

# Minnesota Forward Fund Education Institution Program Application

## APPLICATION PROCEDURES

The Minnesota Forward Fund program provides state funding to match federal funds made available in the Chips and Science Act, Public Law 7-167. The program can provide grants to institutions of higher learning for 1) developing and deploying training programs and to build workforce pipelines to serve the semi-conductor industry, and 2) increasing capacity to serve industrial requirements for research and development for semi-conductor projects. The maximum award per institution is \$5,000,000 and may not represent more than 50% of the total project funding. Use of the funding must be supported by a business or businesses that will benefit from the proposal.

To receive consideration please submit complete application by email (preferable) or mail to:

Kipp Woxland  
Office of Business Finance  
Minnesota Department of Employment & Economic Development  
180 East Fifth Street, Suite 1200  
St. Paul, MN 55101  
[Kipp.Woxland@state.mn.us](mailto:Kipp.Woxland@state.mn.us)

## PRE-OFFER/AWARD PROCESS

1. The supporting business(s) has submitted a Minnesota Forward Fund CHIPS Act Program Application to DEED.
2. The Education Institution has a semi-conductor industry workforce or R&D project agreement with a supporting business or businesses.
3. DEED evaluates the application and notifies the education institution of approval or denial. If approved, DEED will inform the applicant via an award letter, which will indicate the intended award amount. Awards of \$200,000 or more require that the awardee adhere to Minnesota prevailing wage statutes and rules.

## POST-AWARD PROCESS

4. DEED and the Education Institution will enter into a Grant Contract Agreement specifying the details of the award.

## SECTION 1 – Partner Overview

Business Information	
Business Name:	Business Contact Name and Title:
Email:	Telephone:
Address:	City/State/Zip:
Street Address for Project Site:	NAICS Code:

### Business Certification of Support

Businesses involved in the project and supporting this application must provide a letter of support which details their financial, technical, and administrative commitments to the project. Letters must be submitted as an exhibit with application. List the businesses involved and provide the following:

Business Name	Contact Name	Contact Title	Contact Phone	Contact Email

Education Institution Information	
Education Institution Name:	Contact Name and Title:
E-mail:	Telephone:
Address: City/State/Zip	State of Minnesota SWIFT Vendor Number*:

\* Every individual or organization doing business with the state is considered a vendor. If you are intending on submitting an application, you will need to register as a vendor by going to: <https://mn.gov/mmb/accounting/swift/vendor-resources/>. The vendor number will ensure proper payment via electronic funds transfer (EFT). For new vendors, please note that approval of your registration may take 3-4 business days. If you need assistance obtaining a Vendor Number or completing the registration process, please call 651-201-8100, Option 1

## SECTION 2 – Project Overview

1. Describe in detail the services that the education institution plans to provide the project (e.g., type of research and development, workforce training programs, workforce development services):

Note: Attach as additional document if information exceeds space or is too small to read.

2. For workforce related projects or aspects of the project, describe any new or enhanced educational capacity that will enhance the educational institution's capacities, such as new curriculum or certifications, new instructional methods, new equipment or technology, new partnerships with business, etc. Also describe the likelihood that the capacities developed will or could be used for future projects.

3. For research and development related projects or aspects of the project, describe what outcomes are expected (e.g., new technologies, new methods, new products, new commercialization opportunities).

4. Describe the cost and purpose of constructing and equipping an industry-related R&D facility if this will be provided as part of the project.

5. Describe the expected outcomes of the project, such as advancement of a type of science, progress toward commercialization, number of training participants to graduate in a field, etc., over the next ten years.

6. Describe the overall impact this will project could have on Minnesota's CHIPS and Semiconductor Industry over the next ten years.

7. Describe the type of support the business(es) will provide. For example, cash, in-kind, labor, etc. List amount of support from each business entity. a... b... c...

8. Project Timeframe:

Task:	Estimated Completion Date (MM/YYYY):
Commitment of Funds	
Construction/equipping facility (if applicable)	
Services provision date	
Completion date	
Other tasks	

9. Project Sources and Uses:

Use of Funds	Bank(s)	Equity	State	Federal Funds	Other	Total
<b>Total Project Cost</b>						

Description of "Federal Funds" source of funds: \_\_\_\_\_

Description of "Other" source of funds: \_\_\_\_\_

10. List and provide amount of other public financial assistance and location which the education institution has received **or expects to receive** as related to the Minnesota Forward Fund project (e.g., federal fund from NSF-NIST):

Subsidy Grantor	Award Amount	Date Received/ Will be Received	Type of Award	Location where award will be used
Example: NSF	\$100,000	01/01/2024	Grant	St. Cloud, MN

11. Have any of the institution's current staff who will have authority to access the funds provided by DEED, or determine how the funds are used, been convicted of a felony financial crime in the last 10 (ten) years?

☐ Yes    ☐ No

## SECTION 3 – Education Institution Acknowledgement and Certifications

### Data Privacy Acknowledgement:

**Tennessen Warning Notice:** per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for assistance from the Minnesota Department of Employment and Economic Development. You are not required to provide the requested information, but failure to do so may result in the department's inability to determine your eligibility for assistance. The data you provide that is classified as private or non-public and will not be shared without your permission except as specified in state and federal laws.

**Data Privacy Notice:** per MN Statutes 13.591, Subdivision 1, certain data provided in this Application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds. Per MN Statutes 116J.401, Subd. 3., certain data provided in this application is private data; this includes data collected on individuals pursuant to the operation of business finance programs.

Name/Title of Institution's Official: \_\_\_\_\_

Signature of Institution's Official: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4 – Minnesota State Acknowledgement and Administration

Is your institution in the Minnesota State school system? If no, skip section 4. If yes, complete below:

This application has the written support of the institution's president and/or the institution's governing board.  
This institution agrees to provide Minnesota State access to the following as it relates to the project:

- Curriculum
- Budget
- Work plan
- Project outcomes

Furthermore, this institution agrees to provide Minnesota State with access to progress and monitoring reports.

Name/Title of Institution's Official: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Institution's Official: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 \(January 2022 Effective Date 1/1/22\)](#) 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.

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Organization

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Printed Name and Title of Institution's Contact

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Phone

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Signature

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Date



## Prevailing Wage Certification

To: Minnesota Department of Labor and Industry  
Prevailing Wage Compliance Unit  
443 Lafayette Road N.  
St. Paul, MN 55155

Re: Prevailing Wage Certification – Minn. Stat. §116J.871

\_\_\_\_\_ is a recipient of financial assistance from the Minnesota Department of Employment and Economic Development for the Project identified below.

As required by Minn. Stat. §116J.871, subd. 2, [INSERT RECIPIENT NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS] \_\_\_\_\_,

\_\_\_\_\_ hereby certifies to the Commissioner of Labor and Industry, that laborers and mechanics at the project site during construction, installation, remodeling or repairs for which the financial assistance will be provided, in whole or part, will be paid the prevailing wage rate as defined in Minn. Stat. §177.42, subd. 6. Prevailing wages paid to laborers and mechanics at the project site shall comply with the prevailing wage rates determined for \_\_\_\_\_ County, Minnesota.

Recipient understands that failure to pay prevailing wage is a misdemeanor and that each day of violation is a separate offense under Minn. Stat. §116J.871, subd. 3.

Project Name:

Project Start Date:

Project Site Address:

By:

Signature:

\_\_\_\_\_  
Print Name of Authorized  
Representative

\_\_\_\_\_  
Signature of Authorized Representative

Its:

Date:

\_\_\_\_\_  
Authorized Representative's Title

\_\_\_\_\_  
Date Signed and Certified

## INFORMATION FOR RECIPIENTS

Recipients must ensure all laborers and mechanics at the project site during construction, installation, remodeling or repairs for which the financial assistance from a state agency will be provided is performed under contracts that specifically include the prevailing wage rate requirements of the Minnesota Prevailing Wage Act, Minnesota Statutes sections 177.41-.44 and Minnesota Rules, sections 5200.1000-.1120 (hereinafter “MPWA”).

Recipients also must ensure that contractors and their subcontractors will comply with the requirements of the MPWA, including recordkeeping, completion and submission of certified payroll reports, posting and contract requirements and the requirement that laborers and mechanics at the project site during construction, installation, remodeling or repairs for which the financial assistance will be provided are paid the applicable prevailing wage rate(s) for each classification of work they perform. These requirements and enforcement provisions are set forth at Minn. Stat. § 116J.871, subd. 2(a).

In accordance with the MPWA and because the Commissioner, pursuant to Minn. Stat. § 177.30(a)(7), has deemed certain payroll information necessary and appropriate, recipients must also ensure that each employer performing work at the project site during construction, installation, remodeling or repairs for which financial assistance from a state agency is provided will prepare, maintain as required, and provide to the Department of Labor and Industry upon request, certified payroll reports with respect to the wages and benefits paid to employees specifying for each employee: the employee’s name; prevailing wage job classifications; hours worked each day; total hours; rates of pay; gross amount earned; each deduction for taxes; total deductions; net pay for week; dollars contributed per hour for each benefit, including name and address of administrator; benefit account number; and telephone number for health and welfare, vacation or holiday, apprenticeship training, pension, and other benefit programs.

These same certified payroll records must be submitted to the contracting authority no more than 14 days after the end of each pay period and retained by the employer for a minimum of three years after the final payment is made on the project. Minn. Stat. §§ 177.30, subd.(a)(7), .43, subd. 3. A sample certified payroll form is available at [http://www.dli.mn.gov/sites/default/files/pdf/pw\\_certified\\_payroll\\_form.pdf](http://www.dli.mn.gov/sites/default/files/pdf/pw_certified_payroll_form.pdf). The state agency awarding the financial assistance is considered the contracting authority. Minn. Stat. § 116J.871, subd. 2(b).

Recipients of financial assistance from a state agency should contact the Department of Labor and Industry for applicable prevailing wage rates and guidance on how to comply with prevailing wage requirements in Minnesota Statutes, section 116J.871 and the MPWA:

Division of Labor Standards

Karen Bugar, State Program Administrative Director

443 Lafayette Road N, St. Paul, MN 55155

651-284-5091 or [dli.prevwage@state.mn.us](mailto:dli.prevwage@state.mn.us)

Email completed copy to [dli.prevwage@state.mn.us](mailto:dli.prevwage@state.mn.us) or mail to the Department of Labor and Industry at the address on page 1 of this form. A copy should also be submitted to the state agency awarding the financial assistance.