective, integrating the services, training activities, and resources from partners to deliver an all-inclusive menu of services. Partners like the OCCC, BHA and Local Health Departments are essential in helping those directly or indirectly impacted by the crisis. Awardees must continue building upon pre-existing partnerships to ensure participants have access not only to quality workforce services, but health-related services as well.

## **SUPPORT TO COMMUNITIES AND OWIF**

The *Workforce Solutions to Address Maryland's Opioid Crisis* policy encompasses two activities:

1. **Support to Communities Grant** - The Support to Communities grant is a non-competitive funding award to Local Areas designed to serve populations directly or indirectly impacted by the opioid crisis. Grant funds may support employment and training services for job seekers who are living and/or working in communities impacted by the opioid crisis. Participating Local Areas may use grant funds to provide customers with employment, training, supportive services, and outpatient recovery services that help them prepare for, secure and retain employment, and advance along career pathways in high-demand industries and occupations. Local Areas may also use grant funds to connect interested customers to training and employment opportunities for careers related to addiction and Substance Use Disorder (SUD) treatment, behavioral health, and pain management. A key focus of Support to Communities grants will be on leveraging behavioral health system resources, such as CPRS, to help jobseekers personally impacted by the opioid crisis to eliminate barriers to employment.

MD Labor has awarded Support to Communities grant funds to the following Local Areas:

1. Anne Arundel County;
2. Baltimore City;
3. Baltimore County;
4. Frederick County;
5. Susquehanna (Harford and Cecil counties);

6. Upper Shore (Caroline, Dorchester, Kent, Queen Anne's, Talbot, and counties); and,
7. Western Maryland (Allegany, Garrett, and Washington counties).

Local Area projects began on October 1, 2020 and will conclude on May 31, 2024.

2. **OWIF** – OWIF is a competitive grant fund intended to seed the implementation of new and promising ideas or to adapt proven strategies at the systems or service delivery level to expand workforce capacity and meet industry demands. A wide range of entities can apply for funding to implement innovative, industry-driven workforce solutions serving populations directly or indirectly impacted by the opioid crisis. In addition to employment and training activities, OWIF funding may also be used for supportive services and to connect customers who are interested in pursuing careers related to behavioral health, SUD treatment, and pain management, to employment and training resources. Like the Support to Communities grant program, OWIF will focus on building connections between the workforce system and the behavioral health system to support Maryland jobseekers in eliminating barriers to employment and preparing for, securing, and retaining employment in high-demand industries and occupations.

# TARGET POPULATIONS AND ELIGIBILITY

## TARGET POPULATIONS

The goal of both the Support to Communities program and OWIF is to counter the negative impacts of the opioid crisis on Maryland’s workforce and economy. With this broad charge, grants under either funding stream may serve one or both of the following populations of workers:

1. **Workers Directly or Indirectly Affected by the Opioid Crisis** – This includes workers, including dislocated workers, individuals with barriers to employment<sup>4</sup>, new entrants in the workforce, or incumbent workers (employed or underemployed), who are personally affected by the opioid crisis.

“Personally affected” is defined as individuals who themselves, or whose friends or family members, have been impacted by substance use disorders and who voluntarily disclose that they have either a friend or family member that has a history of opioid misuse or other substance use disorder. Participants within this population must self-attest to being personally affected in order to be eligible. Participants may self-attest by answering in the affirmative to the following question: “Do you, a friend, or a family member have a history of opioid use, or any other substance use disorder?”

2. **Workers Seeking to Enter Professions that Could Help in Addressing the Opioid Crisis and its Causes** – This includes dislocated workers, individuals with barriers to employment, new entrants in the workforce, or incumbent workers (currently employed or underemployed) who seek to transition to professions that support individuals with a substance use disorder or occupations that address the opioid recovery efforts in local service areas. Individuals who need new or upgraded skills to better serve struggling or at-risk individuals also fall into this category.

Definitions of specific eligibility terms can be found in the table below:

| Descriptions                   |   |
|--------------------------------|---|
| Dislocated Worker <sup>5</sup> | A dislocated worker is a person who was employed but lost their job. The job loss may have occurred because the worker was terminated by their employer or because they were notified by their employer that their job would be terminated within the next six months. Dislocated workers may have been self-employed but lost their job because of general economic conditions in their community or because of the occurrence of a natural disaster. People who have separated from active military service (under other than dishonorable conditions) are dislocated workers. Spouses of members of the Armed Forces on active duty <sup>6</sup> who have lost their job because they had to relocate to accommodate a permanent change in duty station also fall within the dislocated worker definition, as do displaced homemakers. |

<sup>4</sup> Definition of individuals with barriers to employment can be found here: [Maryland WIOA Combined State Plan](#)

<sup>5</sup> The eligibility definition for dislocated workers applied in this policy issuance is in accordance with the definition of the term provided in [TEGL 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 Implementation of the WIOA Final Rules.”](#) This defines long-term unemployed as an individual who has been unemployed for 27 or more consecutive weeks.

<sup>6</sup> As defined in [10 U.S.C. §101 \(d\)\(1\)](#).

| <b>Descriptions</b>                       |  |
|---|--|
| New Entrant to the Workforce <sup>7</sup> | A new entrant to the workforce may be defined as a person who is either: <ol style="list-style-type: none"> <li>1. Entering the workforce for the first time; or</li> <li>2. Has been disconnected from the workforce for an extended period of time and is in need of training to enter a different industry or occupation than that in which the person was previously employed.</li> </ol>  |
| Incumbent Workers <sup>8</sup>            | An incumbent worker is a person who has an established employment history with an employer for 6 months or more. A person may also meet the definition of an incumbent worker if they are participating in training that is being provided to a cohort of employees. In this case, not every employee in the cohort must have an established employment history with the employer for 6 months or more, as long as a majority of those employees being trained do meet the employment history requirement. An incumbent worker does not have to meet the eligibility requirements for career and training services for Adults and Dislocated Workers under WIOA, unless they are enrolled as a participant in the WIOA Adult or Dislocated Worker program. |

## **PARTICIPANT ELIGIBILITY**

Individuals eligible for service under either the Support to Communities grant or OWIF include dislocated workers, individuals with barriers to employment, new entrants in the workforce, or incumbent workers (currently employed or underemployed) who also:

1. Are 18+ years old;
2. Are not enrolled or required to be enrolled in secondary school under state law; and,
3. Are a United States citizen or non-citizen authorized to work in the United States.

Participants enrolled in the Support to Communities grant must also meet eligibility requirements for co-enrollment in Title I programming, such as Military Selective Service registration.

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<sup>7</sup> This definition for “New Entrant to the Workforce” only applies to participants in one of the two opioid-related projects described in this policy.

<sup>8</sup> The eligibility definition for incumbent workers applied in this policy issuance is in accordance with the definition of the term provided in [TEGL 10-16, “Performance Accountability Guidance for Workforce Innovation and Opportunity Act \(WIOA\) Title I, Title II, Title III and Title IV Core Programs.”](#)



## GRANT ROLES AND RESPONSIBILITIES

The table below explains the roles and responsibilities of MD Labor’s Division of Workforce Development and Adult Learning (DWDAL), Local Areas funded under the Support to Communities grant program, and grantees funded through OWIF.

| Organization   | Role                                | Responsibilities  |
|--|-------------------------------------|---|
| DWDAL  | Opioid Grants Project Manager must: | <ol style="list-style-type: none"> <li>1. Coordinate and participate in the review of OWIF grant applications;</li> <li>2. Promote the Support to Communities grant program and OWIF throughout Local Areas and among workforce partners and entities to build program enrollment;</li> <li>3. Participate in staff meetings;</li> <li>4. Promote system integration by facilitating communication and information sharing between employment and training providers, other supportive service providers, and Recovery Community Centers (RCC)s/ Wellness Recovery (WRC)s;</li> <li>5. Support the coordination and delivery of staff training;</li> <li>6. Provide technical assistance to, and monitoring of, grantees; and,</li> <li>7. Ensure that all fiscal and administrative reporting is timely, accurate, and completed.</li> </ol> |
| Local Areas funded through Support to Communities Grants | Local Area staff must:              | <ol style="list-style-type: none"> <li>1. Conduct customer intake and assessment;</li> <li>2. Provide customers with basic and individualized career services, follow-up services, and supportive services, etc., as appropriate, to help them reach their employment goals;<sup>9</sup></li> <li>3. Refer AJC customers to RCCs, WRCs, and/or CPRSs when health-related services are needed;</li> <li>4. Work closely with behavioral health partners to ensure services are integrated and coordinated;</li> <li>5. Meet agreed upon performance outcomes;</li> <li>6. Communicate with the Opioid Grants Project Manager; and,</li> <li>7. Complete required data collection and reporting.</li> </ol>   |
| OWIF Grantees  | OWIF grantees must:                 | <ol style="list-style-type: none"> <li>1. Conduct customer intake and assessment;</li> <li>2. Meet the obligations spelled out in their MD Labor-approved grant proposal to recruit and serve participants;</li> <li>3. Work collaboratively with partners to ensure participants receive integrated services, including, as appropriate, the services of behavioral health professionals;</li> <li>4. Meet agreed upon performance outcomes;</li> <li>5. Communicate with the Opioid Grants Project Manager; and,</li> <li>6. Complete required data collection and reporting.</li> </ol>  |

Grant awardees under the Support to Communities grant and OWIF must ensure staff in administrative and service delivery positions are fully trained in their roles and responsibilities. Training should focus on promoting efficient and effective delivery of coordinated, integrated services that assist participants in preparing for, securing, and successfully maintaining employment and advancing along career pathways in high demand industries and occupations.

<sup>9</sup> Detailed descriptions of the types of services available to referred job seekers is provided on pages 10-15 of this policy.

# **ALLOWABLE ACTIVITIES**

## **SUPPORT TO COMMUNITIES**

Local Areas must meet participants where they are, providing them with an individualized plan of services that helps them meet their employment goals. Participants must be co-enrolled with either Title I Adult or Title I Dislocated Worker programs, and Wagner-Peyser Act Employment Service programs, ensuring customers have access to the widest range of services possible. As appropriate, Local Areas are encouraged to refer participants to RCCs, WRCs, and/or CPRSs for behavioral health-related services and barrier removal assistance.

Projects are required to include the following activities:

1. Career services;
2. Training services; and,
3. Employment services.

In addition to the above required activities, Local Areas must also include at least one of the following services in their projects:

1. Employer engagement;
2. Screening services;
3. Individual treatment plans;
4. Outpatient treatment recovery care; and,
5. Supportive services.

Descriptions of all allowable activities are found below.

### **Career Services**

These services, categorized as career services under WIOA, must be available to program participants who are in a pre-employment or pre-training stage of the program, and may include:

1. Initial education and skills assessments;
2. Services to promote employability skills, such as punctuality, personal maintenance skills, and professional conduct;
3. In-depth interviewing and evaluation to identify employment barriers and to develop individual employment plans;
4. Career planning that includes career pathways leading to in-demand, high-wage jobs;
5. Job coaching, job matching, and job placement services;
6. Provision of payments and fees for employment and training-related applications, tests, and certifications; and,
7. Any other appropriate career service described in section 134(c)(2) of WIOA (29 U.S.C. § 3174(c)(2)).

### **Training Services**

Training activities must be available to participants. Projects may offer a wide range of training activities, such as:

1. Traditional classroom training, which may be funded through individual training accounts under section 134(c)(3)(G) of WIOA (29 U.S.C. § 3174(c)(3)(G)) for participants who are co-enrolled with WIOA;
2. Work-based learning opportunities with employer partners, including paid work, internships, on-the-job learning (OJL), and Registered Apprenticeships; or,
3. Any other appropriate training service described in section 134(c)(3) of WIOA (29 U.S.C. § 3174(c)(3)).

### **Employment Services**

Projects must provide services to assist participants in maintaining employment for 12 months. During their first six months of employment, participants must receive career services to facilitate job retention, which may include any of the following services:

1. Case management and support services, including a continuation of the pre-employment career and training services described above;
2. A continuation of skills training or career and technical education, or other training described above as pre-employment training services, which is conducted in collaboration with the employers of such participants;
3. Mentorship services and job retention support for such participants; or,
4. Targeted training from managers, human resource representatives, and mentors or other workers working with such participants in the business in which such participants are employed.

### **Employer Engagement**

Employers are essential partners to address the economic and workforce impacts of substance and opioid misuse in local communities. Employers can play an active role in various aspects of the program design and delivery, including defining program goals and activities, informing training design, identifying necessary skills and competencies for targeted occupations, and offering innovative and creative ways for skills attainment throughout the grant period of performance.

Projects may engage with employers in a variety of ways, such as to:

1. Learn about and provide the support needed by employers to obtain their commitment and test creative solutions to employ and retain program participants and individuals with a substance use disorder;
2. Connect small to mid-size businesses with community resources such as the Employer Resource Network which provides participants with job retention services, work supports, and training opportunities for entry-level employees;
3. Connect employers to program participants receiving concurrent outpatient treatment and job training services;
4. Encourage hiring individuals with barriers to employment by promoting programs to support their employment, such as the Federal Bonding Program and the Work Opportunity Tax Credit, when those individuals meet relevant eligibility criteria;
5. Assist employers in identifying and providing reasonable accommodations for individuals with disabilities, including those in recovery from a substance use disorder;
6. Help employers hire program participants or individuals engaging in a work-based learning program for a transitional period prior to hiring them for full-time employment;
7. Connect employers and workers to on-the-job or customized training programs before or after layoff to facilitate reemployment;
8. Connect employers with an education provider to develop classroom instruction that complements OJL for program participants and such individuals;

9. Help employers develop and design curricula for work-based learning programs; or,
10. Learn about the skill and hiring requirements of employers.

### **Screening Services**

Upon determination of eligibility, Local Areas may use evidenced-based screening services<sup>10</sup> to assess individuals seeking participation in the grant to identify the appropriate course of action to support participants. Programs may conduct further assessments of the individual to determine the services needed for them to obtain or retain employment, including an assessment of strengths and general work readiness.

### **Individual Treatment Plan**

Local Areas may develop WIOA Individual Employment Plans, with an added component for treatment services, for each participant. In these cases, case managers must work with each participant to develop their Individual Treatment and Employment Plans (IETP), which may include:

1. Identifying employment and career goals;
2. Exploring career pathways that lead to employment in in-demand industries and sectors, as determined by the State board and the head of the State workforce agency; or,
3. Setting appropriate achievement objectives to attain, and/or developing the appropriate combination of services to enable the participant to achieve, the identified employment and career goals.

### **Outpatient Recovery Treatment Care**

Local Areas may use up to 10 percent of grant funds to provide individualized and group outpatient treatment and recovery services during the day, evening, and on weekends.

These treatment and recovery services must be based on a model that utilizes combined behavioral interventions and other evidence-based or evidence-informed interventions, and may include additional services such as:

1. Health, mental health, addiction, or other forms of outpatient treatment that may impact a substance use disorder and co-occurring conditions;
2. Drug testing for a current substance use disorder prior to enrollment in career or training services or prior to employment; and linkages to community services, such as the Employer Resource Network, including services offered by partner organizations designed to support program participants; or,
3. Referrals to health care, including referrals to substance use disorder treatment and mental health services.

### **Supportive Services**

Supportive services provide financial assistance to participants who would not otherwise be able to participate in a program. Participating Local Areas may offer supportive services to eligible participants to assist with transportation, uniforms, tools, work or training equipment, child or dependent care, stipends, graduation fees, union fees, and/or clothing for interviews or job fairs. Other supportive services may be allowable with MD Labor's prior approval.

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<sup>10</sup> Two recommended screening resources are from the National Institute on Drug Abuse: Screening and Assessment Tools Chart (<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>) and the Screening, Brief Intervention, and Referral to Treatment Model (<https://www.samhsa.gov/sbirt/about>)

Before a program participant is approved for supportive services, staff should ensure that no other resources are available to pay for the necessary service. Participating Local Areas should ensure that all WIOA state supportive service policies on submission procedures and payment issuances are followed. If Local Areas have approved local policies on supportive services, these may be applied in lieu of state guidance.

Participating Local Areas should also ensure that approval forms, receipts, and supporting documentation are available for review. Local Area supervisors must approve supportive services for program participants. Supportive services must be recorded in the Maryland Workforce Exchange (MWE) and documented in case notes.

Payments are available to participants as long as they remain in good standing with the WIOA Title I providers and the training vendor. Funding must be used in accordance with MD Labor's approved grant agreements. OJL participants are only eligible to receive supportive services during the first two weeks of their employment.

The following section provides information on several types of supportive services, the conditions under which they can be made available, and the payment guidelines for each. Local WIOA Title I staff are encouraged to leverage other funding streams to cover any supportive service needed by participants that are not approved under the grant agreement.

**Assistance Obtaining A Driver's License** - Awardees may provide participants assistance with obtaining a driver's license, except for paying legal fees and/or fines. Examples of assistance may include payment for driver's education<sup>11</sup> or the cost of getting the driver's license card.

**Transportation Allowance** - Transportation allowances are available to participants. The transportation allowance must be related to program participation and can cover the cost of traveling to and from training, job interviews, and job fairs, or, as support during the first two weeks of starting a new job. Transportation allowances require:

1. Documentation to verify the actual distance traveled and/or a receipt for the cost of the transportation service (e.g. public transit); and,
2. Confirmation of the participant's attendance for the program(s) that required travel.

*Payment Guidelines:* Transportation allowances can be used for public transit users, drivers, and/or rideshare such as Uber, Lyft, or Zipcar.<sup>12</sup> Awardees must collect and maintain appropriate documentation to verify the participant's covered transportation allowance. For public transit users, Awardees may cover the expenses for bus, light rail, metro subway, MARC train, Washington Transit, or Commuter Choice Maryland. For drivers, Local Areas may approve a travel allowance at a rate not higher than the official Internal Revenue Service (IRS) mileage rate. The maximum allowable payment is \$50 per day, with a maximum cap of \$250 per week. Google Maps or MapQuest must be used to determine daily mileage. Mileage is calculated from the participant's home address to the training, interview, job fair, or job site.

**Uniforms, Tools, and Related Equipment** - Awardees may assist eligible participants with the costs of uniforms, tools, and/or equipment required for participation in approved training programs or new jobs. Examples of covered items include but are not limited to: steel toe boots and worker tools of the trade.

*Payment Guidelines:* Awardees must base payments on the curriculum requirements of the training program or on the requirements of the participant's new, full-time job. Payments must be made based on the market value for uniforms, tools, and/or related equipment. Awardees must collect and maintain appropriate documentation to verify the participant's covered allowance.

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<sup>11</sup> "Behind-the-Wheel" hours are eligible as long as they are included as part of the driver's education course.

<sup>12</sup> Other forms of transportation assistance may be funded with MD Labor prior approval.

**Child or Dependent Care** - When daycare costs for a child or dependent exceed the amount subsidized by the Local Departments of Social Services, awardees may assist participants with the additional costs. To receive this payment, the dependent needing daycare must be:

1. Under the age of 13;
2. Under the age of 18 and physically or mentally incapable of self-care;
3. A spouse who is physically or mentally incapable of self-care and has the same principal address of the program participant; or,
4. A parent who is physically or mentally incapable of self-care.

*Payment Guidelines:* Awardees provide this supportive service payment to actively engaged program participants or to those who are in the first two weeks of new employment. Payments must be made based on the average cost of child or dependent care in the jurisdiction for which the participant is accessing care<sup>13</sup>. Payments may cover some, or all of, the costs of care. Local Areas must only approve daycare costs for days that the participant is in training or at work.

To receive child care payments, the participant must complete ALL of the following steps:

1. Apply for a Purchase of Care Subsidy through the Local Departments of Social Services;
2. Provide application results to awardee's staff;
3. Provide proof that participant has contracted with a State-approved child care provider;
4. Demonstrate evidence of need;<sup>14</sup> and,
5. Document relationship to person in care.

To receive dependent care payments, the participant must complete ALL of the following steps:

1. Provide legal proof of adult dependent's condition that causes the need for care;
2. Provide proof that participant has contracted with a State-approved daycare provider;
3. Demonstrate evidence of need; and,
4. Document relationship to person in care.

**Stipends** - Stipends, which offer program participants a fixed cash payment, are an allowable supportive service when the Local Area has a substantiated reason to believe that the payment is necessary to the program participant's successful completion of program activities. If a Local Area wishes to implement stipends, it must notify MD Labor staff and provide a written proposal to explain and justify the proposed stipend. MD Labor staff will then review the proposal and make a determination as to whether the stipend would be appropriate for inclusion as a supportive service.

*Payment Guidelines:* Participating Local Areas must ensure that the payment guidelines identified by the Local Area in its MD Labor-approved proposal are followed.

**Union Initiation Fees** - Awardees may assist participants with union initiation fees<sup>15</sup>, which are the costs associated with joining a union, to obtain employment.

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<sup>13</sup> Local child care rates can be found here: <https://earlychildhood.marylandpublicschools.org/families/child-care-scholarship-program/child-care-scholarship-rates>

<sup>14</sup> Need is demonstrated if after all other funding sources are applied the cost of care is not covered.

<sup>15</sup> Union initiation fees are different than regular, recurring union fees.

*Payment Guidelines:* Awardees should make payments based on the costs of union initiation fees. The maximum allowable payment is \$200. Awardees must collect and maintain appropriate documentation (receipts or invoices) to verify the participant's covered union fee allowance.

**Clothing for Interviewing and Job Fairs** - Awardees may assist participants with the costs associated with clothing for job interviews and/or job fairs. Examples of items that this supportive service covers include: dress shirts, ties, business suits or suit coats, dresses, khaki pants, or dress shoes. Local Areas must collect and maintain appropriate documentation (receipts or invoices) to verify the participant's covered clothing allowance.

*Payment Guidelines:* Awardees should base the supportive service payment on documentation of an upcoming interview or job fair. The payment must be made on the market value of the item. The maximum allowable payment is \$100 per participant.

**Other Supportive Services** - Other supportive services may be funded with MD Labor approval. If an Awardee has a substantiated reason to believe that a supportive service payment, outside of what has already been identified in this policy issuance, would be appropriate and necessary to a program participant's successful completion, then the Awardee has the option to notify MD Labor and provide a written proposal to justify the prospective supportive service. MD Labor staff will review the proposal and determine whether the cost is appropriate for inclusion as a supportive service.

*Payment Guidelines:* Awardees must follow the payment guidelines identified by the Awardee in their MD Labor-approved proposal.<sup>16</sup>

### **Prohibited Use of Funds**

Grants must not be used to pay costs of in-patient drug treatment and rehabilitation programs. Additionally, grants must follow guidelines for Title I prohibited use of funds, as defined in 29 CFR 683 subpart b.<sup>17</sup>

### **OWIF**

OWIF is intended to offer grantees maximum flexibility in developing innovative solutions to support improved employment outcomes for dislocated workers, under or unemployed individuals, new entrants to the workforce, or incumbent workers seeking to upskill. In line with this flexibility, all the allowable activities for Support to Communities, documented in pages 10-15 of this policy, are allowable under OWIF. In addition to those activities, OWIF grantees may also use funds to provide outpatient behavioral health services addressing behavioral health treatment, rehabilitation services, and recovery support services, and should consider a broad range of options when designing proposals.

Examples of behavioral health and related services that may be funded under OWIF include, but are not limited to:

1. Health, mental health, addiction, or other forms of outpatient treatment that may impact opioid addiction and related, underlying, or complicating conditions;
2. Human Resources staff training around protections afforded under the Americans with Disabilities Act of 1990;
3. Support for linkages to community services, including services offered by partner organizations designed to support grant participants;

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<sup>16</sup> Supportive Services must fall within definition under 20 CFR 651, "[General Provisions Governing the Wagner-Peyser Act Employment Service](#)"

<sup>17</sup> 29 CFR 683 subpart b, "[Administrative Provisions under Title I of the Workforce Innovation and Opportunity Act](#)"

4. Referrals to health care, including referrals to drug treatment and mental health services; and,
5. Payments and fees for employment and training-related applications, tests, and certifications.

Applicants for OWIF grants must demonstrate strong partnerships with behavioral health services.



# OWIF APPLICATION PROCESS

OWIF is a competitive grant fund intended to seed the implementation of new and promising ideas or to adapt proven strategies at the systems or service delivery level. The goals of OWIF are to expand workforce capacity to meet industry demands and also to expand the reach of opioid addiction and overdose programs in Maryland. OWIF opens broader connections to customers that have historically not visited AJCs. Such customers may lack the ability to access traditional WIOA services, and/or may have developed a rapport with local organizations providing workforce development opportunities in communities impacted by the opioid crisis.

## OWIF REQUIREMENTS AND FUNDING

### Applicant Eligibility

The following entities are eligible to apply for OWIF funds:

1. For-profit, private sector businesses;
2. Non-profit organizations;
3. Labor organizations;
4. Industry associations;
5. Local and regional economic development entities;
6. Registered Apprenticeship Sponsors;
7. Local Areas;
8. Institutions of postsecondary education; and,
9. State and local government agencies.

To be eligible for OWIF, applicants are not required to provide dollar-for-dollar matching of funds but are encouraged to leverage additional resources for the expansion or creation of programming. Leveraged resources may include braided funding from other public, private, or philanthropic sources.

MD Labor requires applicants to agree to collect data on participants for performance metrics and identify how the efforts will be sustained beyond the funding period.

MD Labor will not fund applicants who are the subject of an investigation by any federal, state, or local governmental entity for alleged criminal or civil violations of laws or regulations enforced by these entities.

### Uniform Administrative Requirements

Invoicing and payments typically operate on a reimbursement basis. Grantees cannot be provided cash by MD Labor (advance payments are not allowable). All grants are subject to the Uniform Guidance.<sup>18</sup>

### Funding Caps

The funding cap per grant is \$75,000. The funding cap per participant is \$6,000. No more than 10 percent of the grant may be used to cover supportive services. Similarly, no more than 10 percent of the grant may be used to cover administrative costs.

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<sup>18</sup> 2 CFR Part 200, "[Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)," and 2 CFR Part 2900, "[Uniform Administrative Requirements, Cost Principles, And Audit Requirements For Federal Awards](#)."

## APPLICATION SUBMISSION

To apply for OWIF awards, applicants must first complete the required application, available on request via email from [dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov). MD Labor will accept and review applications on a rolling first-come, first-served basis.

*Attachment A – Sample - OWIF Application* provides the application template.

## APPLICATION REVIEW

Submitted applications shall be reviewed in a timely manner by a State Review Team comprised of:

1. A Maryland Department of Health representative;
2. MD Labor Director of the Office of Workforce Development (or designee); and,
3. The MD Labor Special Grants Administrator (or designee)

The Review Team must ensure that approved applications meet minimum program requirements, including fiscal requirements.

To ensure compliance with the Public Ethics law, MD Code Ann. Gen'l Provisions, Title 5, all staff who participate in discretionary grant reviews are required to complete the DWDAL Reviewer Confidentiality and Conflict of Interest Form. Should a conflict of interest exist, staff must recuse themselves from application review and if staff becomes aware that a conflict may exist during the process, that person must immediately notify the DWDAL Assistant Secretary.

## APPLICATION APPROVAL/DENIAL

MD Labor must inform applicants of approval or denial within 14 calendar days of application receipt. MD Labor will deny incomplete applications.

If approved, the DWDAL Office of the Assistant Secretary shall provide the applicant with a Grant Award Notification to be completed by the applicant.

*Attachment B – Sample – OWIF Notice of Grant Award* provides an example of the Grant Award Notification letter.

Approved programs must be prepared to enter into contract negotiations and should begin implementing programmatic work. Approved programs must submit completed grant agreements to the Project Manager for review within 14 calendar days of notification to [dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov). MD Labor also requires approved programs to submit two original copies of the grant agreement by mail to the following addresses:

The Maryland Department of Labor, DWDAL  
Attn: Opioid Grants Project Manager  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
[dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov)

The Maryland Department of Labor, DWDAL  
Attn: Dorothee Schlotterbeck  
1100 North Eutaw Street, Room 209  
Baltimore, MD 21201  
[Dorothee.schlotterbeck@maryland.gov](mailto:Dorothee.schlotterbeck@maryland.gov)

After a contract has been formally executed, MD Labor must provide funds to the approved program on a cost reimbursement basis.

If a grant application is denied, MD Labor must provide the applicant with a Grant Denial Notification containing feedback on the proposal. A denied applicant may appeal the decision. The appeal must be emailed to MD Labor's Assistant Secretary of DWDAL at [dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov) within 14 calendar days of the date of the Grant Denial Notification and (1) state the grounds for the appeal; and, (2) state the reasons why the application should be reconsidered and approved. MD Labor Assistant Secretary of DWDAL (or designee), will consider all appeals and provide written response to the applicant within 14 calendar days of appeal receipt. The decision of the MD Labor Assistant Secretary for DWDAL (or designee) is the final.<sup>19</sup>

*Attachment C – Sample – OWIF Grant Denial Notification* provides an example of the Grant Denial Letter.

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<sup>19</sup> Any of the time periods under this section, "Application Approval/Denial" may be extended by MD Labor's DWDAL Assistant Secretary at their sole discretion.

# PERFORMANCE ACCOUNTABILITY, REPORTING, MONITORING AND RECORD RETENTION

## PERFORMANCE METRICS

To determine the success of investments in the projects, MD Labor will assess performance of Support to Communities awardees on the following WIOA measures:

1. Employment Rate – Second Quarter after exit;
2. Employment Rate – Fourth Quarter after exit;
3. Median Earnings;
4. Credential Rate;
5. Measurable Skill Gains; and,
6. Effectiveness in Serving Employers

Staff from the participating Local Areas funded under the Support to Communities grant must ensure that all reporting data is entered into the MWE within 14 calendar days of activity. Participating Local Areas must also ensure that all participants are fully enrolled in the MWE. As part of the enrollment process, it is mandatory to enter information using the Grant ID.

*Attachment D – Fostering Opioid Recovery Through Workforce Development MWE Data Instructions* provides detailed instructions for entering performance data into the MWE. Local Areas are responsible for ensuring that the instructions detailed in this attachment are disseminated to staff, reviewed with staff, and followed in the Local Areas.

## REPORTING

Participating awardees for both Support to Communities and OWIF must submit timely fiscal and program reports to the appropriate MD Labor central office staff person, as prescribed below. If reporting requirements are not met by a grantee, MD Labor may take corrective action, and future funding may be impacted.

### **Support to Communities Grant**

Participating Local Areas must submit a monthly financial report on administrative and program costs to MD Labor's central office no later than the 10th day of the month following the month of reported activity. If there is a significant change in fiscal information between the 10th and the 30th days of the month, then the Local Area must submit a revised report. Local Areas must also submit a cash requisition for reimbursement of funds.

*Attachment E – Support to Communities Monthly Fiscal Report and Invoice Template* provides the reporting template for the Fiscal Monthly Status Report.

*Attachment F – Local Area Cash Requisition Template* provides the template for cash requisitions.

Additionally, Local Areas must submit a monthly program report to the DWDAL central office no later than the 10th day of the month following the month of reported activity.

*Attachment G – Support to Communities Monthly Program Report Template* provides an example of the program reports.

Participating Local Areas must submit fiscal reports, **Attachments E and F**, to the Opioid Grants Project Manager, Dorothee Schlotterbeck and Linda Madison. Program reports, **Attachment G**, must be submitted to the Opioid Grants Project manager. Contact information for these staff are below:

The Maryland Department of Labor, DWDAL  
Attn: Opioid Grants Project Manager  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
[dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov)

The Maryland Department of Labor, DWDAL  
Attn: Dorothee Schlotterbeck/Linda Madison  
1100 North Eutaw Street, Room 209  
Baltimore, MD 21201  
[Dorothee.schlotterbeck@maryland.gov](mailto:Dorothee.schlotterbeck@maryland.gov)  
[Linda.madison@maryland.gov](mailto:Linda.madison@maryland.gov)

## **OWIF Grants**

OWIF grant recipients must submit monthly fiscal reports to MD Labor’s central office no later than the 10th of the month following the month of reported activity.

**Attachment H - OWIF Monthly Fiscal Report and Invoice Template** provides an example of the required monthly fiscal report for OWIF grantees.

Local Area’s that are OWIF grantees may also submit **Attachment F – Local Area Cash Requisition Template**, which provides the template for cash requisitions. Note that this template is for Local Area OWIF grantees only.

In addition to fiscal reports, all OWIF grantees must submit monthly program reports to MD Labor’s central office no later than the 10<sup>th</sup> of the month following the month of reported activity.

**Attachment I – OWIF Monthly Program Report Template** provides an example of the required monthly program report for OWIF grantees.

Grantees must submit fiscal reports, **Attachments F and H**, to the Opioid Grants Project Manager, Dorothee Schlotterbeck and Linda Madison. Program reports, **Attachment I**, must be submitted to the Opioid Grants Project manager. Contact information for these staff are below:

The Maryland Department of Labor, DWDAL  
Attn: Opioid Grants Project Manager  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
[dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov)

The Maryland Department of Labor, DWDAL  
Attn: Dorothee Schlotterbeck/Linda Madison  
1100 North Eutaw Street, Room 209  
Baltimore, MD 21201  
[Dorothee.schlotterbeck@maryland.gov](mailto:Dorothee.schlotterbeck@maryland.gov)  
[Linda.madison@maryland.gov](mailto:Linda.madison@maryland.gov)

## **MONITORING**

The State of Maryland recognizes that organizations, such as USDOL, have the authority to monitor fiscal and/or programmatic performance related to funds awarded through the *Workforce Solutions to Address Maryland’s Opioid Crisis* policy. To ensure that policies are being followed and expectations are being met, the State, Local Areas, and all grantees should expect MD Labor to conduct monitoring for both Support to Communities and OWIF.

## RECORD RETENTION

In accordance with the Code of Federal Regulations, Maryland requires participating programs to retain records for at least three years following the date on which the final cost report charged to a program year's allotment is submitted, or until all audit and litigation issues are resolved, whichever is later. If any litigation, claim, or audit is started before the expiration of the three-year period, the records then must be retained until all litigation, claims, or audit findings involving the records have been resolved, and final action has been taken.

Both medical and disability related information must be kept confidential. Additionally, pursuant to 29 CFR 34.41(b)(3), this type of information must be collected on separate forms and maintained in separate, secure files (hard copy, electronic, or both) away from other information regarding the individual. Those entitled to access the information are limited to program staff responsible for documenting eligibility, where disability is an eligibility criterion, first aid and safety personnel in the event of a medical emergency, and government officials charged with enforcing the civil rights regulations. In addition, supervisors, managers and other personnel may be informed regarding reasonable accommodations provided to individuals with a disability.

Due to the nature of these grants, participant's information may contain both disability and medical related information. Staff should not collect confidential information unless it is relevant to eligibility or to a request for a reasonable accommodation.

All records, both electronic and physical, must be maintained in accordance with Training and Employment Guidance Letter (TEGL) 39-11, "Guidance on the Handling and Protection of Personally Identifiable Information (PII)" as well as DWDAL's policy concerning security<sup>20</sup> to maintain confidentiality and protect Personally Identifiable Information (PII). PII is participant-level and employee data that either by itself, or combined with other data, can link to a specific individual or identity.

When emailing documents containing PII, all grantees and MD Labor staff must use password-protection, encryption-preferred, strong authentication procedures, or other security controls to make the information unusable by unauthorized individuals. Physical records must be kept in locked offices or file rooms. If the file room is shared with other programs, and/or staff other than staff authorized for this program have access to that room, then the files must be maintained in locked cabinets.

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<sup>20</sup> DWDAL's current and archived policies are available at the following link:  
<http://www.labor.maryland.gov/employment/mpi/>.

## **FAIR PRACTICES AND ACCESSIBILITY**

It is MD Labor's policy that all persons have equal opportunity and access to services and facilities without regard to race, religion, color, sex (including pregnancy, childbirth and related medical conditions, transgender status, gender identity), marital status, genetic information, age, national origin or ancestry (including Limited English Proficiency), disability, veteran status or political affiliation or belief. Awardees working with participants in need of accommodations are responsible for securing the necessary support. Providers may refer to MD Labor's Nondiscrimination Plan<sup>21</sup> and Language Access Plan<sup>22</sup> for more information on accommodations and services.

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<sup>21</sup> MD Labor's Nondiscrimination Plan is available at the following link:

<http://www.labor.maryland.gov/employment/ndp/>.

<sup>22</sup> The DWDAL and Division of Unemployment Insurance Language Access Plan is available at the following link:

<http://www.labor.maryland.gov/employment/wioa-access.pdf>.

## REFERENCES

### LAW

- [Definitions](#), 10 U.S.C. § 101 (d)(1).
- Executive Orders related to the Maryland Opioid Crisis can be found here: <https://governor.maryland.gov/category/executive-orders/page/8/>
- [The Americans with Disabilities Act of 1990, ADA Amendments Act of 2008](#) (ADA and ADAA), 42 USC § 12101 et. seq, as amended (1990 and 2008);
- [Workforce Innovation and Opportunity Act](#) (WIOA), 29 U.S.C. § 3101 et. seq (2015);

### REGULATION

- 2 CFR Part 200, “[Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#);”
- 2 CFR Part 2900, “[Uniform Administrative Requirements, Cost Principles, And Audit Requirements For Federal Awards](#);”
- 29 CFR 38.41(b)(3), “[Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Innovation and Opportunity Act](#),” dated December 2016;”
- 29 CFR 38.5, “[General Prohibitions on Discrimination](#);” and,
- 29 CFR 683 subpart b, “[Administrative Provisions under Title I of the Workforce Innovation and Opportunity Act](#).”

### USDOL GUIDANCE

- Training and Employment Guidance Letter (TEGL) 12-17, “[National Health Emergency Dislocated Worker Demonstration Grants to Address the Opioid Crisis](#),” dated March 20, 2018;
- TEGL 19-16, “[Guidance on Services provided through the Adult and Dislocated Worker Programs under WIOA and the Wagner-Peyser Act Employment Service, as amended by title III of WIOA, and for Implementation of the WIOA Final Rules](#),” dated March 1, 2017;
- TEGL 10-16, “[Performance Accountability Guidance for Workforce Innovation and Opportunity Act \(WIOA\) Title I, Title II, Title III and Title IV Core Programs](#),” dated December 19, 2016; and
- TEGL 39-11, “[Guidance on the Handling and Protection of Personally Identifiable Information \(PII\)](#),” dated June 28, 2012.

### OTHER RESOURCES

- [DWDAL Policy Issuances](#);
- [Maryland Addiction and Behavioral Health Professionals Certification Board](#);
- Maryland Opioid Operation Command Center, [Annual Report](#), January 1, 2019 – December 31, 2019, Released March 24, 2020;
- [Maryland WIOA Combined State Plan](#);
- U.S. Department of Health and Human Services, “[Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health](#),” dated September 2018; and,
- WorkforceGPS, “[Implications of Substance/Opioid Misuse and Addiction for the Workforce Development System](#),” dated October 18, 2018.



## **ATTACHMENTS**

- Attachment A – Sample - OWIF Application
- Attachment B – Sample - OWIF Notice of Grant Award
- Attachment C – Sample - OWIF Grant Denial Notification
- Attachment D – Fostering Opioid Recovery Through Workforce Development MWE Data Entry Instructions
- Attachment E – Support to Communities Monthly Fiscal and Invoice Template
- Attachment F – Local Area Cash Requisition Template
- Attachment G – Support to Communities Monthly Program Report
- Attachment H – OWIF Monthly Fiscal and Invoice Template
- Attachment I – OWIF Monthly Program Report



## OPIOID WORKFORCE INNOVATION FUND APPLICATION

As part of its program funded under the Maryland Department of Health (MDH), the Maryland Department of Labor (MD Labor) has established an Opioid Workforce Innovation Fund (OWIF). OWIF will invest in programs that support and enhance the efforts to address opioid crisis response strategies. OWIF is a competitive grant fund intended to seed the implementation of new and promising ideas, or to adopt proven strategies at the systems or service delivery level, to address the health and economic effects of widespread opioid use disorder with innovative workforce programs in Maryland.

Before completing this application, applicants are strongly encouraged to review the *Workforce Solutions to Address Maryland's Opioid Crisis* policy.

Labor considers the following entities to be eligible for OWIF funds:

- For-profit, private sector businesses, or Registered Apprenticeship sponsors;
- Non-profit organizations;
- Labor organizations;
- Industry associations;
- Local and regional economic development entities;
- Registered Apprenticeship sponsors;
- Local Workforce Development Areas;
- Institutions of postsecondary education; and
- State and local government agencies.

To be eligible for participation in the OWIF, an applicant is not required to provide dollar-for-dollar matching of funds but is encouraged to leverage additional resources for the expansion or creation of programming. Leveraged resources may include braided funding from other public, private, or philanthropic sources. MD Labor also requires applicants to agree to collect data on applicants for performance metrics and identify how the efforts will be sustained beyond the funding period. Finally, successful OWIF applicants will deliver technical training in in-demand fields and must have employer and industry partners involved in all aspects of programming.

MD Labor will not fund applicants who are the subject of an investigation by any federal, state, or local governmental entity for alleged criminal or civil violations of laws or regulations enforced by these entities.

At a minimum, all proposals must address the number of customers served in the following areas:

- The number of individuals served;
- The number of participants placed into training;
- The number of participants to complete training;
- The number of participants receiving a work-related credential;
- The number of participants entering unsubsidized employment; and
- The number of participants accessing career services.

### ALLOWABLE COSTS

To receive funding, the needs and costs must be reasonable, necessary, and clearly related to the purpose and activities of the project. The following types of activities and items are examples of allowable costs:

- Career Services
- Training Services;

- Employment Services;
- Employer engagement;
- Screening services;
- Individual treatment plans;
- Outpatient treatment recovery care; and,
- Supportive services Behavioral health services (unless prohibited).

**For additional detail on each of these categories, please reference the *Workforce Solutions to Address Maryland's Opioid Crisis* policy.**

#### PROHIBITED USE OF FUNDS

Grants may not be used to pay costs of in-patient drug treatment and rehabilitation programs. Grantees may not expend more than 10% of their total grant award on the provision of supportive services to participants. No more than 10% of funding may be used to cover administrative costs.

#### TARGET POPULATION, OUTREACH, AND ENROLLMENT

MD Labor encourages applicants to focus on connecting target populations to training and employment opportunities, where applicable, including dislocated workers, individuals with barriers to employment, new entrants in the workforce, or incumbent workers, who:

- Have been personally affected by the opioid crisis; OR
- Workers Seeking to Enter Professions that Could Help in Addressing the Opioid Crisis and Its Causes – Individuals who seek to transition to professions that support individuals with a substance use disorder or occupations that address the opioid recovery efforts in local service areas. This includes individuals who need new or upgraded skills to better serve struggling or at-risk individuals.

“Personally affected” is defined as individuals who themselves or whose friends or family members have been impacted by substance use disorders and who voluntarily disclose that they have either a friend or family member that has a history of opioid misuse or other substance use disorder. Participants within this population must self-attest to being personally affected in order to be eligible.

Maryland's workforce system offers a wide-array of resources to the state's job seekers. Alongside grantees, MD Labor will work with its existing state, local, and community based partners to identify potential referrals to program partners and to assist with job seeker outreach.

#### COORDINATION WITH CAREER AND TRAINING SERVICES

Applicants are encouraged to create partnerships with a Local Workforce Development Area or an American Job Center (AJC).<sup>1</sup> By partnering with AJCs, applicants are able to connect target populations to training and employment opportunities through the AJC's access to WIOA employment and training services and resources, which would otherwise be unavailable to potential impacted job seekers.

#### COORDINATION WITH BEHAVIORAL HEALTH SERVICES

In addition to career and training services, OWIF grantees must demonstrate partnerships with outpatient behavioral health services addressing behavioral health treatment, rehabilitation services, and recovery support services.

Maryland's Public Behavioral Health System (PBHS) is a comprehensive system of care for individuals with behavioral health conditions and substance related disorders, managed by the Behavioral Health Administration (BHA) under the Maryland Department of Health (MDH). The PBHS offers both treatment and rehabilitation services for eligible individuals.

Outpatient Psychiatric Treatment services may include psychiatric or clinical assessment and evaluation, individual therapy, group therapy, family therapy, family psychoeducation, or medication management. Rehabilitation services are also available to eligible individuals with serious and persistent mental illness (SPMI) and may include a combination of Residential Rehabilitation Program services, Psychiatric Rehabilitation Program

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<sup>1</sup> More information about AJCs can be found on MD Labors website: <http://labor.maryland.gov/county/>

services, Targeted Case Management and Supported Employment. For those individuals with SPMI who may be without a home or for whom more traditional forms of outpatient treatment have been ineffective, the PBHS offers Mobile Treatment/Assertive Community Treatment as an intensive, community-based service which provides assertive outreach, treatment, rehabilitation, and support.

In addition to services offered for individuals with behavioral health conditions, the PBHS offers a host of services for individuals with substance related disorders, providing integrated, comprehensive care. These are provided in correlation with the American Society of Addiction Medicine Levels of Care and may include early intervention, outpatient treatment, opioid treatment, residential treatment, and inpatient care.

These behavioral health and substance use disorder services are managed through Maryland’s contracted Administrative Services Organization and implemented on a local level through Maryland’s 24 Local Behavioral Health Authorities, Local Addictions Authorities, and Core Service Agencies.

**APPLICATION PROCEDURES**

Note: Use the TAB key to quickly navigate to each field.

Applications will be accepted and reviewed on a rolling first-come, first-served basis.

**Completed applications should be submitted electronically to [dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov). Applicant should include letters of support as enclosures to the application.**

| <b>APPLICANT INFORMATION</b>  |   |                           |                                |
|---|---|---------------------------|--------------------------------|
| Organization Name   | Employer Identification Number (An EIN is written in the form 00-0000000) | Point of Contact Name     | Point of Contact Title         |
| Organization Street Address   | City, State ZIP Code  | Organization Phone Number | Point of Contact Email Address |
| Registered Apprenticeship Sponsor Number (if applicable):   |   |                           |                                |
| <b>PROJECT OVERVIEW</b>   |   |                           |                                |
| 1. Indicate the amount of funds requested, up to a maximum amount of \$75,000.00.   |   |                           |                                |
|   |   |                           |                                |
| 2. Indicate the number of individuals that will be served, should your proposal be granted funding.   |   |                           |                                |
|   |   |                           |                                |
| <b>APPLICANT EXPERIENCE</b>   |   |                           |                                |
| 3. Provide a brief profile of the applying organization, highlighting any previous experience related to workforce development or to serving individuals impacted by the opioid crisis. If none, please state N/A. (length not to exceed 750 words) |   |                           |                                |

|  |
|--|
| 4. Provide a brief profile of partner organization(s), highlighting any previous experience related to workforce development or to serving individuals impacted by the opioid crisis. Applicants must also list employer and industry partners involved in programming and detail their involvement in the project. (length not to exceed 425 words)   |
| 5. Describe your strategies for connecting participants with behavioral health service providers, organizations, and resources.  |
| <b>DESCRIPTION OF PROPOSED USE OF OWIF</b>   |
| 6. Describe your organization's proposed plan for use of OWIF. Include a description of the training, skills, and/or processes that are included as part of the proposed activities. Please also discuss which industries and occupations are a focus area for training in preparation for actual employment and provide details. (length not to exceed 1,500 words)   |
| 7. Indicate which of the suggested workforce strategies (please see Allowable Costs beginning on page 10 of the <i>Workforce Solutions to Address Maryland's Opioid Crisis</i> policy. Strategies should be taken from the policy.) you propose to utilize and why. Please describe how these selected services will interact and how participants will move through this chain of services, with the ultimate goal of attaining employment. (length not to exceed 950 words)  |
| 8. Provide a brief overview of the individuals to be served through your organization's proposed activities. Please note which populations are being served (see Page 2 above), and indicate which ones and what approach is being used for recruitment/retention. (length not to exceed 950 words)  |
| <b>OVERVIEW OF PROGRAM COSTS</b>   |
| 9. Provide an itemized list of ALL costs associated with your program proposal. This list <u>must</u> account for the full amount of the funds requested by your organization, as indicated in Item #1 above. <b>Amount of funds requests should not exceed \$75,000, with a \$600 per participant cap. No more than 10% of grant funds may be spent on supportive services. Similarly, no more than 10% of funds may be spent on administration costs.</b><br><br><i>NOTE: OWIF funds are prohibited from directly paying participant wages.</i>  |
| 10. Provide a listing of all leveraged resources that are helping to support your organization's proposal. These may include: organizational staff salaries, program administrative costs, etc.  |
| <b>TIMELINE</b>  |
| 11. Describe the estimated timeline for all of the proposed project's key activities. Indicate project <u>START</u> and <u>END</u> dates clearly within this timeline. All funds must be spent by <b>9/30/21</b> .   |
| <b>OVERVIEW OF PROGRAM DELIVERABLES</b>  |
| 12. Please provide a brief description on how the activities proposed by your organization will successfully achieve the number of customers served in the following areas: <ul style="list-style-type: none"> <li>• The number of individuals served;</li> <li>• The number of participants placed into training;</li> <li>• The number of participants to complete training;</li> <li>• The number of participants receiving a work-related credential;</li> <li>• The number of participants entering unsubsidized employment; and</li> <li>• The number of participants accessing career services. (length not to exceed 950 words)</li> </ul> |

|  |
|--|
| 13. Please provide a description of how your organization’s proposal supports innovation of Maryland’s response to the workforce implications associated with the opioid crisis. (length not to exceed 750 words)  |
| <b>SUSTAINING THE EFFORT</b>   |
| 14. When funds awarded under the OWIF are exhausted or the project has ended, how will the efforts initiated under your proposal be sustained? (length not to exceed 500 words)  |
| <b>AFFIRMATION</b>   |
| 15. On behalf of INSERT APPLICANT NAME I affirm that <b>INSERT APPLICANT NAME</b> is not under investigation by any federal, State or local governmental entity for alleged criminal or civil violations of laws or regulations enforced by these entities. Affirm |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**MARYLAND DEPARTMENT OF LABOR  
OPIOID WORKFORCE INNOVATIONS FUND  
GRANT AGREEMENT**

THIS OPIOID WORKFORCE INNOVATIONS FUND GRANT AGREEMENT (this "Agreement") is entered into as of the Effective Date (as defined herein) by and between the MARYLAND DEPARTMENT OF LABOR, a principal department of the State of Maryland (the "Department" or "Labor"), and [INSERT GRANTEE] (the "Grantee").

RECITALS

A. This Agreement is issued pursuant to the Maryland's Opioid Workforce Innovations Fund ("OWIF") grant funded by the Maryland Department of Health ("MDH") grant and the policies adopted thereunder.

B. The purpose of the Opioid Workforce Innovations Fund is to counter the workforce development impacts of the opioid crisis and encourage training opportunities for skilled professions positioned to impact the underlying causes of the crisis.

C. In reliance upon the representations and certifications contained in the [INSERT PROPOSAL] (the "Proposal") the Department has approved the award of funds to Grantee to carry out a workforce training plan.

AGREEMENT

**IN CONSIDERATION** of the Recitals, the mutual promises and covenants contained in this Agreement, and other good and valuable consideration, the receipt, adequacy, and sufficiency of which are hereby acknowledged, the Department and Grantee agree as follows:

1) Grant.

- a) In consideration of the various obligations to be undertaken by Grantee pursuant to this Agreement, the Department agrees to provide Grantee with funds up to the amount of [INSERT TOTAL AWARD] (the "Grant") to be used for the purposes of funding the Grantee's Proposal, including the Workforce Training Plan, related implementation, budgets and appendices, as amended and approved by the Department (herein collectively referred to as the "Project"), on file at the Maryland Department of Labor.
- b) Grantee agrees to use the Grant only for the approved Project. Grantee agrees that it will use the Grant and operate the Project in accordance with the provisions of the OWIF, its corresponding policy, and any other guidance provided by the Department.
- c) Grantee agrees that the Grant will be expended in conformity with the requirements and provisions of the OWIF, its corresponding policy, this Agreement, the Grantee's Project on file at the Maryland Department of Labor, and any amendments thereto, and any programmatic, financial, or other implementation policies determined by the Maryland Department of Labor.
- d) The Department reserves the right to amend or revise the requirements if necessary for the effective administration of the Opioid Workforce Innovation Fund Program.

2) Expenditure of Grant Funds.

- a) All Grant funds shall be expended on or before **[INSERT END DATE]**.
- b) Grantee shall expend the Grant in accordance with the Approved Project Budget as agreed to between the parties. Grantee may not expend more than the amount allocated for any category in the Approved Project Budget without the prior written consent of the Department.
- c) All costs incurred by Grantee before the date of this Agreement and before approval by the Department of the release of Grant funds are incurred voluntarily, at Grantee's risk and upon its own credit and expense.
- d) If, upon completion of the Project, there are cost savings, unspent disbursements, and/or undisbursed funds, Grantee shall return any remaining Grant funds to the Department.
- e) Grantee shall establish and maintain fiscal control of all Grant funds and shall comply with generally accepted accounting procedures for tracking of funds.
- f) Grantee shall be subject to financial review or audit by Labor and/or MDH Program Monitors or other Department designees throughout the duration of the Grant Period and up to three years following the conclusion of the Grant.
- g) By accepting funds, the Grantee hereby agrees to repay any funds that have been determined by the Department, after review by the Grant Monitor and opportunity to cure by the Grantee, to have been misspent, misapplied or otherwise not properly accounted for, and further agrees to pay any collections fees that may subsequently be imposed by the State Government.

3) Commencement and Completion of the Project; Inspection and Supervision; Licensing, Approval, and Compliance; Subgrantees; Changes.

- a) The parties shall develop a detailed Project Schedule, including specific benchmarks throughout the course of the Grant Period, promptly upon execution of this Agreement (the "Project Schedule").
- b) Grantee shall commence the Project on the date specified in the Project Schedule to be determined between the parties (the "Commencement Date").
- c) Grantee shall complete the Project on the date set forth in the Project Schedule (the "Completion Date"), but not later than **[INSERT END DATE]**.
- d) The Project shall commence and conclude within the Grant award period.
- e) The Department may, as it deems necessary, supervise, evaluate and provide guidance and direction to Grantee in the conduct of activities performed under this Grant. However, failure of the Department to supervise, evaluate, or provide guidance and direction shall not relieve Grantee of any liability for failure to comply with the terms of the Grant award.
- a) The Department must approve all changes to the Project, the Project Schedule, the Approved Project Budget, or any other term of this Agreement, including, but not limited to, modifications to the scope of work of the Project, modifications to the Approved Project Budget, and modifications to the Project Schedule and Completion Date.



- f) Requests for Grant extension must be submitted in writing at least 90 days prior to the end of the Grant period and are determined at the sole discretion of the Department.

Grantee ensures that all Partners, Training Providers, and/or Subgrantees involved in the Grant possess and maintain any and all necessary licenses and approvals, certifications, and are in compliance with all applicable State and federal laws and regulations.

- g) Grantee shall ensure that all necessary approvals for the commencement of Project have been obtained, including all applicable certificates, permits, and licenses. Grantee shall maintain all certifications, licenses, permits, and approvals necessary to operate the Project, and shall otherwise satisfy all requirements necessary to operate the Project throughout the duration of the Project.
- h) Grantee must provide prior notice to the Department of any proposed subgrant under this Grant award. Grantee shall ensure that any Partners, Training Providers, and/or Subgrantees who become involved in the OWIF subsequent to the date of this Agreement possess and maintain any and all necessary licenses, approvals, certifications, and are in compliance with all applicable State laws and regulations. Failure to comply with this provision could result in denial of Grant funding or the required repayment of Grant funds.

- 4) Conditions Precedent to Disbursement of the Grant. The Department shall not disburse Grant funding until Grantee has complied with all other terms and conditions of the Grant as required by the Department to the Department's satisfaction.

5) Records, Inspections and Reports.

a) Records.

- i) Grantee shall make the Grantee's administrative offices, its personnel, whether full time, part time, consultants or volunteers, and the Records available to the Department for inspection upon request, during the term of the Agreement and for a period of three (3) years following the date the Department approves the Final Report. The Grantee shall permit the Department and/or the Maryland Department of Health to perform program monitoring, evaluation and audit activities as determined to be necessary, at the discretion of the Department throughout the Grant period and through the subsequent record retention period.

- ii) Grantee shall maintain for the Department's inspection the books, accounts, and records of contractors and Subgrantees in connection with the Project for three (3) years past the date of termination of the contractual relationship between the contractor and Grantee.

- b) Inspections. During the term of this Agreement and for a period of three (3) years following the date the Department approves the Final Report, Grantee shall permit the Department and the Maryland Department of Health to monitor the Project to ensure that the Project is being carried out in accordance with the terms of this Agreement.

c) Reports.

Grantee agrees to comply with guidelines issued by the Department.

6) Default and Remedies.

- a) A default shall consist of: (i) the breach by Grantee of any term, condition, covenant, agreement, or certification contained in this Agreement; (ii) the expenditure of Grant funds for any use other than as provided in the Approved Project Budget or in the approved scope of work for the Project; (iii) the failure to commence or complete the Project by the dates set forth in the Project Schedule, or otherwise unsatisfactory performance or completion of the Project, in the Department's sole determination; (iv) Grantee's bankruptcy, insolvency, or the dissolution or liquidation of Grantee's business organization or assets; or (v) a change in Grantee's staffing capacity that adversely affects Grantee's ability to carry out the Project, in the Department's sole discretion.
- b) The Department shall give Grantee written notice of default, and Grantee shall have thirty (30) days from the date of such notice to cure the default. Upon the occurrence of a default that continues beyond the cure period, the Department shall have the right to terminate this Agreement by written notice to Grantee. Notwithstanding the above, upon the occurrence of a default under this Agreement involving Grantee's bankruptcy, insolvency, or the dissolution or liquidation of Grantee's business organization or assets or loss of required licenses/certification, the Department's right to terminate this Agreement shall be immediate.
- c) In the event of termination by the Department:
  - i) The Department may withhold disbursement of Grant funds. Grantee shall have no right, title, or interest in or to any of the undisbursed Grant funds.
  - ii) The Department may demand repayment from Grantee of any portion of the Grant proceeds that the Department, in its sole discretion, determines were not expended in accordance with this Agreement, plus all costs and reasonable attorneys' fees incurred by the Department in recovery proceedings; or
  - iii) The Department, in its sole discretion, may demand repayment of all Grant funds disbursed to Grantee, plus all costs and reasonable attorneys' fees incurred by the Department in recovery proceedings.
- d) The Parties may mutually agree to terminate this Agreement without cause. Termination of the Agreement will not release the party(ies) from any prior commitments, obligations, or transactions occurring prior to the effective date of termination or any non-cancellable obligations that may extend beyond the termination date.
- e) In addition to the rights and remedies contained in this Agreement, the Department at any time may proceed to protect and enforce all rights available to the Department by suit in equity, action at law, or by any other appropriate proceedings, all of which shall survive the termination of this Agreement.
- f) Grantee agrees to return any remaining proceeds of the Grant to the Department upon termination of the Agreement, whether due to default, mutual agreement, or completion of the Project.

## 7) Grantee's Certifications.

Grantee certifies that:

- a) Grantee has all requisite power and authority to enter into and carry out the transactions contemplated by this Grant.

- b) The acceptance of the Grant has been duly authorized, executed, and delivered by Grantee, and are the valid and legally binding acts and agreements of Grantee.
  - c) The representations, statements, and other matters contained in the Approved Proposal and any amendments thereto are and remain true and complete in all material respects.
  - d) Grantee has not been, nor currently is, the subject of an investigation by any federal, State, or local governmental entity for alleged criminal or civil violations of laws or regulations enforced by these entities.
  - e) Grantee will operate this Grant in compliance with State and federal laws and regulations.
- 8) Liability. Grantee shall hold harmless and indemnify the Department and the State of Maryland (“State”) from and against any and all losses, damages, claims, suits, actions, liabilities, and/or expenses, including, without limitation, attorneys’ fees and disbursements of any character that arise from, are in connection with or are attributable to the performance or nonperformance of the Grantee or its Subgrantees or subcontractors under this Grant. The Department and the State have no obligation to provide legal counsel or defense or to the Grantee or its Subgrantees or subcontractors in the event that a suit, claim, or action of any character is brought by any person as a result of or relating to the Grantees performance under this Grant. The Department and State are not deemed to have waived any immunity that may exist in law, regulation or otherwise. This Section shall survive the term of this Agreement.
- 9) Indemnification. Grantee agrees that all costs incurred by the Department or State as a result of such liabilities, suits, actions, claims, demands, losses, expenses, or costs, including reasonable attorney’s fees, shall be immediately, and without notice, due and payable by Grantee to the Department. Any assumption of liability or indemnification is not to be deemed as a waiver to any immunity that may exist in law, regulation or otherwise. Grantee’s obligation to indemnify the Department shall survive the term of this Agreement.
- 10) Applicability to Subgrantees, Contractors, and Agents. Where performance of the Project is to be carried out by any Subgrantee, contractor, or agent of Grantee, Grantee shall make the provisions of this Agreement binding on such Subgrantee, contractor, or agent. This shall be accomplished by a written agreement or contract between Grantee and any Subgrantee, contractor, or agent. The term "Grantee" as used in this Agreement, shall be interpreted to include any Subgrantee, contractor, or agent of Grantee. Grantee acknowledges and agrees that Grantee has the ultimate legal responsibility for ensuring compliance with the requirements of this Agreement.
- 11) Intellectual Property. To the extent practicable and consistent with the law, any intellectual property developed as a result of a Grant award shall remain in the public domain.
- 12) Nondiscrimination and Drug and Alcohol Free Workplace; Fair Practices Certification.
- a) Grantee certifies that they prohibit, and covenant that they will continue to prohibit, discrimination on the basis of: (a) political or religious opinion or affiliation, marital status, sexual orientation, gender identification or expression, race, color, creed, national origin, veteran’s status or genetic information; (b) sex or age, or except when age or sex constitutes a bona fide occupational qualification; or (c) the physical or mental disability of a qualified individual with a disability.
  - b) Grantee shall comply with applicable federal, State, and local laws regarding discrimination and equal opportunity in employment, and credit practices.

- c) Grantee shall comply with the State of Maryland's policy concerning drug and alcohol free workplaces, as set forth in the Governor's Executive Order 01.01.1989.18 and COMAR 21.11.08 and the Drug-Free Workplace Act of 1988, and its implementing regulations codified at 29 CFR 98, Subpart F.I. The Grantee must remain in compliance with these policies throughout the term of this Agreement.
- d) Grantee agrees to maintain confidentiality of records as required by applicable law and regulation.

13) Non-Sectarian Certifications.

- a) Grantee certifies that no part of the Grant funds, shall be used for the furtherance of sectarian religious instruction, or in connection with the design, acquisition, or construction of any building used or to be used as a place of sectarian religious worship or instruction, or in connection with any program or department of divinity for any religious denomination, including (but not limited to) religious services, religious instruction, or other activities that have an explicitly religious content.
- b) Grantee certifies that it will provide services of the Project to clients on a nondiscriminatory basis, including (but not limited to) the provision of services without regard to the creed, religion, or religious affiliation of the clients.

14) Notices.

All notices, requests, approvals, and consents of any kind made pursuant to this Agreement shall be in writing. Any such communication, unless otherwise specified, may be delivered:

- a) Via electronic mail to the Grantee's assigned Grant Advisor, or
- b) By mail to:

The Maryland Department of Labor  
Division of Workforce Development and Adult Learning  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
Attn: Opioid Grants Project Manager

- c) Communications to Grantee shall be directed to the party identified in the Proposal as the Lead Applicant.

15) Amendment. This Agreement may not be amended except by a written instrument executed by the Department and Grantee.

16) Assignment. This Agreement may not be assigned without the prior written approval of the Department.

17) Entire Agreement. This Agreement constitutes the entire agreement between the parties and supersedes all prior oral and written agreements not otherwise incorporated into this Agreement between the parties hereto with respect to the Grant.

- 18) Governing Law. This Agreement shall be governed by, subject to, and construed according to the laws of the State of Maryland. The Grantee, Subgrantees, and their contractors shall comply with all applicable federal, State, and local laws.
- 19) Term of Agreement. Unless sooner terminated pursuant to the terms of this Agreement or extended by an amendment to the Agreement, this Agreement shall be effective as of the date it is executed by the Department (the "Effective Date") and shall remain in effect until the Department's receipt and approval of the Final Report.
- 20) Further Assurances and Corrective Instruments. Grantee agrees that it will, from time to time, execute and deliver, or cause to be delivered, such amendments hereto and such further instruments as may be required by the Department to comply with any existing or future State regulations, directives, policies, procedures, and other requirements, or to further the general purposes of this Agreement.
- 21) Delay Does Not Constitute Waiver. No failure or delay of the Department to exercise any right, power or remedy consequent upon default shall constitute a waiver of any such term, condition, covenant, certification or agreement of any such default or preclude the Department from exercising any right, power or remedy at any later time or times.
- 22) Progress of the Project. If the Project is not being completed in a manner satisfactory to the Department, or Grantee has violated a provision of this Agreement, prior to the Department declaring a default, the Department may require Grantee to accept additional technical assistance the Department feels is necessary for the Project to proceed in a manner acceptable to the Department.
- 23) Due Credit. Grantee shall give due credit to the Department. The Department shall be credited on all media announcements, billboards, and educational materials produced under the scope of this Grant award by the inclusion, where feasible, of the following language: "This project was funded in whole or in part by funds received from the Opioid Workforce Innovations Fund, a Grant program of the Department. Support for Maryland's workforce programs is provided by a grant awarded by the Maryland Department of Health."
- 24) Waiver of Maryland's Public Information Act. The Department intends to make available to the public certain information regarding the Project and the Grantee. In addition, the Department is required to disclose information about the Project to MDH and may desire to disclose such information to other State officials or their staff, local government officials or their staff, and other lenders and funding sources. Such information that may be disclosed to any of the foregoing, including the public, may include the name of the Grantee; the name, location, and description of the Project; the date and amount of financial assistance awarded by the Department; the terms of the financial assistance; use of funds; information contained in the Application, and the sources, amounts and terms of other funding used to complete the Project, including capital contributions from the Grantee. This information may be confidential under Maryland's Public Information Act, General Provisions Article, Section 4-101 *et seq.* of the Annotated Code of Maryland (the "Public Information Act"). If Grantee does not want this information made available to the above referenced parties, Grantee must attach a written objection to this Agreement.
- If an objection is received, the Department will notify Grantee if a request is received pursuant to the Public Information Act and will review the listed objections to make a determination if disclosure is required by law.
- 25) Contingent Upon Appropriations. If the Federal and/or State government fail to appropriate funds or if funds are not otherwise made available for continued performance for any period of this Agreement, this Agreement must be cancelled automatically as of the beginning of the period for which funds were not appropriated or otherwise made available. Cancellation does not affect either the State's rights or either

Party's right under any termination clause in this Agreement. The effect of cancellation of the Agreement hereunder will be to discharge both Parties and the State agencies from future performance of the Agreement, but not from their rights and obligations existing at the time of termination.

**WITNESS** the hands and seals of the Department and the Grantee.

**WITNESS/ATTEST:**

**GRANTEE:**

\_\_\_\_\_

By: \_\_\_\_\_ (SEAL)  
Name:  
Title:

\_\_\_\_\_  
Date

**THE MARYLAND DEPARTMENT OF LABOR**, a principal department of the State of Maryland

\_\_\_\_\_

By: \_\_\_\_\_ (SEAL)  
James Rzepkowski, Assistant Secretary

\_\_\_\_\_  
Date Executed on behalf of Department

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

This \_\_\_\_ day of \_\_\_\_\_, 2021

\_\_\_\_\_  
Assistant Attorney General, Maryland Department of Labor



Dear Mr./Ms.:

The Maryland Department of Labor Division of Workforce Development and Adult Learning (DWDAL) has denied your request for funds under the Opioid Workforce Innovation Fund. The reason for denial is

\_\_\_\_\_. Our office can assist with your application to create an opportunity that meets the parameters of the grant should you wish to re-apply.

Through the Opioid Workforce Innovation Fund (OWIF), the Maryland Department of Labor invests in sustainable programs that strengthen workforce development services for individuals impacted by the opioid crisis and/or individuals interested in pursuing careers that address the opioid crisis. The OWIF is a competitive grant fund intended to seed the implementation of new and promising ideas, or to adapt proven strategies at the systems or service delivery level in Maryland.

If you wish to file an appeal, please submit a request within 14 calendar days from the notice of denial. The appeal must be emailed to [dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov) and: (1) state the grounds for the appeal and (2) state the reasons why the appellant should be approved. The Maryland Department of Labor DWDAL Assistant Secretary (or designee) will consider all appeals and provide written response to the applicant within 14 calendar days of appeal receipt.

Thank you for your interest in the OWIF. Should you have additional questions or concerns, please contact the Opioid Grants Project Manager at [dllr.owif@maryland.gov](mailto:dllr.owif@maryland.gov).

Sincerely,

Opioid Grants Project Manager, Office of the Assistant Secretary  
Maryland Department of Labor, DWDAL



Department of Labor

**Division of Workforce Development  
and Adult Learning**







How to enter the Fostering Opioid  
Recovery Through Workforce  
Development NDWG Grant in to the  
Maryland Workforce Exchange

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# Creating a **WIOA** Application

The screenshot shows a web browser window with the URL <https://mwijobs.maryland.gov/vorrel/casemanagement/programtab>. The interface includes a navigation menu on the left, a top navigation bar, and a main content area. A red arrow points to the 'Programs' link in the top navigation bar. Another red arrow points to the 'Create Workforce Innovation and Opportunity Act (WIOA) Application' link in the main content area.

Menu

- Home
- My Dashboard
- Sign Out
- Services for Individuals
- Services for Employers
- Labor Market Analysis
- Quick Search

My Staff Workspace

- My Staff Dashboard
- My Staff Resources
- My Staff Account
- Directory of Services

Services for Workforce Staff

- Manage Individuals
- Manage Employers
- Manage Resumes
- Manage Job Orders
- Manage Labor Exchange
- Manage Activities
- Manage Providers
- Manage Scan Card
- Manage Case Assignment
- Manage Profiling
- Manage Follow-Up
- Manage Surveys
- Manage Funds

Reports

- My Reports
- Summary Reports
- Detailed Reports
- Custom Reports
- Ad-Hoc Query Wizard
- Federal Reports

Case Summary Programs Plan Assessments

Show Summary Tabs

AGBAI, TONY

Filter Applications: All

Filter Activities:  Open  Closed  Voided

Filter Programs: All Programs

Wagner-Peyser (WP) Program Apps: 1

Create Wagner Peyser (WPI) Application

WP #2261284 - Case Closed

|                   |   |                     |            |
|-------------------|---|---------------------|------------|
| LWIA:             | 02 - Baltimore County                                 | Application Date:   | 11/24/2014 |
| Onestop:          | 150 - Baltimore County One Stop Center (Randallstown) | Participation Date: | 11/24/2014 |
| Total Activities: | 40  | Closure Date:       | N/A        |
|                   |   | Exit Date:          | 03/08/2016 |


Workforce Innovation and Opportunity Act (WIOA) Program Apps: 1

Create Workforce Innovation and Opportunity Act (WIOA) Application

- Assist a Jobseeker
- Go to **Staff Profiles**
- Then pick **Case Management**
- Click on **Programs**
  
- Click in the Grey Area to expand the [Workforce Innovation and Opportunity Act Program](#)
  
- Finally Click [Create Workforce Innovation and Opportunity Act Program](#) to open a new WIOA application

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# WIOA Application: The Wizard

- The Wizard will take you through the application. It is **lengthy** and **time consuming**.
  - \* A Red Asterisk indicates mandatory fields such as Application dates, LWDA and Office location
  - When  is selected, the system saves and applies the program rules
  - To quit the application, click on [Exit Wizard](#)
-

# WIOA Application: Start (Eligibility)

The screenshot displays the 'Title I - Workforce Development (WIOA)' application interface. At the top, there is a navigation bar with links for Home, My Dashboard, Sign Out, Services for Individuals, Services for Employers, and Labor Market Analysis. Below this is a progress bar with three steps: Intro, Contact, and Demographic, each marked with a green checkmark. Underneath the progress bar, there are sub-steps for each stage: Intro (Veteran, Public Assistance, Federal Initiatives), Contact (Employment, Barriers, Eligibility Summary), and Demographic (Demographic, Education, Household and Income). A 'Hide All Steps' button is also present. The main content area shows the 'Workforce Innovation and Opportunity Act (WIOA)' section for 'Smith, Dan'. It includes a status indicator 'Application is Closed Never Enrolled' and various fields for application details: Case Application ID (3027860), WIA Converted Application ID (Not Applicable), Application Date (10/01/2018), Adult Eligibility Date (10/15/2018), Dislocated Worker Eligibility Date (10/15/2018), Youth Eligibility Date (empty), Incumbent Worker Eligibility Date (empty), LWDB (None Selected), Office Location (None Selected), and Office Location of Responsibility (Baltimore City One Stop Center (Eutaw Street)). A blue message box states: 'The individual's age does not meet the requirements for Youth Eligibility (14-24)'. A yellow arrow points from the 'Dislocated Worker Eligibility Date' field to the first bullet point on the right.

- Dislocated Worker Eligibility must be checked and a date added. This is needed to add the grant later on in the application
- **Please note all must be co-enrolled as Adult or Dislocated Worker for this grant**
- **A WP application should be completed before completing the WIOA application.**

# WIOA Application: Contact Information

WIOA Wizard

Test Contact Demographics Veteran Employment Education Public Assistance Benefits Family Income Federal Relations Disability and Grants

Contact Information

• First Name:

Middle Initial:

• Last Name (including suffix e.g. Jr., Sr., PhD, etc.):

• SSN (do not enter dashes; eg. 999999999):  [\[Edit SSN\]](#)

[\[Verify\]](#) [\[Scan\]](#) [\[Upload\]](#) [\[Link\]](#)

✓ Employment Records

Current Address

• Address 1:

Address 2:

City:

• State:

• County/Parish:

• Zip Code:  [\[Find Zip Code\]](#)

• Country:

• Primary Phone Number:    Ext.

• Primary Phone Type:

Alternative Phone:   Ext.

Alternative Phone Type:

Fax:

Email:

- Complete all mandatory fields
- Select [[Verify](#)] to open the list of valid verification documents and choose the appropriate
- When completed, a ✓ will display beneath [[Verify](#)] with the name of the field to its right

# WIOA Application: Demographics

Home My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis

Family Income Federal Initiatives Citizenship Status

- Received services from a State Development Disabilities Agency (SDDA) is a required field.
- Received services from a State or Local mental health agency (LSMHA) is a required field.
- Received services from a Home & Community Based Service Provider (HCBS) or a State Medicaid (HCBS) Waiver is a required field.
- Disability Work Setting is a required field.
- Type of customized Employment Services Received is a required field.
- Received Disability Financial Capability is a required field.
- Section 504 Plan is a required field.
- Received Services from Vocational Rehabilitation is a required field.

Demographic Information

• **Date of Birth:** 11/16/1972 [ Verify | Scan | Upload | Link ]

**Age at Earliest Eligibility:** 44 (Today's Age: 44)

• **Gender:**  Male  Female  Did not self-identify

[Selective Service Website](#)

**Registered for the Selective Service:** Yes [ Verify | Scan | Upload | Link ]

**Selective Service Registration Number:** 875654328

**Selective Service Registration Date:** [ Verify | Scan | Upload | Link ]

• **Authorization to Work in US:** U.S. Permanent Resident [ Verify | Scan | Upload | Link ]

- Complete all mandatory fields
- If there is a problem on the app after hitting “**Next**”, Red text will appear at the top of the screen
- Some common reasons would be missing a mandatory field or missing a verify (verification document)

# WIOA Application: Veteran

Home My Dashboard Sign Out Services for Individuals Services for Employers

IDENTIFY PERSONS IDENTIFY PERSONS IDENTIFY PERSONS

### Transitioning Service Member

\* **Transitioning Service Member:**  Yes  No

**Type of Transitioning Service Member:**

**Estimated Discharge Date:**  (mm/dd/yyyy) Today

### Veteran Information

\* **Eligible Veteran Status:**

Yes <= 180 days  
 Yes, Eligible Veteran  
 Yes, Other Eligible Person  
 No

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

[Obtain DD214](#)

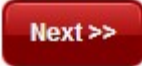
\* **Served more than 1 tour of duty:**  Yes  No

**Military Service Entry Date:**  (mm/dd/yyyy)

**Military Service Discharge Date:**  (mm/dd/yyyy)

\* **Disabled Veteran:**

**Homeless Veteran:**  Yes  No

- Section should only be filled out if jobseeker is a veteran
- If jobseeker is not a veteran then jobseeker should press  at the bottom of the screen

# WIOA Application: Employment Information

Free Hotmail Workforce Innovation and...

Home My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis

## Employment Information

**Employment Status:**

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
✓ Self Attestation

**Employment Status Verification**

Self Attestation  
 UI Records  
 Employer Contact  
 Other Applicable Documentation, (specify)

[Reset](#)

**If Employed, Individual is Under-Employed:**  Yes  No  Not Applicable

**Unemployment Eligibility Status:**

**UI Referred By Status:**

**Claimant has been exempted from work search:**  Yes  No

**Date claimant was exempted from work search:**  Today

**Unemployment Compensation Verify** [ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]  
✓ UI records (Benefit History, Wage Record)

Jobseeker should complete all fields that are required (\*) or applicable



# WIOA Application: Employment Information

## Dislocated Worker

Employment Status at Dislocated Worker Eligibility:

Under-Employed at Dislocated Worker Eligibility:  Yes  No  Not Applicable

Dislocated Worker Category:

- Category 1:** Terminated or laid off, or has received notice of termination or layoff, and is eligible for or has exhausted entitlements to UC, and is unlikely to return to previous industry or occupation.
- Category 2:** Terminated or laid off, or has received notice of termination or layoff, and has been employed for sufficient duration (based on state policy) to demonstrate workforce attachment, but is not eligible for UC due to insufficient earnings, or the employer is not covered under the state UC law, and is unlikely to return to previous industry or occupation.
- Category 3:** Individual is terminated or laid off, or has received notice of termination or layoff, from employment as a result of the **Permanent closure of or substantial layoff** at a plant, facility or enterprise.
- Category 4:** Individual is employed at a facility at which the employer has made a **general announcement that the facility will close**. Enter the date the facility will close (if known) in the Projected Layoff Date below.
- Category 5:** Individual was **previously self-employed** (including farmers, ranchers and fishermen), but is **unemployed** due to general **economic conditions** in the community of residence or because of **natural disaster**. Record the last date of self-employment in the Actual Layoff Date.
- Category 6: Displaced Homemaker:** An individual who has been providing **unpaid services to family members** in the home and has been dependent on the income of another family member but is **no longer supported by that income**; or is the **dependent spouse** of a member of the Armed Forces on active duty and whose **family income is significantly reduced** because of a deployment, or a call or order to active duty, or a permanent change of station, or the service-connected death or disability of the member; and is **unemployed or underemployed** and is experiencing difficulty in obtaining or upgrading employment.
- Category 7:** The **spouse of a member of the Armed Forces** on active duty, **and** who has experienced a **loss of employment as a direct result of relocation to accommodate a permanent change in duty station** of such member.
- Category 8:** The **spouse of a member of the Armed Forces** on active duty and who is **unemployed or underemployed** and is experiencing difficulty in obtaining or upgrading employment.
- Category 12: Dislocated Worker Grant (DWG) eligibility:** Individual does not meet criteria outlined for Dislocated Workers in categories 1 - 8 above, but is an individual that meets **DWG** eligibility outlined under WIOA Title ID National programs, Sec. 170 National dislocated worker grants, relating to Sec 170(b)(1)(A) workers affected by major economic dislocations OR Sec 170(b)(1)(B) workers affected by an emergency or major disaster.
- Category 13:** State-Defined Dislocated Worker Eligibility
- None of the above.** Individual does not meet the definition of Dislocated Worker.

- Under Dislocated Worker, select the category that fits participant's situation
- Category 13 is only used if the state has defined different criteria for the grant, for example if a grant allows employed and not a dislocated worker

# WIOA Application: Employment Information

Unemployment Insurance Questions call: 410-949-0022 or Email: UI.Inquiry@maryland.gov

[Home](#) [My Dashboard](#) [Sign Out](#) [Services for Individuals](#) [Services for Employers](#) [Labor Market Analysis](#)

### Dislocated Worker Grant Eligibility

Is unemployed due to general economic conditions in the community lived in, or worked in, or related to a military installation realignment:  Yes  No  Not Provided

Is unemployed as result of an emergency or major disaster in the community lived in, or worked in:  Yes  No  Not Provided

Is considered long term unemployed, as defined by the state in the NDWG grant:  Yes  No  Not Provided

Self-employed Individual who became unemployed or significantly underemployed as a result of the emergency or disaster:  Yes  No  Not Provided

[Search Individual Employment History](#)

Dislocation Employer:

Employer Address 1:

Employer Address 2:

Employer City:

Employer State:

Employer Country:

- Make sure to answer all questions
- Is unemployed as a result of an emergency or disaster should be **No** for this grant
- Long term unemployed for this grant is defined in the policy

# WIOA Application: Education

**WIOA Education Information**

• **Highest School Grade Completed:**

• **High School Diploma or equivalent received:**  Yes  No

• **Highest Education Level completed:**

• **Highest Grade and Educational Level** [\[ Verify | Scan | Upload | Link \]](#)  
 Other Applicable Documentation, (specify)

• **School Status:**   
[\[ Verify | Scan | Upload | Link \]](#)

---

**Education Partner Services**

• **Receiving services from Adult Education (WIOA Title II):**  Yes  No  Did not self-identify

• **Receiving services from YouthBuild:**  Yes  No  Did not self-identify

**YouthBuild Grant Number (If unknown, enter all 9s.):**   
Format: AA-99999-99-99-A-99

• **Receiving services from Job Corps:**  Yes  No  Did not self-identify

• **Receiving Services from Vocational Education (Carl Perkins):**  Yes  No  Did not self-identify

**Individualized Education Program Participant:**

Check here to allow saving of a partial application

Be sure to complete all fields and [\[Verify\]](#) if needed

If applicant is currently receiving **Title II Adult Education services** make sure to select **“Yes”**

# WIOA Application: Public Assistance

## Public Assistance

*Individual or member of a family that is receiving, or in the past 6 months has received, the following:*

\* **Temporary Assistance for Needy Families (TANF):**  Yes  No

**TANF Recipient:**  Applicant  Family Member  Not Applicable

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* **Supplemental Security Income (SSI):**  Yes  No

**SSI Recipient:**  Applicant  Family Member  Not Applicable

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* **General Assistance (GA):**  Yes  No

**GA Recipient:**  Applicant  Family Member  Not Applicable

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* **Supplemental Nutrition Assistance Program (SNAP):**  Yes  No

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

\* **Refugee Cash Assistance (RCA)**  Yes  No

**RCA Recipient:**  Applicant  Family Member  Not Applicable

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

*Individual receives, or in the last 6 months, received:*

\* **Social Security Disability Insurance Income (SSDI):**  Yes  No

[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

*Individual currently meets the following:*

\* **Receiving services under SNAP Employment & Training Program:**  Yes  No

\* **Receiving, or has been notified will receive, Pell Grant:**  Yes  No

\* **Ticket to Work Holder issued by the Social Security Administration:**  Yes  No

- Complete all fields that have an \*, these are required

# WIOA Application: Barriers

**Individual Barriers**

• English language learner  Yes  No  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

• Basic Skills Deficient/Low Levels of Literacy  Yes  No  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Add/View Basic skills scores: [Click Here](#)

• Homeless:  Yes  No  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

• Ex-Offender - individual has been arrested/convicted of a crime:  Yes  No  Did not disclose  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

**Barriers to Employment**

Disabled: Yes

• Displaced Homemaker   
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Meets long term unemployment definition: No

• Within 2 years of exhausting TANF lifetime eligibility:  Yes  No  
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

Older individual (age 55 and older): No

• Hawaiian Native:  Yes  No  
*Hawaiian or Pacific Islander is not selected as a Race for this individual. Please update the Demographics section if this is not accurate.*

• American Indian/Alaskan Native: Yes

• Single Parent (including single pregnant women):  Yes  No  Participant did not self-identify

• Cultural Barriers:  Yes  No  Participant did not self-identify

• Eligible Migrant Season Farmworker as defined in WIOA Sec 167(i):  Yes  No

• Meets Governor's special barriers to employment:  Yes  No

- Make a selection for each required field (\*)
- Be sure to [Verify](#) if needed

# WIOA Application: Family Income

[Individual Details](#) [Preferences](#) \* indicates required fields.

Start Contact Demographics Veteran Employment Education Public Assistance

**Family Income**

• Due to the individual's disability, they qualify as a Family of 1:  Yes  No

Low income has not been established based on previous entries. Therefore, low income will be based on family size and income. Family size and income are required entries.

• Family Size:    
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

• Annualized Family Income:   
[ [Verify](#) | [Scan](#) | [Upload](#) | [Link](#) ]

[Income Table](#)

- Complete required fields. If any of the public assistance section is yes, family size and income will not be required

Check here to allow saving of a partial application

[Exit Wizard](#)

# WIOA Application: Federal Initiative

WIOA WIZARD

Start Contact Demographics Veteran Employment Education Public Assistance Barriers Family Income Federal Initiatives

Disability Employment Initiative (DEI)

**Perceived Barriers to Employment**  
*(Check all that the individual perceives as a barrier to employment);*

- Limited Education
- Limited Work History/Experience
- Ev-Offender
- Substance Abuse
- Language Barrier
- No Child Care
- Homeless
- Disability
- None

**Ticket To Work Participant:**  Yes  No

**Ever on Supplemental Security Income (SSI) or Social Security Disability Insurance Income (SSDI):**  Yes  No

**Currently or Previously Employed:**  Yes  No

**Current or Most Recent Hourly Rate of Pay:**

**Most Recent Job Title:**

**Begin Date of Most Recent Job:**  Today

**End Date of Most Recent Job:**  Today

**Hours Per Week at Most Recent Job:**

**Benefits at Most Recent Job**  
*(Check all that apply);*

- None
- Health Insurance
- Vacation
- Sick Leave
- Flexible Work Schedule
- Telework
- Customized Employment
- Job Sharing
- Other

If Other is checked, please provide a description:

- Make a selection for each required field (\*)
- Be sure to **[Verify]** if needed
- Screen only shows if Disability is yes on Demographic Tab



# WIOA Application: Eligibility and Grants

Unemployment Insurance Questions call: 410-949-0022 or Email: UI.Inquiry@maryland.gov

Home My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis

### Workforce Innovation and Opportunity Act (WIOA) Eligibility Information

#### Applicant Eligibility

Applicant meets the definition for low income:  Yes

Income Table: [Income Table](#)

| Program           | Eligible                                | Priority | Calculated Exception/Limitation | Reason(s) Not Eligible     | Action                            |
|-------------------|---|----------|---------------------------------|----------------------------|-----------------------------------|
| Adult             | <input checked="" type="checkbox"/> Yes | LI       |                                 |                            | <input type="checkbox"/> Inactive |
| Dislocated Worker | <input checked="" type="checkbox"/> Yes |          |                                 |                            | <input type="checkbox"/> Inactive |
| Youth             | <input type="checkbox"/> Undetermined   |          |                                 | No Youth Eligibility Date. | <input type="checkbox"/> Inactive |

VET = Veteran, BSD = Basic Skills Deficient, PA = Public Assistance, LI = Low Income, SLP = Additional Priorities

#### WIOA Grant Eligibility

*Changes in this section will create immediate updates to the record.*

**Incumbent Worker Eligibility:**  Yes  No  Not Applicable  Inactive  
Applicant does not meet the requirements for Incumbent Worker eligibility.

**National Dislocated Worker Grant NDWG:**  Yes  No  Not Applicable  Inactive

**Statewide Adult Eligibility:**  Yes  No  Not Applicable  Inactive

**Statewide Dislocated Worker Eligibility:**  Yes  No  Not Applicable  Inactive

**Statewide Youth Eligibility:**  Yes  No  Not Applicable  Inactive  
Applicant does not meet the requirements for Statewide Youth eligibility.

**Statewide Rapid Response:**  Yes  No  Not Applicable  Inactive

- National Dislocated Worker Grant NDWG must be YES



# WIOA Application: Grant

No grants have been added.  
Select from the list of available grants.

| Grant Type               | Grant ID | Grant Name  | Local Grant Code | Date Added | Action              |
|--------------------------|----------|---|------------------|------------|---------------------|
| National DW Grant (NDWG) | 142      | MD Corp Connect- C3 (LOCAL)                             | MD18             |            | <a href="#">Add</a> |
| National DW Grant (NDWG) | 157      | COVID NDWG  | 34660            |            | <a href="#">Add</a> |
| National DW Grant (NDWG) | 159      | Fostering Opioid Recovery Through Workforce Development | NA               |            | <a href="#">Add</a> |

- Next to the Fostering Opioid Recovery Through Workforce Development, you press Add

**Grants**

| Grant Type               | Grant ID | Grant Name  | Local Grant Code | Date Added | Action                 |
|--------------------------|----------|---|------------------|------------|------------------------|
| National DW Grant (NDWG) | 159      | Fostering Opioid Recovery Through Workforce Development | Not Defined      | 09/21/2020 | <a href="#">Remove</a> |

Select from the list of available grants.

| Grant Type               | Grant ID | Grant Name                  | Local Grant Code | Date Added | Action              |
|--------------------------|----------|-----------------------------|------------------|------------|---------------------|
| National DW Grant (NDWG) | 142      | MD Corp Connect- C3 (LOCAL) | MD18             |            | <a href="#">Add</a> |
| National DW Grant (NDWG) | 157      | COVID NDWG                  | 34660            |            | <a href="#">Add</a> |

**Current Case Manager:** Case currently Not Assigned to a Case Manager  
[Assign Case Manager](#)  
[Assign Me](#)  
[Remove Case Manager Assignment](#)

- Click **FINISH** to proceed to Participation

# WIOA Application: Participation

Unemployment Insurance Questions call: 410-949-0022 or Email: UI.Inquiry@maryland.gov

Menu Home My Dashboard Sign Out Services for Individuals Services for Employers Labor Market Analysis

Quick Search Enter Search...

Currently Managing SMITH, DAN Service Tracking: ON Release Individual Assist a new Individual

My Staff Workspace My Staff Dashboard My Staff Resources My Staff Account Directory of Services

Services for Workforce Staff Manage Individuals Manage Employers Manage Résumés Manage Job Orders Manage Labor Exchange Manage Activities Manage Providers Manage Case Assignment Manage Profiling Manage Funds Manage Scan Card Manage Visitors Manage Help Desk Manage Follow-Up Manage Surveys Manage Online Forms

Reports My Reports

Fill out the information below regarding the individual's participation.

### General Information

|                   |            |
|-------------------|------------|
| State ID:         | 208761     |
| Name:             | Dan Smith  |
| Date of Birth:    | 11/16/1972 |
| Application Date: | 07/14/2020 |
| Eligibility Date: | 07/14/2020 |

### Participation Information

|                       |   |
|-----------------------|---|
| * Participation Date: | <input type="text" value="07/14/2020"/> (mm/dd/yyyy) <input type="button" value="Today"/> |
| Participation Age:    | 47  |

Cancel Next >>

Return to Programs Tab

Services Portfolio Site Map Site Search Page Preferences Assistance

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Home Sign Out

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Enter a Participation Date and Click **Next >>** to proceed to Service Enrollment

# Activity Enrollment: General Information

| General Information           | Service Provider  | Enrollment Cost | Financial Aid | Enrollme Budget |
|-------------------------------|---|-----------------|---------------|-----------------|
| <b>General Information</b>    |   |                 |               |                 |
| Participant User Name:        | dan313  |                 |               |                 |
| Participant State ID:         | 208761  |                 |               |                 |
| Last Name, First Name MI:     | Smith, Dan  |                 |               |                 |
| Social Security Number:       | 9257  |                 |               |                 |
| Address:                      | 222 Main Street<br>Reisterstown, MD 21136-0301  |                 |               |                 |
| Application Summary:          | Program: Title I - Workforce Development (WIOA)<br>Application Date: 10/1/2018<br>Earliest Eligibility Date: 10/15/2018 |                 |               |                 |
| Participation Date:           | 10/15/2018  |                 |               |                 |
| * Customer Program Group:     | 80 - National Dislocated Worker Grant (NDWG)  |                 |               |                 |
| * LWDB:                       | Baltimore City  |                 |               |                 |
| * Office Location:            | Baltimore City One Stop Center (Eutaw Street)   |                 |               |                 |
| <b>Enrollment Information</b> |   |                 |               |                 |
| Grant:                        | National Health Emergency Dislocated Worker Grant (Maryland Workforce Response to the Opioid Crisis)                    |                 |               |                 |

Under General Information go to the **Customer Group** pull down and pick National Dislocated Worker Grant (NDWG)

Under **Grant** select Fostering Opioid Recovery Through Workforce Development

## Enrollment Information

|   |   |
|---|---|
| Grant:  | Fostering Opioid Recovery Through Workforce Development                                   |
| WIOA or Non-WIOA Partner Program:   | <input type="checkbox"/> Yes, service is a WIOA or Non-WIOA Partner Program.              |
| * Activity Code:  | <input type="text"/> <input type="text"/><br><a href="#">[Select Activity Code]</a>       |
| Projected Begin Date:   | <input type="text"/> (mm/dd/yyyy) <a href="#">Today</a>                                   |
| Actual Begin Date:  | 09/21/2020<br><small>Actual begin date may not be modified on the first activity.</small> |
| * Projected End Date:   | <input type="text"/> (mm/dd/yyyy) <a href="#">Today</a>                                   |
| Any classes attended through <u>Distance Learning</u> :                   | <input type="radio"/> Yes <input checked="" type="radio"/> No                             |
| Occupational Training Code:   | <input type="text"/><br><a href="#">[Occupational Training Code]</a>                      |
| Participant has been issued an ITA and the ITA will pay for this service: | None Selected   |

Select an Activity Code by clicking on the link

Click **Next >>** to proceed

# Activity Creation

Activity Enrollment - General Information  
This page displays activity information for the specified participant.

General Information

Participant User Name: dan313

Participant State ID: 208761

Last Name, First Name MI: Smith, Dan

Address: 222 Main Street  
Reisterstown, MD 21136

Application Summary: Program: Title I - Workforce Development (WIOA)  
Application Date: 9/21/2020  
Earliest Eligibility Date: 09/21/2020

Participation Date: 09/21/2020

\* Customer Program Group: 80 - National Dislocated Worker Grant (NDWG)

\* LWDB: Anne Arundel

\* Office Location: Anne Arundel County AJC (Linthicum)

Enrollment Information

Grant: Fostering Opioid Recovery Through Workforce Development

WIOA or Non-WIOA Partner Program:  Yes, service is a WIOA or Non-WIOA Partner Program.

Under General Information go to the **Customer Group** pull down

■ Using the pull down select **National Dislocated Worker Grant (NDWG)**

■ Under the Enrollment Information go to the Grant question

■ In the pull down choose **Fostering Opioid Recovery Through Workforce Development**

■ Select an Activity Code by clicking on the link

■ Click **Next >>** to proceed, Then go to Closure

# Activity Enrollment: Service Provider



**Enrollment Service Provider Information**

Enrollment Summary: Enrollment ID: 5222360  
Username: WIOATEST  
WIOA Application ID: 2407664  
Activity Code: 102  
Activity Dates: 7/7/2015 - 8/1/2015

\* Provider:   
[ Select Provider ]

\* Service, Course or Contract:   
[ Select Service, Course or Contract ]

Provider Locations:   
[ Select Provider Locations ]

Provider Contacts:   
[ Select Provider Contacts ]

\* Occupational Training Code: Not Applicable

- Next is the **Service Provider** screen
- This tab is **not required** for Fostering Opioid Recovery Through Workforce Development. If you have this information you may fill it out by clicking on the links under each entry
- To proceed to the next section hit 
- To proceed straight to the “Closure” click on the **Closure Information tab**

# Activity Closure Information

Enrollment Summary:

Enrollment ID: 5302775  
Username: dan313  
WICCA Application ID: 2875427  
Activity Code: 102  
Activity Dates: 1/17/2017 - 1/17/2017

Last Activity Date: 01/17/2017 Today

Completion Code: Successful Completion

Case Notes: [ Add a new Case Note | Show Filter Criteria ]

| ID             | Create Date | Subject | Action |
|----------------|-------------|---------|--------|
| No data found. |             |         |        |

<< Back Finish Delete

■ Enter a Completion code (if appropriate)

■ If you missed your chance previously to enter a case note, you may do so here

■ When you are ready Click

**Finish**

# Creating Additional Activities:

Unemployment Insurance Questions call: 410-949-9022 or Email: UI.Support@maryland.gov

WIOA 43147155 - Complete

|                        |   |                     |            |
|------------------------|---|---------------------|------------|
| LWDB:                  | 01 - Anne Arundel                       | Application Date:   | 09/21/2020 |
| Onestop:               | 1 - Anne Arundel County A/C (Linthicum) | Participation Date: | 09/21/2020 |
| Open/Total Activities: | 0 / 1                                   | Closure Date:       | N/A        |
|                        |   | Exit Date:          | N/A        |

Case Information

AWIC Eligibility Date: N/A  
Dislocated Worker Eligibility Date: 09/21/2020  
Incumbent Worker Eligibility Date: N/A

Adult Eligibility Date: 09/21/2020  
Youth Eligibility Date: N/A

Location and Staff

LWDB: 01 - Anne Arundel  
Create Staff: [Jackie Hester \(Goldstein\)](#)  
Case Manager: N/A

Onestop: 1 - Anne Arundel County A/C (Linthicum)  
Edit Staff: [Jackie Hester \(Goldstein\)](#)  
Temporary Case Manager: N/A

Eligibility Summary

Participation

Participation Date: 09/21/2020

Activities / Enrollments / Services

[Create Activity / Enrollment / Service](#)

| PE | EE | Status | Activity / Provider                                 | Actions | Funding / Grant  | Projected Begin Date | Actual Begin Date | Project End Date | Actual End Date                     |
|----|----|--------|---|---------|--|----------------------|-------------------|------------------|-------------------------------------|
| ✓  | ✓  | ✓      | 102 - Initial Assessment<br>No Provider Information | W       | National Dislocated Worker Grant (NDWG)<br>Fostering Opioid Recovery Through Workforce Development | 09/21/2020           | 09/21/2020        | 09/21/2020       | 09/21/2020<br>Successful Completion |

- Head back in the **Programs** under Case Management
- Expand your Newly created WIOA app and Activities/ Enrollment/ Services +
- The activities you created now displays in the activities list
- Click **“Create Activity”** to add additional services

# Back to the WIOA App

Notice the difference in the funding/grant for each service. Ensure service has the correct funding attached when assigning services

Add any other services that you provided

WIOA #3147155 - Complete

|                        |   |                     |            |
|------------------------|---|---------------------|------------|
| LWDB:                  | 01 - Anne Arundel                       | Application Date:   | 09/21/2020 |
| Onestop:               | 1 - Anne Arundel County A/C (Linthicum) | Participation Date: | 09/21/2020 |
| Open/Total Activities: | 1 / 2                                   | Closure Date:       | N/A        |
|                        |   | Exit Date:          | N/A        |

Case Information

ABC Eligibility Date: N/A  
 Dislocated Worker Eligibility Date: 09/21/2020  
 Incumbent Worker Eligibility Date: N/A

Adult Eligibility Date: 09/21/2020  
 Youth Eligibility Date: N/A

Location and Staff

LWDB: 01 - Anne Arundel  
 Create Staff: jordan.walker@goabcs.org  
 Case Manager: N/A

Onestop: 1 - Anne Arundel County A/C (Linthicum)  
 Edit Staff: jordan.walker@goabcs.org  
 Temporary Case Manager: N/A

Eligibility Summary

Participation 09/21/2020

Participation Date: 09/21/2020

Activities / Enrollments / Services 2

| PE | EE | Status | Activity / Provider                                 | Actions | Funding / Grant  | Projected Begin Date | Actual Begin Date | Projected End Date | Actual End Date                     |
|----|----|--------|---|---------|--|----------------------|-------------------|--------------------|-------------------------------------|
| ✓  | ✓  | O      | 102 - Initial Assessment<br>No Provider Information | W       | Dislocated Worker  | 09/21/2020           | 09/21/2020        | 09/21/2020         | Close                               |
| ✓  | ✓  | C      | 102 - Initial Assessment<br>No Provider Information | W       | National Dislocated Worker Grant (NDWG)<br>Fostering Opioid Recovery Through Workforce Development | 09/21/2020           | 09/21/2020        | 09/21/2020         | 09/21/2020<br>Successful Completion |

W 4 Page 1 of 1 > W Rows: 10



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# Reporting Information

*All participants of this grant will be automatically subjected to the federal reporting measures under WIOA Title I*

- The 122 service code, Employment During Participation, will be used to establish Placed in Unsubsidized Employment after training completion and during participation period. Employer name and employer wage will be entered into the comment section of the 122 service assignment.
  - **ETA requires applicants to co-enroll** grant participants in WIOA title I Adult or Dislocated Worker programs and Wagner-Peyser Act Employment Service programs to maximize the impact of these grant funds and ensure delivery of the full range of necessary employment services.
  - *All participants of this grant will be automatically subjected to the federal reporting measures under WIOA Title I*
-

---

## Tips:

- Remember that case notes can be added directly from the application and during service assignment
- Your area may wish to set up a Case Management Group for Fostering Opioid Recovery Through Workforce Development
- Here is one example of a tracking report:

Go to **Detailed Reports** → Then pick **Enrolled Individual** →  
Choose **List** and **Filter by Program WIOA, and Available Grant**  
Fostering Opioid Recovery Through Workforce Development

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## For the Future...

- Remember to list the Actual Start Date for your customer's activity(s) after you verify they have started
  - Remember to update and/or close your activities. Do not let the system close an activity for you. Good case managers keep track of when services actually end!
  - List any Credential received, if available, after closing a training activity. The credential will be entered under Create Credential.
-

---

Thank you for your time!

Here are some important emails to remember

Contact the PM help desk with any performance related questions at  
[pmhelp@dllr.state.md.us](mailto:pmhelp@dllr.state.md.us)

If you have technical issues or question about creating the WIOA application  
please contact the Help Desk at  
[wehelp@dllr.state.md.us](mailto:wehelp@dllr.state.md.us)

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**MARYLAND DEPARTMENT OF LABOR  
DIVISION OF WORKFORCE DEVELOPMENT AND ADULT LEARNING  
MONTHLY FINANCIAL STATUS REPORT**

Revised 2021

|   |                        |                    |                              |
|---|------------------------|--------------------|------------------------------|
| <b>SECTION I. - GRANT AWARD INFORMATION</b> |                        | (If Applicable)    |                              |
| GRANT TITLE/YEAR (FY or PY)                 | Support to Communities | REVENUE SOURCE     | Support to Communities Grant |
| GRANTEE NAME                                |                        | CFDA#              |                              |
| GRANTEE ADDRESS                             |                        | FEDERAL CONTRACT # |                              |
| CITY/STATE/ZIP                              |                        | STATE GRANT #      |                              |
| REPORT PERIOD                               | From _____ To _____    | LOCAL GRANT #      |                              |
|   |                        | TOTAL AWARD        | \$ -                         |

**SECTION II. - SUMMARY OF EXPENDITURES**

| ADMINISTRATIVE EXPENDITURES | TOTAL ADMINISTRATIVE BUDGET/ ADJUSTMENTS | TOTAL ADMIN ACCRUED EXPENDITURES | VARIANCE UNDER (OVER) |
|-----------------------------|--|----------------------------------|-----------------------|
| Staff Salary/Wages          | -  | -                                | \$ -                  |
| Staff Fringes               | -  | -                                | \$ -                  |
| Staff Travel/Training       | -  | -                                | \$ -                  |
| Equipment                   | -  | -                                | \$ -                  |
| Supplies and Materials      | -  | -                                | \$ -                  |
| Contractual                 | -  | -                                | \$ -                  |
| Other*                      | -  | -                                | \$ -                  |
| <b>Totals</b>               | \$ -                                     | \$ -                             | \$ -                  |

(Itemize "Other" in "Remarks" Section Below)

|                    |      |                  |      |
|--------------------|------|------------------|------|
| Admin Unliquidated | -    | % OF TOTAL GRANT |      |
| TOTAL ADMIN        | \$ - | #DIV/0!          | \$ - |

| PROGRAM EXPENDITURES        | TOTAL PROGRAM BUDGET/ ADJUSTMENTS | TOTAL PROGRAM ACCRUED EXPENDITURES | VARIANCE UNDER (OVER) |
|-----------------------------|-----------------------------------|------------------------------------|-----------------------|
| Staff Salary/Wages          | -                                 | -                                  | \$ -                  |
| Staff Fringes               | -                                 | -                                  | \$ -                  |
| Staff Travel/Training       | -                                 | -                                  | \$ -                  |
| Participant Training        | -                                 | -                                  | \$ -                  |
| Participant Wages & Fringes | -                                 | -                                  | \$ -                  |
| Supportive Services         | -                                 | -                                  | \$ -                  |
| Equipment                   | -                                 | -                                  | \$ -                  |
| Supplies and Materials      | -                                 | -                                  | \$ -                  |
| Contractual                 | -                                 | -                                  | \$ -                  |
| Other*                      | -                                 | -                                  | \$ -                  |
| <b>Totals</b>               | \$ -                              | \$ -                               | \$ -                  |

(Itemize "Other" in "Remarks" Section Below)

|                      |      |  |      |
|----------------------|------|--|------|
| Program Unliquidated | -    |  | \$ - |
| TOTAL PROGRAM        | \$ - |  |      |

|               |               |                     |                     |                          |                 |
|---------------|---------------|---------------------|---------------------|--------------------------|-----------------|
|               | <b>Budget</b> | <b>Accrued Exp.</b> | <b>Unliquidated</b> | <b>Total Obligations</b> | <b>Variance</b> |
| <b>TOTALS</b> | \$ -          | \$ -                | \$ -                | \$ -                     | \$ -            |

|                        |      |                               |  |
|------------------------|------|-------------------------------|--|
| <b>OTHER INCOME</b>    |      | <b>PROGRAM INCOME BALANCE</b> |  |
| Program Income Earned  | \$ - |                               |  |
| Program Income Expense | \$ - |                               |  |
| Leveraged Funds        | \$ - | Source                        |  |
| Leveraged Funds        | \$ - | Source                        |  |
| Leveraged Funds        | \$ - | Source                        |  |
| Local Stand-In Costs   | \$ - |                               |  |

**SECTION III. - SUMMARY OF RECEIPTS**

|                       |                     |                          |              |                                   |
|-----------------------|---------------------|--------------------------|--------------|-----------------------------------|
| TOTAL FUNDS AVAILABLE | TOTAL CASH RECEIVED | TOTAL CASH DISBURSEMENTS | CASH ON HAND | Note/Explanation for Cash on Hand |
| \$ -                  | \$ -                | \$ -                     | \$ -         |                                   |

**REMARKS:**

\*Explanation for 'Other' categories

CERTIFICATION: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award document. I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

|                             |                   |
|-----------------------------|-------------------|
| Authorized Signature: _____ | Date _____        |
| Print Name and Title: _____ | Telephone # _____ |

\*\*\*\*Closeout packages are due 90 days after fully expended or 60 days after expiration date, whichever comes first\*\*\*\*

**STATE of MARYLAND  
DEPARTMENT OF LABOR  
DIVISION OF WORKFORCE DEVELOPMENT AND ADULT LEARNING  
OFFICE OF FISCAL ADMINISTRATION  
REQUISITION FOR CASH FOR PARTICIPATING LOCAL AREAS**

ATTACHMENT F

|   |  |
|---|--|
| <b>GRANTEE NAME AND ADDRESS:</b><br><br><hr/> <b>TYPE OF PROGRAM:</b><br><br><hr/>  | <b>REQUISITION #:</b> _____<br><hr/> <b>GRANT #</b> _____<br><hr/> <b>FEDERAL ID#:</b> _____<br><hr/> <b>GRANT AMOUNT:</b> _____<br><hr/>                  |
| <b>1) CASH EXPENDITURES AS OF</b> _____ <b>\$0.00</b>   |  |
| <b>2) FORECASTED CASH EXPENDITURES THROUGH PERIOD ENDING</b><br><small>(Only needed when on a CASH ADVANC basis)</small> _____ <b>\$0.00</b><br><small>(No More than 1 Month Out)</small> |  |
| <b>3) TOTAL CASH EXPENDITURES</b><br><small>(SUM OF LINES 1 &amp; 2)</small>  | <b>\$0.00</b>  |
| <b>4) CASH RECEIVED TO DATE</b> _____ <b>\$0.00</b>   |  |
| <b>5) REQUISITIONS IN TRANSIT #</b> _____ <b>\$0.00</b>   |  |
| <b>6) TOTAL CASH</b><br><small>(Sum of Lines 4 &amp; 5)</small>   | <b>\$0.00</b>  |
| <b>7) CASH ON HAND</b><br><small>(LINES 4 &amp; 5 MINUS LINE 1)</small>   | <b>\$0.00</b>  |
| <b>8) ADDITIONAL CASH NEEDED</b><br><small>(LINE 3 MINUS LINE 7)</small>  | <b>\$0.00</b>  |
| <b>REMARKS:</b><br><br><hr/><br><hr/>   | <b>FOR STATE ONLY:</b><br>WIOA Invoice Number: _____<br><hr/> FMIS Invoice Number _____<br><hr/> FMIS Voucher Number _____<br><hr/> Final PO Payment Y / N |

**CERTIFICATION: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED ON THIS REQUISITION FOR CASH IS CORRECT AND THAT THE ADDITIONAL CASH NEEDED WILL BE DISBURSED ONLY IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE GRANT AGREEMENT.**

\_\_\_\_\_  
Signature and Title of Authorized Grantee Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature and Title of Authorized DWDAL Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

This form should be filed by Local Workforce Development Areas on a monthly basis in conjunction with Attachment E - Support to Communities Monthly Fiscal and Invoice Template. Signed forms should be scanned and submitted by email to:

[linda.madison@maryland.gov](mailto:linda.madison@maryland.gov)

and

[dorothee.schlotterbeck@maryland.gov](mailto:dorothee.schlotterbeck@maryland.gov)

**SUPPORT TO COMMUNITIES**  
**MONTHLY PROGRAM REPORT**

This Monthly Program Report must be completed by Support to Communities awardees. Monthly program reports are due no later than the 10<sup>th</sup> day of the month following the month of reported activity.

Month Ending: **XXXXXX**

Grantee:

**SECTION A. PROGRAM REPORT**

Grant Narrative:

|  |
|--|
| <p>Briefly describe your grant and the activities being performed:</p> |
|--|

| Participant/Activity Category   | New Activity | Cumulative Activity to Date | Comments |
|---|--------------|-----------------------------|----------|
| Total number of individuals served  |              |                             |          |
| Total number of participants who began job training activities and services                             |              |                             |          |
| Total number of participants who receive supportive services and/or recovery treatment services         |              |                             |          |
| Total number of participants who completed training activities and services                             |              |                             |          |
| Total number of participants who enter employment that is related to the training and services received |              |                             |          |
| Total number of participants who retain employment for 6 months   |              |                             |          |
| Total number of participants who retain employment for 12 months  |              |                             |          |
| <b>TOTAL PARTICIPANTS</b>   |              |                             |          |



The below fields are mandatory and a narrative must be supplied;

**I. Summary of Grant Progress**

For the current quarter, please include a description of all:

- services supported by the grant, including activities around employer engagement, screening services, individual treatment plans, outpatient treatment recovery care, and/or supportive services;
- key activities completed, including partnership development and coordination;
- performance improvement efforts being undertaken to meet goals for the performance year if projected goals for the quarter are not currently being met; and
- additional activities performed by both the grantee and any sub-grantees, if applicable.

Those grantees who have no changes to report on the above items relative to previous reports should indicate so, in addition to indicating the reason for their lack of changes.

**II. For grantees that are providing supportive services and specialized participant services, please report on the following:**

- a description of the type(s) of services offered in the quarter,
- how they were delivered, and
- how they contributed to a participant's ability to fully participate in grant-funded activities.

**III. Progress of Grant Timeline**

Provide any updates for the progress of the approved grant timeline/work plan, including program activities, key deliverables and products available this quarter and in future quarters for broad dissemination to the workforce system, if applicable. This includes identifying products and deliverables available for broad distribution via ETA- hosted web sites and other communication vehicles.

Include any challenges or concerns the project has encountered that may have affected or slowed grant progress of the timeline/work plan and how the project intends to resolve them.

Describe the next steps or key areas of emphases planned for the project in the next quarter.

Also use this section to collect additional information that details the status of capacity building activities and/or the development of deliverables occurring under the grant (if applicable), highlighting those that have been completed, and assessing how well the capacity building strategies of the program are meeting the

training needs of the targeted industries through previously identified impact measures. Grantees who have nothing to report should indicate so.

#### **IV. Development and Implementation of Effective Practices and Program Model Strategies**

Describe how your program model is working towards/has realized the program's intended purpose as well as the goals/objectives and activities outlined in your grant application and work plan. Examples may include developing and implementing an outreach campaign, designing education and training programs, identifying industry sectors and engaging employers, aligning policies and programs, measuring systems change and performance, developing new or enhancing existing curriculum or industry training, and creating new career assistance tools and resources.

Grantees may also describe any lessons learned and how those lessons learned will be integrated into ongoing grant activities.

Those grantees who have no progress to report on the above items should indicate so.

#### **V. Status Update on Strategic Partnership Activities (if applicable)**

The purpose of this section is to describe how the partnership is working together to implement the project and to communicate the dynamic growth and development of the strategic partnership, including cross-agency partnerships. This section is not intended to be a list of every partner meeting or communication, but rather should reflect the results and outcomes from such interactions and their impact on the project. Completing this section of the report allows grantees to reflect critically on their partnerships and contributes to broader discussions among grantees on partnership development and management.

Report the critical aspects of the grant partnership activities, including establishing and maintaining strategic partnerships, during the reporting period.

This section may:

- discuss how partners have been engaged during the current phase of the project;
- outline specific roles and contributions of each partner during this quarter;
- identify any challenges encountered/resolved in the development and management of the partnership; and report new partners that may have been

brought into the project or identify any previous partners that may have left the project. Grantees who have nothing to report should indicate so.

**VI. Status Update on Employer Engagement Strategies.**

A key element of the Workforce Innovation and Opportunity Act and affiliated workforce programs is to strengthen employer engagement in the workforce system and to ensure employers have an active role in workforce system activities. The purpose of this section is to share information related to promising practices and strategies that have strengthened existing employer partnerships.

Report the efforts that have been undertaken to receive feedback from local area employers to identify their employee pipeline needs and engage local employers to interview, assess, train, and/or hire program participants.

Examples may include:

- increased employer involvement including employers serving as mentors,
- program staff and employers identifying ways to encourage continuous improvement to hire program participants;
- new employer partnerships (e.g., increased number of employers); and
- positive employment outcomes for program participants (e.g., employers support the hiring and advancement of program participants).

**VII. Key Issues and Technical Assistance Needs.**

Summarize significant opportunities, issues, or challenges (such as under-enrollment) encountered during the period and any resolution of issues and challenges identified in previous periods. Furthermore, describe actions taken or plans to address issues,

Describe questions you have, as well any technical assistance needs.

Grantees who have nothing to report should indicate so.

**VIII. Significant Activities, Accomplishments, and Success Stories**

This section is intended to provide additional, more in-depth information than the summary section about promising approaches, new processes, and/or lessons learned.

Report on any other significant activities and accomplishments.

Describe in detail promising approaches, innovative processes, lessons learned, and grant- and participant-level success stories in this section each quarter, as appropriate.

Additionally, if appropriate, please highlight one or two grant- or participant-



DEPARTMENT OF LABOR  
ATTACHMENT G

level “success stories” from the grant per quarter, with the participant’s express permission (if providing a participant success story).

In documenting success stories, please describe:

- background, problem, issue, or concern prior to project involvement;
- response or intervention provided by the project;
- results and outcomes, including who benefited and what changed or improved; and
- evidence of the success, including how the data was obtained and the methods used to measure success.

Grantees can also include promising practices and success stories as additional documents for upload.

Grantees who have nothing to report should indicate so.

**SUBMISSION INSTRUCTIONS:**

Participating Support to Communities grantees must submit monthly program reports by email to the individuals listed below:

Maryland Department of Labor, DWDAL  
Attn: Opioid Grants Project Manager  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
dllr.owif@maryland.gov

Local Area monthly program reports are due no later than the 10th day of the month following the month of reported activity.

**OWIF**  
**MONTHLY FINANCIAL REPORT and INVOICE**

This form must be completed by the 10<sup>th</sup> of each month by OWIF grantees. Signed forms must be scanned and submitted via email to:

Maryland Department of Labor, Division of Workforce  
Development and Adult Learning (DWDAL)  
Attn: Opioid Grants Project Manager  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
dllr.owif@maryland.gov

Maryland Department of Labor, DWDAL  
Attn: Dorothee Schlotterbeck/Linda Madison  
1100 North Eutaw Street, Room 209  
Baltimore, MD 21201  
[Dorothee.schlotterbeck@maryland.gov](mailto:Dorothee.schlotterbeck@maryland.gov)  
[Linda.madison@maryland.gov](mailto:Linda.madison@maryland.gov)

DATE: \_\_\_\_\_  
Month Ending: \_\_\_\_\_

Grantee: \_\_\_\_\_  
Award #: \_\_\_\_\_

**SECTION A. FINANCIAL REPORT - please complete the blue shaded sections**

| <b>SUMMARY OF EXPENDITURES</b>                       |                 |                         |  |                              |
|--|-----------------|-------------------------|--|------------------------------|
| <b>EXPENDITURES</b>                                  | Approved Budget | Monthly Net (= invoice) | Total Accrued Expenditures (cumulative amount) | Variance (over/under budget) |
| Staff Salary/Wages                                   |                 |                         |  |                              |
| Staff Fringes  |                 |                         |  |                              |
| Contractual  |                 |                         |  |                              |
| Other  |                 |                         |  |                              |
| Other  |                 |                         |  |                              |
| Other/Indirect/Admin                                 |                 |                         |  |                              |
| <b>Total Expenditures and Monthly Invoice Amount</b> |                 |                         |  |                              |

|  |     |     |  |     |
|--|-----|-----|--|-----|
| <b>Unliquidated Obligations</b>  | n/a | n/a |  | n/a |
| <b>Total Obligation (sum of expenditures and unliquidated obligations)</b> | n/a | n/a |  | n/a |

| <b>SUMMARY OF RECEIPTS</b>      |     |     |  |     |
|---------------------------------|-----|-----|--|-----|
| <b>Total Cash Received</b>      | n/a | n/a |  | n/a |
| <b>Total Cash Disbursements</b> | n/a | n/a |  | n/a |

**CERTIFICATION: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award document. I am aware that any false, fictitious or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Telephone # \_\_\_\_\_

**SECTION B. MONTHLY INVOICE**

**PLEASE ADD COMPANY LETTERHEAD**

DATE: \_\_\_\_\_  
 Month Ending: \_\_\_\_\_

Grantee: \_\_\_\_\_  
 Award #: \_\_\_\_\_

**INVOICE**

**Remit Payment To:**

Company Name:  
 Address:  
 Address:

**Bill To:**

Maryland Department of Labor  
 DWDAL Fiscal Administration  
 1100 N Eutaw Street, Room 209  
 Attn: Dorothee  
 Schlotterbeck/Linda Madison  
 Baltimore, Maryland 21201

**Award #** \_\_\_\_\_  
**Award Amount:** \_\_\_\_\_  
**Invoice No.:** \_\_\_\_\_  
**Invoice Date:** \_\_\_\_\_

| Description | Amount |
|-------------|--------|
|             |        |

**TOTAL Due**

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

**OWIF**  
**MONTHLY PROGRAM REPORT**

This Monthly Program Report must be completed by OWIF grantees. Monthly program reports are due no later than the 10<sup>th</sup> day of the month following the month of reported activity.

Month Ending: **XXXXXX**

Grantee:

**SECTION A. PROGRAM REPORT**

Grant Narrative:proj

|   |
|---|
| Briefly describe your grant and the activities being performed: |
|---|

| Participant/Activity Category                                   | New Activity | Cumulative Activity to Date | Comments |
|---|--------------|-----------------------------|----------|
| Total number of participants served                             |              |                             |          |
| Total number of participants placed into training               |              |                             |          |
| Total number of participants receiving work related credentials |              |                             |          |
| Total number of participants entering unsubsidized employment   |              |                             |          |
| Total number of participants accessing career services          |              |                             |          |
| Total number of participants that completed training            |              |                             |          |
| <b>TOTAL PARTICIPANTS</b>                                       |              |                             |          |

The below fields are mandatory and a narrative must be supplied;

**I. Summary of Grant Progress**

For the current quarter, please include a description of all:

- services supported by the grant;
- key activities completed, including partnership development and coordination;
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- how they contributed to a participant's ability to fully participate in grant-funded activities.

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Also use this section to collect additional information that details the status of capacity building activities and/or the development of deliverables occurring under the grant (if applicable), highlighting those that have been completed, and assessing how well the capacity building strategies of the program are meeting the training needs of the targeted industries through previously identified impact measures. Grantees who have nothing to report should indicate so.



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- positive employment outcomes for program participants (e.g., employers support the hiring and advancement of program participants).

**VII. Key Issues and Technical Assistance Needs.**

Summarize significant opportunities, issues, or challenges (such as under-enrollment) encountered during the period and any resolution of issues and challenges identified in previous periods. Furthermore, describe actions taken or plans to address issues,

Describe questions you have, as well any technical assistance needs.

Grantees who have nothing to report should indicate so.

**VIII. Significant Activities, Accomplishments, and Success Stories**

This section is intended to provide additional, more in-depth information than the summary section about promising approaches, new processes, and/or lessons learned.

Report on any other significant activities and accomplishments.

Describe in detail promising approaches, innovative processes, lessons learned, and grant- and participant-level success stories in this section each quarter, as appropriate.

Additionally, if appropriate, please highlight one or two grant- or participant-level “success stories” from the grant per quarter, with the participant’s express permission (if providing a participant success story).



DEPARTMENT OF LABOR  
ATTACHMENT I

In documenting success stories, please describe:

- background, problem, issue, or concern prior to project involvement;
- response or intervention provided by the project;
- results and outcomes, including who benefited and what changed or improved; and
- evidence of the success, including how the data was obtained and the methods used to measure success.

Grantees can also include promising practices and success stories as additional documents for upload.

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Attn: Opioid Grants Project Manager  
1100 North Eutaw Street, Room 108  
Baltimore, MD 21201  
Dlir.owif@maryland.gov

Monthly program reports are due no later than the 10th day of the month following the month of reported activity.