

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 2026 this is \$39,600 per year or \$18.97 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, 2025, and June 30, 2026, grant funded training activities will be completed by June 30, 2027; or if the project is awarded between July 1, 2026, and June 30, 2027, grant funded activities will be completed by June 30, 2028.

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 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, describe:

Within the past five years, have there been any violations, citations, or complaints of discrimination filed against the business in a state or federal court or before any state, federal, or local government agency? Yes No
If yes, attach a copy of the violation(s), citation(s), or complaint(s) and the disposition of each.

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:

Attach 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 Minnesota site to the proposed training site? Yes No

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 is planned to begin:

Date training is planned 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 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.

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.

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.

Section 5. Business Acknowledgement and Certification

Instructions:

Please read each section carefully and check the boxes and sign below to indicate acknowledgement and certification of the following information and requirements.

Data Privacy:

Tennessee Warning Notice: Per [Minnesota Statutes, section 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](#), 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.

I certify I have read the above statements and 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](#).

Suspension or Disbarment:

Office of Grants Management (OGM) Policy 08-04: Grant Contract Agreements and Grant Award Notifications requires that agencies must not award a grant to a vendor or grantee that has been suspended or debarred from doing business with the State of Minnesota or with the federal government.

I certify that my organization has not been suspended or debarred from doing business with the State of Minnesota or with the federal government.

Conflict of Interest:

This section 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 under Current Policies. All grant applicants must complete this section.

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:

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

Signature:

By signing below, I certify that the information provided in this grant application is true, correct, and reliable; and that the official signing this form has authorization to do so. I understand that the submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/my organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Business Official's Name:

Title:

Signature:

Date: