

Growing Careers: Agriculture Workforce Competitive Grants 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 with the subject line: Growing Careers Competitive RFP Application – [insert your organization name].

Remember, you must complete and 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](#)

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

Form 12 [Required Nonprofit Grantee Documents](#)

**All applications must submit the required financial documentation as listed within
Form 12 with the application.**

All applications must have signatures on all pages requiring a signature.

**Applications must be submitted by the applicant via email and time stamp received by DEED by
July 17, 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)3

Community Action Agency

Public/Government Entity

Tribal Nation

Business/Trade Organization
(501c6)

Other Non-Profit Designation: (please specify): _____

Organization Website: _____

Physical Address: _____

Mailing Address: _____

Federal Tax ID (required): _____ Minnesota Tax ID (required): _____

UEI Number (required): _____ 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

Target Populations Served by Proposal All participants must meet Dislocated Worker Eligibility as outlined in MN [Statute 116L.17](#).

| | | |
|-------------------|--|--------------------------|
| African American | Asian/Pacific Islander | Other – please describe: |
| African Immigrant | Hispanic/Latino/Latina/Latine | |
| Native American | At or below the 200% poverty guideline | |

Total Amount of DEED Funds Requested:

Projected Number of Participants Enrolled by Proposed Program:

Proposed Cost Per Participant (Total funds requested divided by projected total participants served):

Proposed Cost Per Exit to Employment (Total funds requested divided by projected total participants exited to employment):

Program Components:

| | | | |
|------------------------------------|---------------------|---------------------|------------------|
| Certificate or Credential Training | Work-based Learning | Employment Services | Support Services |
|------------------------------------|---------------------|---------------------|------------------|

Name of Certificate(s) to be awarded:

Name of Credential(s) to be awarded (Please note: to be considered a credential they must be “Industry Recognized” as [defined by the US DOL](#)):

Training Provider(s) (Enter the names of all skill providers or post-secondary institutions where students would be enrolled):

Is/are the Training Provider(s) Minnesota Office of Higher Education Compliant? (All training providers must be [Minnesota Office of Higher Education](#) compliant or compliant with regulatory body with oversight as applicable.)

Yes No

Compensated Partners:

Employer Partner(s):

Are you interested in applying for the SNAP E&T Reimbursement Program: Yes No Current SNAP E&T Provider

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 question within the outlined word limit.

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

1. Provide a summary of your proposal. Include 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 dislocated workers and any populations of focus to be served in re-engaging or advancing in the workforce.

5. Describe your organization's experience in grants management, specifically any management of DEED Employment and Training, Dislocated Worker, and/or Adult Career Pathway grants.

Section 2: Program Description (30 points)

1. Provide a detailed overview of your proposed agriculture workforce program.

2. All applicants must have a physical office location open to the public at designated times in the state of Minnesota. Include information on your office location, hours of operation, and how often participants can receive services in person. State the geographical location(s) of your project, including whether the physical office location differs from the service delivery area, and list the primary focus areas (cities/counties/neighborhoods).
3. Explain how the services/projects proposed will help dislocated workers from the focus populations 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 dislocated workers, the agriculture sector, demographics, historic needs, and income disparities.

5. How will any training program(s) be delivered (in person, virtual, hybrid), and what is the duration of the training program(s)? Include whether any training is cohort or individual model.
6. Who is/are the classroom training provider(s) for this program, and what makes them the best fit for this program?
7. Describe the pre-employment/work readiness training that will be provided for this program.
8. Discuss how your program will lead to additional job opportunities for dislocated workers, leading to self-sustaining jobs in the agriculture sector or supporting the agriculture sector.
9. What credentials and/or certificates will a participant completing your proposed program obtain? If providing training that is only relevant or related to agriculture, include how training and workforce services including job placement will be contextualized to the agriculture industry.

10. Provide details on any additional services being provided, such as financial literacy training, basic literacy, and/or English language learning.
11. Describe any [support services and/or incentives](#) that will be provided to participants.
12. Provide information on work-based learning opportunities that will be available to participants such as internships, paid work experience, or on-the-job training contracts with employer partners.

Section 3: Program Implementation Workplan (15 points)

1. If awarded, how soon after would the training program begin? Include a detailed timeline.
2. Describe your intake process to assess participants' status and needs, including the results of any objective assessments administered (e.g., an individual's education level, skill competencies, work experience, and their interest in available service(s)).

3. Academic assessments are required to be administered to participants before beginning training. List any academic assessments your program will utilize or currently uses.
4. Provide details on who will manage, lead, and work on this program from your organization, including the role of the Navigator/Case Manager and any contracted providers.
5. 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.
6. Discuss any challenges you foresee in creating the program, enrolling eligible dislocated workers, sustaining enrollment, and placing graduates.

Section 4: Outreach and Community Engagement (10 points)

1. Describe your outreach and recruitment plan and highlight any new and innovative initiatives to reach dislocated workers.
2. Name any outreach or community engagement partners and describe their role within the proposed program, any compensation/fees for service, and their experience:
3. How will your organization engage and/or reach dislocated workers from historically marginalized communities?
4. How will your organization engage with employers to develop and implement partnerships in the industry to ensure that program participants are able to obtain employment in the agriculture sector.

Section 5: Partnerships and Collaboration (10 points)

Complete the Partnership Chart with the key partners, roles, responsibilities, and commitments of each partner. Letters of commitment are required for all partners listed on the partnership chart. PARTNERSHIPS ARE STRONGLY ENCOURAGED.

Name any partners and describe their role within the proposed program, any compensation/fees for service, their experience, and why they are the best fit for this program:

Training Providers of Pre-Employment/Work Readiness and financial literacy, and other similar providers.

Training Providers of credentialed or certification training.

Employer Partners

Other/Additional Providers/Partners

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. Provide any experience your organization has utilizing Workforce One (WF1), the required state system for tracking case management and outcomes for all state-funded employment and training programs, and who will be responsible for tracking in the system if awarded. If your organization does not have experience with WF1, describe any experience using electronic case management and outcome tracking databases.
3. How will you ensure participants receive at least monthly contact from the Navigator/Case Manager of the program?
4. The four critical performance measures of success are credential attainment, job placements, wage rate, and job retention. Describe how you will evaluate success in each of these areas.

5. Describe any additional measures of success unique to this program and how you will evaluate.

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

Complete the work plan as applicable to your proposal. Awarded applicants will be required to provide a quarterly breakdown for the entire grant period at time of contracting. DEED reserves the right to require adjustments to program design, activities, and outcomes during the grant contracting process. All grantees will have the Dislocated Worker Performance Measures evaluated by the DW performance team.

| Measurable Outcomes | Total Participants to Serve | Percentage |
|---|-----------------------------|------------|
| Total Enrollments | | 100% |
| Total Enrolled in Training | | |
| Total Participants Enrolled in Work Readiness Training | | |
| Total Participants Obtaining a Certificate (Non-Credentialed) Training | | |
| Total Participants Completing Credentialed Training | | |
| Total Participants Obtaining One or More Credentials | | |
| Exits to Employment | | |
| <ul style="list-style-type: none"> Exits to Employment in agriculture employment | | |
| <ul style="list-style-type: none"> Exits to Employment at or above \$20/hour | | |
| Exits to Post-Secondary Education | | |
| All Other Exits | | |
| All Exit Totals ¹ | | 100% |

¹ All Exits Total = (Exits to Employment + Exits to Post-Secondary Education + All Other Exits) and must match Total Enrollments.

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 will 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.

| Office Use Only | Cost Category | Total Amount Per Cost Category | Total Percentage of Budget per Cost Category |
|-----------------|---|--------------------------------|--|
| 833 | Administrative Costs (Cannot exceed 10% of total funds requested) | | |
| 885 | Career/Direct Services | | |
| 838 | Direct Customer Training | | |
| 828 | Support Services Costs | | |
| 895 | Transitional Jobs | | |
| Total: | | | |

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. If awarded, all partners to be compensated with grant funds will need a [Compensated Partner Information](#) form on file.

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, attach a letter 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) |
|---|---|--|---|-------------------------------------|--|---|---|
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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) 259-7567.

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.

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 Growing Careers 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 as Applicable

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, 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:

- Applicants with an annual revenue more than \$750,000 must submit their most recent certified financial audit as required, under Section 309.53, Subdivision 3.
- Applicants with an annual revenue \$50,000-\$750,000 must submit their most recent IRS Form 990
- Applicants with an annual revenue under \$50,000 must submit their most recent IRS Form 990-EZ or board-reviewed financial statements.
- If not 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); and
 - Submit the most recent set of board-reviewed (or managing group if applicable) financial statements.