

## **JOB 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 a JTIP 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 located in Greater Minnesota.

The business is not primarily engaged as a public utility or in retail sales at the project location, health care services, lobbying, gambling, entertainment, professional sports, political consulting, leisure, hospitality, or professional services provided by attorneys, accountants, business consultants, physicians, or health care consultants.

The business will add at least three new jobs at the project location.

The new jobs will be permanent positions that provide at least 32 hours of work per week for a minimum of nine months per year.

Each of the new jobs will pay 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 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.

The business will match the grant with cash or in-kind contributions at the required level.

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 most recent payroll report has been provided as part of this grant application.

If this is a new business, the business plan has been provided to DEED program staff.

# JOB 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:

Does the business have any liens on assets?      Yes      No

If yes, describe:

Is the business under bankruptcy proceedings?      Yes      No

If yes, describe:

Is the business in good standing with the Secretary of State?      Yes      No

If no, explain:

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, attach summary and disposition.*

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.*

Have any of the business's current staff who will have authority to access the grant funds provided by the Department of Employment and Economic Development (DEED), or determine how the funds are used, been convicted of a felony financial crime in the last 10 years?    Yes    No

Provide the names and titles of current staff who will have authority to access grant funds provided by DEED or determine how the funds are used.

Has the business received any other grants from DEED?    Yes    No

If yes, specify the grant program(s) and year(s) awarded:

## Section 2. Project Overview

### Part A. New or Expanding Business

New business with no parent company or current operations (attach business plan)

Expansion of existing facility or Minnesota company

Expansion to Minnesota by a company with existing operation outside Minnesota

### Part B. 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 C. Project Timeframe**

Date hiring to begin:

Date training is planned to begin:

Date training is planned to be completed:

Date operations to begin:

## **Section 3. Project Narrative**

### **Part A. Business/Project Description**

Describe the business and its major activities. Also describe your expansion project including an explanation of the factors leading to the expansion, planned capital expenditures and any other financial assistance from state or local governments the business has received or expects to receive related to this expansion.

To be eligible for JTIP 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 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 conducting similar or related training.

If an accredited, Minnesota educational institution will not be providing the training, explain the reason.

### **Part E. Expected Outcomes**

Describe the expected outcomes of the training, including any expected measurable outcomes. Also describe the impact the program is expected to have on the businesses' ability to expand.

## **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 JTIP grant funds, contributions by the applicant business, and/or funds leveraged from other sources.



## 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.**

## Application Fee

An application fee of \$500 is payable upon preliminary approval of this application. DEED will notify the applicant when the application fee should be submitted.

**I agree to submit the application fee upon notification of preliminary approval of the application.**

## Pre-Award Risk Assessment

MN Statutes 16B.981, Subd. 2 requires that we conduct a pre-award risk assessment prior to awarding a grant of \$50,000 or more. As part of this assessment, we are required to review the current financial statements and most recent tax returns for the business. Upon DEED's determination that the application meets the minimum score requirement, if your grant request is \$50,000 or more, you will be asked to provide these documents. Upon conclusion of our review, DEED will shred, delete, or return the financial documents. If the business has not been in business long enough to have a tax return, the applicant must demonstrate that the business has appropriate internal financial controls.

**I acknowledge that I have read the above information and I agree to provide the financial documentation required for DEED staff to conduct a pre-award risk assessment.**

## 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:

## Section 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 at (651) 259-7567.

### Explanation of Your Rights

You must complete, sign, and return this form if you agree 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 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.

## Data Subject

Your name or name of organization:

Minnesota Unemployment Insurance (UI) Employer Account Number:

Address:

City:

State:

ZIP Code:

## Authorized Person or Organization

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

Department of Employment and Economic Development  
Business Development Office  
180 E 5<sup>th</sup> Street, Suite 1200  
Saint Paul, MN 55101

## Unemployment Insurance 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.

## 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.

Signature of corporate officer, partner, or fiduciary

Printed Name:

Title:

Phone Number:

Date: