

## Drive for 5 - Job Placement Services - Trade Associations and Chambers of Commerce Competitive Grant Application Packet

Please complete all fields within this application and sign where indicated. Incomplete submissions will not be considered. Do not attach marketing materials or include links to web pages. Save the completed application as one PDF and submit via email to [ACPgrants.deed@state.mn.us](mailto:ACPgrants.deed@state.mn.us) with the subject line: "Drive for 5 – Job Placement Services Application – [insert your organization name]."

Remember, you must submit all documents listed below for the application to be considered complete:

Form 1. [Cover Sheet](#)

Form 2. [Narrative Responses](#)

Form 3. [Work Plan](#)

Form 4. [Budget](#)

Form 5. [Partnership Chart](#)

Letters of Support or Intent to Contract

Partnership Conflict of Interest Disclosure Letters (if applicable)

Form 6. [Unemployment Insurance Account Consent](#)

Form 7. [Applicant Conflict of Interest Disclosure Form](#)

Form 8. [Affidavit of Non-Collusion](#)

Form 9. [Performance Capacity](#)

Form 10. [No Conviction of Felony Financial Crime by Principal](#)

Include Applicant Organizational Chart or List of Principals for which you are certifying

Form 11. [Evidence of Good Standing](#)

Form 12 [Required Nonprofit Grantee Documents](#)

Include 990 Tax Document and/or Audited Financial Statement

**Applications must be submitted by the applicant via email and time stamp received by DEED by October 3, 2025, at 5:00PM CST.**

**Late applications will not be considered.**

## Form 1: Cover Sheet

Provide the following information for the organization submitting the proposal and/or fiscal agent.

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

Organizational Type:                      501(c)6 Trade Association                      501(c)6 Chamber of Commerce

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

Physical Address: \_\_\_\_\_

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

Federal Tax ID (required): \_\_\_\_\_ Minnesota Tax ID (required): \_\_\_\_\_

UEI Number (if available): \_\_\_\_\_ SWIFT Vendor ID (if known): \_\_\_\_\_

**Executive Director Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Program Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Proposal Information

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

Provide a brief summary of your proposal:

Geographic Area Served (select all that apply):

7-County Metro Area

Greater Minnesota

Statewide

Total Amount of DEED Funds Requested:

Program Components:

Job Placement Services

Employer Engagement Strategies

Diversity, Inclusion, and Retention Training

Training Provider(s):

Drive for 5 – Industry Sector Training Program Partner(s):

Workforce Development Organization Partner(s):

I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the applicant.

Authorized Signature

Title

Date

## Form 2: Narrative Responses

Please respond to the questions in Sections 1-7 below. Each question is assigned a point value for its thoroughness and ability to address the questions.

### Section 1: Organizational Capacity and Relevant Experience-Total Points: 10

1. Provide your organization's age/history, purpose, mission, organizational structure, and unique strengths

2. Describe specific actions your organization is taking to ensure equity within your work.

3. Describe how your board & staff reflect the communities you serve. Include what percentage of diverse staff are in leadership positions.

4. Describe your organization's understanding of the barriers faced by the participants to be served in entering or advancing in the workforce.

5. Describe your organization's experience providing job placement services to one or more of the communities served by Drive for 5 – Industry Sector Training programs (e.g., individuals of color, individuals lacking stable housing, individuals with disabilities, etc.). If your organization has limited experience, describe your plan to serve these specific communities.

## Section 2: Program Description – 25 Points

1. Provide a detailed overview of your proposed program.

2. All applicants must have a physical office location open to the public at designated times in the state of Minnesota. State the geographical location(s) of your project, including whether the physical office location differs from the service delivery area, list the primary focus areas (cities/counties/neighborhoods), and when and how often potential participants are able to receive services on location.

3. Explain how the services/projects proposed will help individuals from underserved communities to advance and increase equity in the community and workforce.

4. Provide any relevant data that will support the need for the project in your service delivery area, specifically discussing demographics, historic needs, and income disparities. (Please refer to the RFP for optional data resources).

5. How will your program facilitate direct connections between graduates of Drive for 5 - Industry Sector Training programs and employers?

6. If offering diversity, inclusion, and retention training for members, describe the training provider(s), their qualifications and experience in delivering such training, and outline where/how the trainings will be facilitated.

- a. How will this training assist in connecting graduates of Drive for 5 – Industry Sector Training programs to employment opportunities?



### Section 3: Program Implementation Workplan – 20 Points

1. If awarded, how soon after would the proposed program begin? Please include a timeline.

2. Provide specific titles of persons in your organization who would lead, manage, and work on this project, including information that demonstrates relevant experience providing the program.

3. How many Full Time Equivalent (FTE) staff does your organization currently have, and if awarded how many FTE would be needed to fully staff the program? If an increase in staff is needed, discuss how staff will be recruited, hired and trained.

4. What challenges do you anticipate in implementing your proposed program, establishing and sustaining partnerships, and achieving intended outcomes? How do you plan to address these challenges?

## Section 4: Outreach and Community Engagement (10 points)

1. Describe your plan to engage employers with current or anticipated employment opportunities and explain how your outreach strategy will ensure these employers are paired to graduates of Drive for 5 – Industry Sector Training programs.

2. If applicable, what strategies will you use to recruit businesses members and their employees to participate in diversity, inclusion, and retention training?

- a. How will you ensure that employers completing diversity, inclusion, and retention training are linked to Drive for 5 – Industry Sector Training graduates?

## Section 5: Partnerships and Collaboration – 10 Points

Complete the Partnership Chart with the key partners, roles, responsibilities, and commitments of each partner. Letters of Support<sup>1</sup> are required for all partners listed on the partnership chart. PARTNERSHIPS ARE REQUIRED.

1. If applicable, describe your program's history of collaboration with any previously awarded Drive for 5 Industry Sector Training partners. How has this relationship improved training and job placement outcomes?

2. What is your plan to develop a partnership with a Drive for 5 Industry Sector Training provider and engage with their graduates?

3. Identify the employer partners with whom you plan to collaborate to provide job placement opportunities for graduates of Drive for 5 – Industry Training Sector Training programs. Please include employers with current or anticipated workforce needs that align with the five industry sectors.

4. Describe any existing Local Workforce Development Area (LWDA) partnerships and your plan to provide job placement services to graduates of Drive for 5 Industry Sector Training programs in those areas.

5. Other/Additional Providers/Partners

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<sup>1</sup> Letters of Support are letters typed on business letterhead and list the specific commitments the partners will make to the proposed program.

## Section 6: Performance Evaluation and Impact – 15 Points

1. Describe the **programmatic capacity** of your organization to effectively manage and administer grants from public and private sources.

2. How will you assess the effectiveness of your partnerships with employers and Drive for 5 - Industry Sector Training organizations?

3. What data do you plan to collect to demonstrate your program's impact within the targeted industry/industries?

4. If applicable, how will you assess the effectiveness of diversity, inclusion, and retention training delivered through your program?

5. How will your organization evaluate the overall success of this program in meeting the goals of the Drive for 5 Initiative?

## Section 7: Budget/Fiscal Capacity – 10 Points

1. Describe the **financial capacity** of your organization to effectively manage and administer grants from public and private sources.

2. Total DEED funds requested: \_\_\_\_\_

3. Explain why this is the most effective and productive way to use the funds.

*If contracting with a vendor to provide services refer to Grantee Bidding Requirements as listed in RFP.*

4. Describe your organization's financial management capacity. (Accounting, timekeeping, and funds management, etc.)

5. List already secured leveraged funds, if any, and how those funds will support your proposed services.

6. Describe how you will sustain the proposed services beyond the grant period.

## Form 3: Work Plan

Measurable Outcomes	Total Number	Percentage
Total Number of Employers Connected to the Drive for 5 - Industry Sector Training Programs		100%
Total Business Members Completing Diversity, Inclusion, and Retention Training		100%
<ul style="list-style-type: none"> <li>Total number of employees completing Diversity, Inclusion, and Retention Training</li> </ul>		100%
		100%
		100%

## Form 4: Budget

Please complete the budget below by entering in the total amounts per cost category and enter the percentage of the funds for each cost category. Awarded applicants may be requested to provide a quarterly breakdown for the entire grant period at time of contracting. You are not required to use all of the listed cost categories. Please see [Cost Category Definitions](#) for descriptions.

If awarded, total award will be divided equally between SFY2026 (Year 1) & SFY2027 (Year 2). SFY2027 (Year 2) funds will not be available until 7/1/2026.

Office Use Only	Cost Category	Total Requested Amount Per Cost Category	Total Percentage of Budget per Cost Category
833	<b>Administrative Costs</b> (cannot exceed 10% of total funds requested)		
885	<b>Direct Services</b>		
838	<b>Direct Customer Training</b>		
830	<b>Outreach</b>		
<b>Total:</b>			<b>100%</b>

## Form 5. Partnership Chart – Compensated/Uncompensated

List all partner organizations that will contribute to the proposed services **with/without compensation**. Add additional lines as necessary. Signed letters of support/intent to contract(s) from partners explaining what they will contribute and their responsibility in operations are **required for each partner**. All compensated partners **must** be included in the Partnership Chart or costs associated with any unlisted partners may be disallowed. All compensated training partners/providers must be listed and be [MOHE compliant](#) (or compliant with regulatory body with oversight as applicable), regardless of if they are vendors or sub-contractors.

All grantees are required to comply with [Minnesota Office of Grants Management Policy 08-01](#), with particular attention to “Organizational Conflicts of Interest”. Actual, potential, or perceived conflicts of interest may include but are not limited to:

- Any familial or personal relationship
- Former staff of the grantee
- Providing donations to the grantee in exchange for awarding a subcontract
- Providing donations to the grantee
- Sitting on grantee's board of directors

If a partner has an actual, potential, or perceived conflict of interest, such as providing donations to the applicant or sitting on the applicant’s board of directors, attach a letter of disclosure explaining the relationship of the partner to the applicant organization.

Type of Organization <i>(e.g., employer, educational institution, non-profit, consultant, financial management services, etc.)</i>	Name and Address of Organization <i>(If applicable: Indicate if the trainer is MOHE compliant)</i>	Type of Commitment <i>(Case Mgmt., Training, Accounting Time, Staff, Resources, Space, Referrals, etc.)</i>	Contact Person Email Address Telephone Number	Letter of Support Attached (Y/N)	Conflict of Interest Disclosure Letter (If applicable) (Y/N)	Approximate Total Amount of Compensation from Grant	Responsible for Workforce One (WF1) Data Entry (Y/N)



## Form 6: Unemployment Insurance Account Consent

Before awarding a grant, DEED will need to verify that your organization does not have any outstanding Unemployment Insurance tax liability. If you choose not to provide this consent, DEED staff may determine that you are ineligible for DEED funding.

This authorization to release unemployment insurance data is not valid until the requirements listed below are met.

You need to:

1. Check the appropriate box authorizing what data the MN Unemployment Insurance program can release
2. Have an active user listed on the MN Unemployment Insurance employer account:
  - a. Sign and date this consent form
  - b. Print their name below their signature

The consent form will expire three months after the signature date.

If you have any questions about your private data, how to complete this consent form, or if you want to withdraw your consent, call Aaron Tell (651) 259-2016.

## EXPLANATION OF YOUR RIGHTS

### Purpose of this form

You must complete, sign and return this form if you want to authorize a person or organization to receive certain private or nonpublic information that we collect to administer the Unemployment Insurance (UI) Program.

You have the right to choose what data we release. This means you can let us release all of the data, some of the data, or none of the data listed on this consent.

You have the right to allow us to release the data to all, some or none of the persons or entities listed on this form. This means you can choose which entities or persons may receive the data and what data they may receive.

You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.

### 1. Data Subject

Your name or name of organization: \_\_\_\_\_

Minnesota Unemployment Insurance (UI) Employer Account No.: \_\_\_\_\_

Address

City

State

ZIP Code

## 2. Authorized person or organization

I authorize the following person or organization to receive the private and nonpublic data checked below:

Fiscal Program & Monitoring staff  
DEED, Employment and Training Programs Division  
Great Northern Building  
180 East 5th Street, 12th Floor Saint Paul, MN 55101

## 3. UI Data

Types of data that I agree to be released:

Payment- Employer UI account status

Other – information about all outstanding UI account debt, including the age, amount owed and when the debt was incurred. Status of wage detail submission.

## 4. Signature

I voluntarily authorize DEED to release the selected private data to the above individual/organization. I am aware of the purpose for releasing the private data and I understand that there may be consequences for releasing the data to the individual/organization.

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Your signature or signature of corporate officer, partner or fiduciary

Print your name (and title, if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Date(mm-dd-yyyy): \_\_\_\_\_

## Form 7. Conflict of Interest Disclosure

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) [Policy 08-01: Grants Conflict of Interest](#) 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Form 8. Affidavit of Non-Collusion

**Instructions:** Please return this completed form as part of the Request for Proposal Response submittal. I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation).
2. That the attached proposal submitted in response to the Transformative Career Pathway Competitive Grant Program Request for Proposal has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with any other Responder of materials, supplies, equipment, or services described in the Request for Proposals, designed to limit fair and open competition.
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals.
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

### Authorized Signature:

Responder's firm name: \_\_\_\_\_

Print authorized representative name: \_\_\_\_\_

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

Authorized signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

## Form 9. Performance Capacity

INSTRUCTIONS: Please respond to these performance capacity questions as required by 16B.981 Subd. 2 (1) and as part of the response to this Grant Request for Proposal.

1. Please describe your history of performing the work that will be funded by the grant:

This includes describing your organization's current staffing, current budget, and internal capacity to meet specified measurable outcomes.

2. Have you been awarded or have an active grant from DEED in the past 5 years?      Yes      No

If Yes, please specify the program(s) and dates (mm/dd/yyyy) of the contract(s).

## Form 10: No Conviction of Felony Financial Crime by a Principal

Please sign below to finalize response and submit this document as part of the grant application materials/response to the Grant Request for Proposal.

Please upload or attach an organizational chart or list of principals that you are certifying for below.

[16B.981 Subd. 2](#) (6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

By signing here, I warrant that no current principal of my organization has been convicted of a felony financial crime in the last 10 years.

I certify that this information is true, correct, and reliable.

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.

Printed Name and Title

Signature

Date

## Form 11. Evidence of Good Standing

**INSTRUCTIONS:** Potential grantee must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by [16B.981 Subd. 2](#) (3) and as part of the response to this Grant Request for Proposal.

Is your organization (for-profit or nonprofit) registered with the Secretary of State and has a status of “In Good Standing”?

Yes      No

Business Type: \_\_\_\_\_

File Number: \_\_\_\_\_

Renewal Due Date (mm/dd/yyyy): \_\_\_\_\_

## Form 12: Required Nonprofit Grantee Documents

Please answer the following questions and provide the requested information

1. Were you required to submit a 990 or a form 990-EZ for your organization's last fiscal year?      Yes      No
2. If you are exempt from filing or your organization has been in business for less than one year, please describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include but are not limited to documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls to ensure compliance with laws and regulations and safeguard use of grant funds
3. Are you a charitable organization that made over \$750,000 in your last fiscal year and were required to have an audited financial statement per Minnesota Statute Sec. 309.53?      Yes      No

**Non-profit grant applicants may be required to submit the following documents** to DEED as applicable to the organization and as required by Minnesota Statute [Sec. 16B.981 Subd. 2 \(2\) and Subd. 2 \(5\)](#) as part of the pre-award risk assessment. Check the following to confirm that these documents are attached to this application:

Most recent 990 or Form 990-EZ filed with the IRS, OR

Most recent audit as required, under Section 309.53, Subdivision 3.

If your organization had not been in existence long enough or not required to file Form 990, Form 990 EZ or most recent audit, the nonprofit grant applicant must:

Demonstrate exemption – i.e., Provide a copy of the IRS determination letter, OR

Submit the most recent set of board-reviewed (or managing group if applicable) financial statements.