



Great Northern Building  
180 East Fifth Street, 12th floor St. Paul, Minnesota 55101  
Energy Transition Office, Business & Community Development  
651-802-2238 / 651-259-7037  
Email: CETGP.Deed@state.mn.us

## Community Energy Transition Grant Application

### Cover Page

**Applicant (Community)** \_\_\_\_\_

**Head of Applicant Agency (e.g. Mayor):** \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If the applicant is a city, please select your city category:  Home Rule Charter  Statutory City

For reference, please give the State Statute number which gives the applicant authority to carry out the activities for which you are requesting grant funds. \_\_\_\_\_

**By completing and submitting this grant application you affirm that you have authority to submit this request on behalf of the applicant agency, and the information submitted is true and correct.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Head of Applicant Agency Date

## Project Contact for the Community

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Project Manager for this project, in the event of an award

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Application Author:

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## PROJECT AREA INFORMATION

1. Project Area address or boundaries: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Is this within the retail electric service territory of the public utility that is subject to section 116C.779 or to an eligible community in which an electric generating plant owned by that public utility is located?

Yes  No

3. Minnesota Legislative District # \_\_\_\_\_ A \_\_\_\_\_ B

**Note:** The Minnesota Legislature has a tool to look up legislative district numbers. You must have a precise address and know the zip code of the site. Go to: <http://www.gis.leg.mn/OpenLayers/districts/>

## PLANT CLOSURE TIMELINE

4. Name of Plant \_\_\_\_\_

The plant in my community is currently in operation.  Yes  No

If yes, select and complete one or more of the following:

The plant in my community is scheduled to cease operations on \_\_\_\_\_.  
**(Attach schedule documentation)**

A proposal for a cessation of operations via an Integrated Resource Plan has been filed with the Public Utilities Commission under Minnesota Statutes, section 216B.2422 on \_\_\_\_\_.

**(Attach most recent filing)**

The plant's current operating license expires within 15 years of July 1, 2023. **(Attach license documentation)**

If no, select and complete one or more of the following:

The plant in my community ceased operations on \_\_\_\_\_. **(Attach cessation documentation)**

The plant in my community was removed from the local property tax base on \_\_\_\_\_. **(Attach documentation)**

## PROJECT/PROGRAM

5. Name of Project \_\_\_\_\_

Please **attach a detailed narrative of the proposed project/plan**. How much money are you requesting (cannot exceed \$1,000,000). Describe and define the project area, discuss the positive economic and social impact resulting from the project/plan, and how the community will benefit from the project or program.

## PROJECT COSTS

6. What are the total project costs? \$ \_\_\_\_\_

7. How much grant funding are you requesting from DEED (cannot exceed \$1,000,000)? \$ \_\_\_\_\_

8. Fill out the budget table below indicating the sources, uses, and amounts of **all** funds including DEED requests that will be used for costs as defined in this application.

Use of Funds (Activity)	Amount	Source of Funds (DEED, City, County, Private)	Date Funds were/will be Committed


9. How were these costs determined? Bids, consultant, historical reference?

10. Explain why these costs are necessary to implement the project.

11. Is all the project's financing in place (bank account, grants, bonds, lending approval)?

If not, when will it be secured?

## ECONOMIC IMPACT – TAX BASE

12. What were the plant property taxes for the past 10 years? (Fill out the 10-year tax table)

County, City, and School taxes.

If the plant has closed, please leave closed years blank.

Year	Tax Amount City	Tax Amount County	Tax Amount School
2025			
2024			
2023			
2022			
2021			
2020			
2019			
2018			
2017			
2016			

13. Describe the local tax impact due to plant closure. This includes county, school districts, etc.

14. Describe how this project addresses the impact of tax loss on the community?

## ECONOMIC IMPACT – EMPLOYMENT

15. How many people did the plant employ in each of the past 10 years? (Fill out the table with 10 years of employment data)

If the plant has closed, please leave the closed years blank.

Year	Number of Employees
2024	
2023	
2022	
2021	
2020	
2019	
2018	
2017	
2016	
2015	

16. At the height of employment, how many people did the plant employ? \_\_\_\_\_

What year was this? \_\_\_\_\_

17. What is the current unemployment rate in your county? \_\_\_\_\_

If the plant has been closed, how was the unemployment rate affected after the plant closure?

18. Describe the real or projected impact of job loss on the community due to plant closure. This includes job loss from the plant and area businesses.

19. How does this project address the impact of job loss on the community?



## COMMUNITY IMPACT

20. What are additional challenges facing your community due to plant closure?
  
  
  
  
  
  
  
  
  
  
21. Besides the plant closing, what are the 3 biggest challenges your community faces?
  
  
  
  
  
  
  
  
  
  
22. Describe how your plan addresses these challenges.

## PARTNERSHIPS, COLLABORATION AND COMMUNITY ENGAGEMENT

23. Describe any partnerships or collaborations associated with the project. How do these strengthen the project or improve outcomes? Attach letters of support or joint agreements as appropriate.
  
  
  
  
  
  
  
  
  
  
24. Is this project consistent with the community's comprehensive plan?
  
  
  
  
  
  
  
  
  
  
25. Describe your engagement with community stakeholders, landowners, sovereign nations, adjacent communities, marginalized communities, et al. with
  - a. the strategies for the long term (industries, land use, workforce, etc.) **or**
  
  
  
  
  
  
  
  
  
  
  - b. the particular development or project?





Year 2025

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

Year 2026

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

27. Please list any factors which would change or delay this schedule.

## PAYMENT INFORMATION

Most grant payments take place through electronic funds transfer (EFT). To ensure proper payment, a Vendor Number assigned by Minnesota Management & Budget is required.

Financial Contact Person: \_\_\_\_\_

Telephone Number or e-mail: \_\_\_\_\_

State of Minnesota Vendor Number: \_\_\_\_\_

If a Minnesota Vendor Number does not exist, please supply:

Minnesota Identification Number: \_\_\_\_\_

and

Federal Employer Identification Number: \_\_\_\_\_

**Instructions:** Please return your completed form as part of the Response 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 effective date 1/1/22](#) and to disclose any conflicts of interest accordingly.

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.

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

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 additional conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Organization: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICANT RESOLUTION

Applicants must attach a resolution approving this application from the governing body of the community in which the project is located. **A grant application made by a county must also include a resolution of support from the legislative body in the city in which the electric generating plant is or was located.** Blank resolutions have been attached for your convenience. You may choose to re-format these resolutions but make sure to include all of the statements that appear in the blank resolutions.

Applicants must adopt and submit the following resolution. This **resolution must be adopted prior to submission** of the application package.

WHEREAS, the \_\_\_\_\_ is a Community under Minnesota Statute §116J.55;  
(Applicant)

NOW THEREFORE BE IT RESOLVED that \_\_\_\_\_ act as the legal  
(Applicant)

Sponsor for project(s) contained in the Community Energy Transition Grant Program to be submitted on \_\_\_\_\_

and that \_\_\_\_\_ is hereby authorized to apply to the Department of  
(Title of Authorized Official)

Employment and Economic Development for funding of this project on behalf of \_\_\_\_\_  
(Applicant)

BE IT FURTHER RESOLVED that \_\_\_\_\_ has the legal authority to  
(Applicant)

apply for financial assistance, and the institutional, managerial, and financial capability to ensure adequate project administration.

BE IT FURTHER RESOLVED that \_\_\_\_\_ has not violated any  
(Applicant)

Federal, State, or local laws pertaining to fraud, bribery, graft, kickbacks, collusion, conflict of interest or other unlawful or corrupt practice.

BE IT FURTHER RESOLVED that upon approval of its application by the state, \_\_\_\_\_  
(Applicant)

may enter into an agreement with the State of Minnesota for the above referenced project(s), and

that \_\_\_\_\_ certifies that it will comply with all applicable laws and regulation as stated in all grant contract agreements.

NOW, THEREFORE BE IT FINALLY RESOLVED that the Mayor and the Clerk (for Statutory Cities), or Title of Authorized Official(s), are hereby authorized to execute such agreements as are necessary to implement the project on behalf of the applicant. Note: Do not include the proper name, only the title of the official(s). **Pursuant to Minnesota Statutes, section 412.201, Statutory Cities must authorize both the Mayor and Clerk to execute all contracts**, whereas Home Rule Charter Cities or other public entities may differ.

I CERTIFY THAT the above resolution was adopted by the \_\_\_\_\_  
(City Council, County Board, etc.)

of \_\_\_\_\_ on \_\_\_\_\_  
(Applicant) (Date)



SIGNED:

WITNESSED:

\_\_\_\_\_  
(Authorized Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

## ACCOMPANYING RESOLUTION

This resolution is required for cities to approve an application that is submitted by a county where the project area includes the city in which the electric generating plant is or was located. This adopted resolution must be submitted with the application in addition to the county's resolution.

BE IT RESOLVED that the city of \_\_\_\_\_ (City within project location) has approved the Community Energy Transition grant application to be submitted to the Department of Employment and Economic Development (DEED) on \_\_\_\_\_ (Date), by \_\_\_\_\_ (Applicant) for the \_\_\_\_\_ (Project Name) project.

I certify that the above resolution was adopted by the city council on \_\_\_\_\_ (Date).

Signed: \_\_\_\_\_ (Authorized Official)

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX A: FOR PUBLIC INFRASTRUCTURE PROJECT

1. Will the applicant own and maintain the Public Infrastructure? Yes  No

If not, explain.

2. Does the applicant have site control of the Public Infrastructure project area? Yes  No

If not, explain.

3. Is the Public Infrastructure project necessary for economic development? Yes  No

If yes, explain.

4. What economic development activity will the Public Infrastructure serve?

5. Describe the status of permitting necessary for the project being secured. Include permit expectations and timeframes for approval.

6. Will the Public Infrastructure project be fully sponsored by this grant? If not, what percentage?

Construction projects cannot be awarded to a contractor (by the city or county) or started prior to being awarded the grant.

Funds cannot be used for privately owned infrastructure.

Grantees are required to complete annual reports to DEED. Grant report template will be provided. Grantee will be monitored for compliance and performance.