**AUTOMATION TRAINING INCENTIVE PROGRAM**

**ELIGIBILITY CHECKLIST**

This form is intended to serve as a general guideline to help you determine if you should complete a grant application on behalf of the business. To be eligible for an ATIP grant award, all the following conditions must be met. However, meeting the following conditions does not guarantee eligibility or a grant award.

The business is an existing business located in Greater Minnesota.

The business is in a manufacturing or skilled assembly production industry.

The business has 150 or fewer full-time employees company wide.

Those to be trained are in full-time, permanent positions that provide at least 32 hours of work per week for a minimum of nine months per year and will be retained for at least one year after training is completed.

Those to be trained are paid wages of at least 120% of the federal poverty guidelines for a family of four (for 2025 this is $38,580 per year or $18.48 based on a 2,088-hour work year), plus benefits.

The business has invested in new automation technology within the past year or plans to invest in new automation technology within the project timeframe.

The business has discussed the project with MN Job Skills Partnership (MJSP) staff and can demonstrate that its training needs cannot be met through an MJSP grant.

The training is in an eligible topic area.

A minimum of two employees will be trained with a minimum request of $10,000.

Training will begin within six months of award.

If the project is awarded between July 1, 2024 and June 30, 2025, grant funded training activities will be completed by June 30, 2026; or if the project is awarded between July 1, 2025 and June 30, 2026, grant funded activities will be completed by June 30, 2027.

The application identifies the training to be provided for each job category, projected costs, expected outcomes and a timeline for training.

The automation related to the project will not result in the dislocation of workers.

**AUTOMATION TRAINING INCENTIVE PROGRAM APPLICATION**

**Section 1. Business Applicant Information**

|  |  |
| --- | --- |
| Business Legal Name: | Parent Company Name (if applicable): |
|  |  |
| Project Location Street Address: | Primary Business Contact Name: |
|  |  |
| Project Location Street Address Line 2: | Business Contact Title: |
|  |  |
| Project Location City/State/Zip: | Business Contact E-mail: |
|  |  |
| Mailing Street Address (if different): | Business Contact Telephone: |
|  |  |
| Mailing Street Address Line 2: | Minnesota Tax ID: |
|  |  |
| Mailing Address City/State/Zip: | FEIN: |
|  |  |
| Website: | Primary NAICS Code for Project Location: |
|  |  |

|  |  |
| --- | --- |
| The business is (check any that apply): | BIPOC-Owned  Woman-Owned  Veteran-Owned |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the business have any outstanding local, state or federal tax liabilities? | | | Yes No |
| If yes, describe: |  |  | |
| Are there current or unsatisfied judgments or injunctions against the business or owners? | | | Yes No |
| If yes, describe: |  | | |
| Is there current or pending litigation involving the business? | | | Yes No |
| *If yes, attach summary and disposition.* | | | |
| Within the past five years, has there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal or local government agency? | | | |
| *If yes, attach copy of the violation(s), citation(s), or complaint(s) and the disposition of each.* | | | Yes No |

**Section 2. Project Overview**

|  |  |  |
| --- | --- | --- |
| **Part A. Job Information** | | |
| Current number of employees company-wide: | |  |
| Current number of permanent, full-time employees in Minnesota: | |  |
| Current number of permanent, full-time employees at proposed project site:  ***Provide the most recent payroll report to document current employment levels. Social Security numbers and other sensitive information should be redacted.*** | |  |
| Will any jobs be relocated from another MN site to the proposed training site: | |  |
| If yes, which location(s) will the employees be relocated from: |  | |
| Projected number of existing workers in eligible jobs to be trained at proposed project site:  ***Eligible jobs are defined as existing jobs that provide at least 32 hours of work per week for a minimum of nine months per year with no planned termination date.*** | |  |

|  |  |
| --- | --- |
| **Part B. Project Timeframe** | |
| Date new automation technology/equipment purchased:  ***If already purchased, provide documentation indicating date of purchase.*** |  |
| Date training to begin: |  |
| Date training to be completed: |  |

**Section 3. Project Narrative**

|  |
| --- |
| **Part A. Business/Project Description** |
| Describe the business and its major activities. |
|  |
| Describe the businesses’ recent or planned investment in new automation technology/equipment and the need for training. In your description include the name of the equipment, its purpose, how it automates your processes, and the amount invested. |
|  |
| Describe the impact automation/training is expected to have on the businesses workforce/staffing patterns. Specifically, address whether or not the automation/training is expected to result in a dislocation of workers. |
|  |
| To be eligible for ATIP funding, it must first be determined that this project is not more suitable for funding under the MN Job Skills Partnership (MJSP) program. Please indicate why an MJSP grant is not a more suitable source of funding for this project. |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part B. Detailed Job and Wage Information** | | | | | | |
| Complete the following table for existing, permanent, full-time positions to be trained. For the purposes of the ATIP program, eligible jobs are defined as jobs that provide at least 32 hours of work per week for a minimum of nine months per year and are permanent with no planned termination date. Eligible jobs must also pay wages of at least 120% of the federal poverty guidelines for a family of four (for 2025 this is $38,580/year), plus benefits. Hourly benefits include non-mandated benefits to the employee. Social security tax, unemployment insurance, workers compensation insurance and other benefits mandated by law are not to be included. | | | | | | |
| **Job Title**  (List eligible positions only based on definition provided above) | **Number to be Trained** | **Hourly Wages w/o Benefits** | **Hourly Value of Benefits** | **Hourly Wages w/o Benefits at End of Training** | **Average Hours Per Week** | **Months Worked Per Year** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total to be Trained:** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Part C. Trainee Demographics** | |
| Of those who will be trained, how many are women: |  |
| Of those who will be trained, how many are individuals with a disability: |  |
| Of those who will be trained, how many are people of color: |  |

|  |
| --- |
| **Part D. Recruitment & Retention Strategy** |
| Does the business utilize a recruitment and retention strategy for hiring individuals with a disability, people of color, long-term unemployed and/or other economically disadvantaged job seekers? If yes, please describe. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Part E. Training Plan** | | | |
| In the table below, indicate the course titles or training topics to be provided through the project. For each course or training topic, indicate the number to be trained, the job positions of those to be trained and the training provider. | | | |
| **Course Title or Training Topic** | **Number of Trainees** | **Positions of Trainees** | **Training Provider** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Provide a description of the training components and the approximate timeline for training, hours of training, whether the training is an existing course or customized, the delivery method (i.e., on-line, classroom, lab, on-the-job, etc.), and any credentials or certifications that will be provided. | | | |
|  | | | |
| Provide a description of the training provider organization(s) or individual(s) and their previous experience in conduction similar or related training. | | | |
|  | | | |
| If an accredited, Minnesota educational institution will not be providing the training, please explain the reason. | | | |
|  | | | |

|  |
| --- |
| **Part F. Expected Outcomes** |
| Describe the expected outcomes/impact of the new automation technology being implemented and the proposed training for the business. Include any expected measurable outcomes. |
|  |
|  |
| Describe the expected outcomes/impact of the training for the workers. Include information on any certifications, wage increases or retention of jobs at risk expected as a result of training. |
|  |

**Section 4. Project Budget**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provide a breakdown of the projected training-related costs. The budget item description must include the course or training topic the cost is associated with, the type of cost (i.e., delivery of training, curriculum development, materials or supplies, travel, training equipment, trainee or trainer wages, etc.), and any formula used to determine the cost (i.e., $50/hour x 25 hours). For each budget item, specify the amount to be covered by ATIP grant funds, contributions by the applicant business, and/or funds leveraged from other sources. Only include costs related to training. Do not include the cost to purchase the new automation equipment/technology. | | | | |
| **Budget Item Description** | **ATIP Grant Funds** | **Applicant Business Contributions** | **Other Leveraged Funds** | **Total Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |

**Section 5. Business Acknowledgement and Certification**

**Data Privacy Acknowledgement:**

Tennessen Warning Notice: Per [Minnesota Statutes, section 13.04](https://www.revisor.mn.gov/statutes/cite/13.04), subdivision 2, this data is being requested from you to determine if you are eligible for an award under the Job Training Incentive program. You are not required to provide the requested information, but failure to do so may result in the Department of Employment and Economic Development’s inability to determine your eligibility for an award.

Data Privacy Notice: Per [Minnesota Statutes, section 13.591](https://www.revisor.mn.gov/statutes/cite/13.591), subdivision 2, data submitted to a government entity under Minnesota Statutes, section 13.591, subdivision 1 becomes public when public financial assistance is provided or the business receives a benefit from the government entity, except that the following data remain private or non-public: business plans; income and expense projections not related to the financial assistance provided; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds.

**Business Certification:**

I have read the above statements and agree to supply the information requested to the Department of Employment and Economic Development with full knowledge of the information provided herein. I understand that some or all of the information I provide to the Department of Employment and Economic Development may be made public under the Minnesota Government Data Practices Act, [Minnesota Statutes Chapter 13](https://www.revisor.mn.gov/statutes/cite/13). I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name of Business Official:

Title:

Signature:

Date:

## **Section 6. Conflict of Interest Disclosure Form for Grant Application**

**Instructions:** Please return your completed form as part of the application submittal.

**Conflict of Interest Disclosure Form**

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee’s obligation to be familiar with the Office of Grants Management (OGM) Grants Policy 08-01 Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest accordingly. Policy 08-01 can be found on the [Office of Grants Management website](https://mn.gov/admin/government/grants/policies-statutes-forms/) under Current Policies.

All grant applicants must complete and sign a conflict of interest disclosure form.

I or my grant organization do NOT have an ACTUAL or POTENTIAL conflict of interest.

I or my grant organization have an ACTUAL or POTENTIAL conflict of interest. (*Please describe below*):

If at any time after submission of this form, I or my grant organization discover any conflict of interest or additional conflicts of interest, I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Printed name:

Signature:

Organization:

Date: