

# Advancing the Future MedTech Workforce Grant Application Cover Page

## A. General Information

### Applicant Agency (Lead Educational Partner)

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

Address (Line 1): \_\_\_\_\_ Address (Line 2): \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Business Partners

Business Partner Names	Project Location (City)

## B. Program Information

Project Period: From: \_\_\_\_\_ To: \_\_\_\_\_ Number to be Trained: \_\_\_\_\_ Number to be Placed: \_\_\_\_\_

DEED (Grant) Costs: \_\_\_\_\_ Business Costs (Match): \_\_\_\_\_ Grantee/Linkage Costs: \_\_\_\_\_

Total Costs: \_\_\_\_\_

## C. Acknowledgement and Certification

### 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 an award under the MN Job Skills Partnership program. You are not required to provide the requested information, but failure to do so may result in DEED's inability to determine your eligibility for an award.

**Data Privacy Notice:** per MN Statutes 13.599, Subd. 3, responses submitted by a grantee are private or nonpublic until the responses are opened. Once the responses are opened, the name and address of the grantee and the amount requested is public. All other data in a response is private or nonpublic data until completion of the evaluation process. After a granting agency has completed the evaluation process, all remaining data in the responses is public with the exception of trade secret data as defined and classified in section [13.37](#). A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response.

**Certification:** I have read the above statements and agree to supply the information requested to the MN Department of Employment and Economic Development with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

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

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

## Table of Contents

SECTION 1. EDUCATIONAL PARTNERS .....	4
Subsection 1.A. Lead Description and Staff Involved.....	4
Subsection 1.B. Other Educational Partners .....	5
SECTION 2. PARTICIPATING BUSINESS(ES).....	6
SECTION 3. DIVERSITY, EQUITY, & INCLUSION.....	8
SECTION 4. NEED STATEMENT .....	9
SECTION 5. WORK STATEMENT AND CURRICULUM .....	10
Subsection 5.A Narrative Description .....	10
Subsection 5.B. Curriculum Table .....	11
SECTION 6. PROJECT IMPACT.....	13
SECTION 7. TRAINEE RECRUITMENT TARGET POPULATION .....	14
SECTION 8. PLACEMENT AND RETENTION .....	15
SECTION 9. EDUCATIONAL AND CAREER .....	16
SECTION 10. LINKAGES.....	17
APPENDIX A. BUDGET .....	19
APPENDIX B: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION .....	20
APPENDIX C. CONFLICT OF INTEREST DISCLOSURE .....	21
APPENDIX D. LETTER(S) OF SUPPORT .....	22
APPENDIX E: No Conviction of Felony Financial Crime by a Principal .....	23
APPENDIX F: REQUIRED NON-STATE GRANTEE DOCUMENTS AND CERTIFICATIONS .....	24
Part A: Required Nonprofit Grantee Documents as Applicable.....	24
Part B: For-Profit Required Documents .....	25
Extra Pages to be Completed as Needed.....	26

## APPENDICES:

- A. Budget
- B. Business Acknowledgement and Certifications
- C. Conflict of Interest Disclosure Form
- D. Letter(s) of Support

## SECTION 1. EDUCATIONAL PARTNERS

### Subsection 1.A. Lead Description and Staff Involved

In the space below, provide a description of the lead educational partner that would serve as the Grantee organization. Include a description of the organization's previous experience in conducting similar or related training programs.

In the space below, provide the names, titles and phone number of staff involved in the proposed training project.

In the space below, provide a brief description of your financial organization and the method and manner in which you have accounted for any other grants you have administered. Also provide the name, title, address and phone number of the institution's financial officer and the institution's last auditor.

Does your organization have an active grant from the Department of Employment and Economic Development (DEED) or has it been awarded a grant from DEED in the past five years?      Yes      No

If yes, indicate the programs from which you've received grant awards.

### **Subsection 1.B. Other Educational Partners**

In the space below, provide the names and a description of other educational institutions that will be involved in the project.

In the space below, provide the names, titles, email addresses, and phone numbers of key staff from partnering educational institutions.

## SECTION 2. PARTICIPATING BUSINESS(ES)

Complete the information below for each participating business. (Additional pages located at [the end](#) for participating businesses)

1. Participating Business Name: \_\_\_\_\_

Check any that apply:      BIPOC-Owned      Woman-Owned      Veteran-Owned

Project Location(s) Address(es):

Business Headquarters Location: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Total Number Employees Company-wide:	Total Number of Employees in Minnesota:	Total Number of Employees at Project Location(s):	Total Number Employees that are People of Color at Project Location(s):
_____	_____	_____	_____

Has the business had any layoffs in the past year:      Yes (if yes explain below)      No

In the space provided below, provide a description of the participating business including a brief history, the type of business, product line(s), and any other pertinent information.

In the space below, provide the names, titles, email addresses, and phone numbers of the staff that will be involved in the proposed project.

2. Participating Business Name: \_\_\_\_\_

Check any that apply:      BIPOC-Owned      Woman-Owned      Veteran-Owned

Project Location(s) Address(es):

Business Headquarters Location: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Total Number Employees Company-wide:	Total Number of Employees in Minnesota:	Total Number of Employees at Project Location(s):	Total Number Employees that are People of Color at Project Location(s):
_____	_____	_____	_____

Has the business had any layoffs in the past year:      Yes (if yes explain below)      No

In the space provided below, provide a description of the participating business including a brief history, the type of business, product line(s), and any other pertinent information.

In the space below, provide the names, titles, email addresses, and phone numbers of the staff that will be involved in the proposed project.

### SECTION 3. DIVERSITY, EQUITY, & INCLUSION

DEED recognizes the importance of reducing disparities and is committed to encouraging diversity, equity, and inclusion in the workplace. DEED prioritizes funding for businesses that have or are implementing diversity, equity, and inclusion initiatives, and for training related to diversity, equity, and inclusion initiatives. DEED also encourages businesses to work with community-based organizations that serve people of color and other under-represented groups.

Describe any specific diversity, equity, and inclusion plans used by the business(es) for the recruitment and retention of people of color and other underrepresented groups, including any related measurable goals. Also include information on any specific partnerships with community-based organizations utilized in relation to diversity, equity, and inclusion initiatives.



## SECTION 4. NEED STATEMENT

In the space below, describe the partnering businesses' and industry's workforce development needs relating to Artificial Intelligence and other advanced technologies that will be addressed through the project. Include a description of the specific advanced technologies that will be addressed and describe the occupations and skills needed to adapt and support the implementation of these technologies. Examples of occupations that support the implementation of these technologies include but are not limited to, data privacy, cyber safety and security, and data analytics.

## SECTION 5. WORK STATEMENT AND CURRICULUM

### Subsection 5.A Narrative Description

In the space provided below, describe your work plan or project activities related to curriculum development and delivery of training. This includes, but is not limited to, a description of the training to be developed and delivered, project timelines, curriculum development activities, description of training equipment to be acquired, information about the instructors, cohort sizes, delivery methods, and roles of partnering organizations.

In the space provided below, describe any certifications/credentials that trainees will earn as a result of training and explain the value of those certifications/credentials.

Subsection 5.B. Curriculum Table

Complete the information in the table below for each course/training topic to be provided.

Course Title or Training Topic	Number of Trainees	Occupation(s) of Trainees	New, Existing or Customized	Certification (be specific)	Training Provider	No. of Cohorts	Hours per Cohort



## SECTION 6. PROJECT IMPACT

In the space provided below, describe the impact the project is expected to have for the participating business(es). Describe any benefits to the business or its employees including any measurable outcomes expected such as increased production, improved quality, decreased turnover, retention of employees, etc.

In the space provided below, describe the impact the project is expected to have for the industry and the state of Minnesota.

In the space provided below, describe any new or enhanced educational capacity the project is expected to result in for the educational institution such as new curriculum or certifications, new instructional methods, new equipment or technology, new partnerships with business, etc. Also describe the likelihood that capacity developed through this project will be used beyond the project.

## SECTION 7. TRAINEE RECRUITMENT TARGET POPULATION

### Target Population Characteristics

Expected total number of workers to be trained: \_\_\_\_\_

Number expected to be trained for newly created jobs during the project period (do not include new hires resulting from turnover or attrition): \_\_\_\_\_

In the space provide below, describe how you intend to identify, recruit and screen the proposed trainees. Include a profile of the age, gender, race, previous employment and/or educational status of your proposed training population.

## SECTION 8. PLACEMENT AND RETENTION

In the table below, indicate the number to be trained, placed/retained in each occupation. Wages should reflect the expected wages upon the completion of training and should not include benefits. (Additional page located at [the end](#), if needed)

[illegible]

In the space provided below, describe the job placement and/or retention plan.

In the space provided below, please describe any paid benefits placed/retained trainees will receive.

## **SECTION 9. EDUCATIONAL AND CAREER**

In the space provided below, please describe all defined career paths that will be developed through this project or that employees will move along as a result of training. Include specific information on any promotional opportunities or wage increases that are expected as a result of training.



## SECTION 10. LINKAGES

Describe any additional organizations you will be working with in developing and implementing the training project.

1. Organization: \_\_\_\_\_

Key Contact (name & title): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Funding Provided: \_\_\_\_\_

Description of service to be provided:

2. Organization: \_\_\_\_\_

Key Contact (name & title): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Funding Provided: \_\_\_\_\_

Description of service to be provided:

3. Organization: \_\_\_\_\_

Key Contact (name & title): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Funding Provided: \_\_\_\_\_

Description of service to be provided:

Are any of the workers to be trained represented by organized labor unions?      Yes      No

If yes, in the space below, provide the name of the labor union(s), a contact person, address, and phone number. Also indicate whether or not the union is aware of and supportive of the project and describe the union's role, if any, in the project. Include a letter of awareness/support from the union in the attachments.

## **APPENDIX A. BUDGET**

## APPENDIX B: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

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

### Data Privacy:

**Tennessen Warning Notice:** Per MN Statutes 13.04, Subd.2, the data contained in this grant application is being requested from you to determine if it is eligible for an award under the MN Job Skills Partnership program. You are not required to provide the requested information, but failure to do so may result in DEED's inability to determine your eligibility for an award.

**Data Privacy Notice:** Per MN Statutes 13.599, Subd. 3, responses submitted by a grant applicant are private or nonpublic until the responses are opened. Once the responses are opened, the name and address of the grant applicants and the amount requested is public. All other data in a response is private or nonpublic data until completion of the evaluation process. After a granting agency has completed the evaluation process, all remaining data in the responses is public with the exception of trade secret data as defined and classified in section 13.37. A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response.

### Business Certification:

I certify that I have read and understand the above data privacy notices.

I certify that I have reviewed the grant application, including the budget in Attachment A, and confirm that it accurately represents my organization's planned participation and financial contributions to the project.

I certify that my organization's planned contributions as indicated in Attachment A are not a general gift or donation that the training institution has or would otherwise receive without the prospect of Minnesota Jobs Skills Partnership funding.

I certify that I do not anticipate any circumstances, financial or legal, barring the business from meeting its commitments as presented in the project proposal.

---

Business Official Name and Title

---

Signature

Date

---

Business Official Name and Title

---

Signature

Date

## APPENDIX C. CONFLICT OF INTEREST DISCLOSURE

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 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 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: \_\_\_\_\_

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

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

## **APPENDIX D. LETTER(S) OF SUPPORT**

## APPENDIX E: 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

## APPENDIX F: REQUIRED NON-STATE GRANTEE DOCUMENTS AND CERTIFICATIONS

INSTRUCTIONS: If the applicant is not a state agency the following form and applicable documents must be submitted with your grant application as required by 16B.981 Subd. 2 (2) and Subd. 2 (5) as part of the pre-award risk assessment. If the applicant organization is a non-profit organization, complete Part A. and provide the applicable documentation. If the applicant organization is a for-profit organization, complete Part B. and provide the applicable documentation.

### Part A: 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
4. Is your organization registered with the Secretary of State and has a status of "In Good Standing"?  
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.



## Part B: For-Profit Required Documents

Please answer the following questions and provide the requested certification.

1. Has the for-profit entity filed its most recent state and federal tax returns?      Yes      No
2. If you have been in business less than a 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. Asset lien disclosure:

I do not have any liens on assets

I do have liens on assets: Please describe the assets and associated liens below:

4. Certify not under bankruptcy proceedings
5. Is your organization registered with the Secretary of State and has a status of "In Good Standing"?  
Yes      No

By signing below, I certify that the business is not under bankruptcy proceedings.

I certify that the 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/this for-profit entity to suspension or debarment proceedings, as well as other remedies available to the State, by law.

---

Printed Name and Title

---

Signature

Date

For-profit business grant applicants may be required to submit the appropriate documents pursuant to Minnesota Statute [Sec. 16B.981 Subd. 3](#) as part of the pre-award risk assessment:

- **Most recent federal and state tax returns**
- **Current Financial Statements**

## Extra Pages to be Completed as Needed

### Participating Business(es)

3. Participating Business Name: \_\_\_\_\_

Check any that apply:      BIPOC-Owned      Woman-Owned      Veteran-Owned

Project Location(s) Address(es):

Business Headquarters Location: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Total Number Employees Company-wide:	Total Number of Employees in Minnesota:	Total Number of Employees at Project Location(s):	Total Number Employees that are People of Color at Project Location(s):
_____	_____	_____	_____

Has the business had any layoffs in the past year:      Yes (if yes explain below)      No

In the space provided below, provide a description of the participating business including a brief history, the type of business, product line(s), and any other pertinent information.

In the space below, provide the names, titles, email addresses, and phone numbers of the staff that will be involved in the proposed project.

4. Participating Business Name: \_\_\_\_\_

Check any that apply:      BIPOC-Owned      Woman-Owned      Veteran-Owned

Project Location(s) Address(es):

Business Headquarters Location: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Total Number Employees Company-wide:	Total Number of Employees in Minnesota:	Total Number of Employees at Project Location(s):	Total Number Employees that are People of Color at Project Location(s):
_____	_____	_____	_____

Has the business had any layoffs in the past year:      Yes (if yes explain below)      No

In the space provided below, provide a description of the participating business including a brief history, the type of business, product line(s), and any other pertinent information.

In the space below, provide the names, titles, email addresses, and phone numbers of the staff that will be involved in the proposed project.

5. Participating Business Name: \_\_\_\_\_

Check any that apply:      BIPOC-Owned      Woman-Owned      Veteran-Owned

Project Location(s) Address(es):

Business Headquarters Location: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Annual Revenues: \_\_\_\_\_

Total Number Employees Company-wide:	Total Number of Employees in Minnesota:	Total Number of Employees at Project Location(s):	Total Number Employees that are People of Color at Project Location(s):
_____	_____	_____	_____

Has the business had any layoffs in the past year:      Yes (if yes explain below)      No

In the space provided below, provide a description of the participating business including a brief history, the type of business, product line(s), and any other pertinent information.

In the space below, provide the names, titles, email addresses, and phone numbers of the staff that will be involved in the proposed project.

## Placement and Retention

[illegible]

BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

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

Data Privacy:

**Tennessen Warning Notice:** Per MN Statutes 13.04, Subd.2, the data contained in this grant application is being requested from you to determine if it is eligible for an award under the MN Job Skills Partnership program. You are not required to provide the requested information, but failure to do so may result in DEED’s inability to determine your eligibility for an award.

**Data Privacy Notice:** Per MN Statutes 13.599, Subd. 3, responses submitted by a grant applicant are private or nonpublic until the responses are opened. Once the responses are opened, the name and address of the grant applicants and the amount requested is public. All other data in a response is private or nonpublic data until completion of the evaluation process. After a granting agency has completed the evaluation process, all remaining data in the responses is public with the exception of trade secret data as defined and classified in section 13.37. A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response.

Business Certification:

- I certify that I have read and understand the above data privacy notices.
- I certify that I have reviewed the grant application, including the budget in Attachment A, and confirm that it accurately represents my organization’s planned participation and financial contributions to the project.
- I certify that my organization’s planned contributions as indicated in Attachment A are not a general gift or donation that the training institution has or would otherwise receive without the prospect of Minnesota Jobs Skills Partnership funding.
- I certify that I do not anticipate any circumstances, financial or legal, barring the business from meeting its commitments as presented in the project proposal.

\_\_\_\_\_  
Business Official Name and Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Business Official Name and Title

\_\_\_\_\_  
Signature Date

## BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

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

### Data Privacy:

**Tennessen Warning Notice:** Per MN Statutes 13.04, Subd.2, the data contained in this grant application is being requested from you to determine if it is eligible for an award under the MN Job Skills Partnership program. You are not required to provide the requested information, but failure to do so may result in DEED's inability to determine your eligibility for an award.

**Data Privacy Notice:** Per MN Statutes 13.599, Subd. 3, responses submitted by a grant applicant are private or nonpublic until the responses are opened. Once the responses are opened, the name and address of the grant applicants and the amount requested is public. All other data in a response is private or nonpublic data until completion of the evaluation process. After a granting agency has completed the evaluation process, all remaining data in the responses is public with the exception of trade secret data as defined and classified in section 13.37. A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response.

### Business Certification:

I certify that I have read and understand the above data privacy notices.

I certify that I have reviewed the grant application, including the budget in Attachment A, and confirm that it accurately represents my organization's planned participation and financial contributions to the project.

I certify that my organization's planned contributions as indicated in Attachment A are not a general gift or donation that the training institution has or would otherwise receive without the prospect of Minnesota Jobs Skills Partnership funding.

I certify that I do not anticipate any circumstances, financial or legal, barring the business from meeting its commitments as presented in the project proposal.

---

Business Official Name and Title

---

Signature

Date

---

Business Official Name and Title

---

Signature

Date

## BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

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

### Data Privacy:

**Tennessen Warning Notice:** Per MN Statutes 13.04, Subd.2, the data contained in this grant application is being requested from you to determine if it is eligible for an award under the MN Job Skills Partnership program. You are not required to provide the requested information, but failure to do so may result in DEED's inability to determine your eligibility for an award.

**Data Privacy Notice:** Per MN Statutes 13.599, Subd. 3, responses submitted by a grant applicant are private or nonpublic until the responses are opened. Once the responses are opened, the name and address of the grant applicants and the amount requested is public. All other data in a response is private or nonpublic data until completion of the evaluation process. After a granting agency has completed the evaluation process, all remaining data in the responses is public with the exception of trade secret data as defined and classified in section 13.37. A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response.

### Business Certification:

I certify that I have read and understand the above data privacy notices.

I certify that I have reviewed the grant application, including the budget in Attachment A, and confirm that it accurately represents my organization's planned participation and financial contributions to the project.

I certify that my organization's planned contributions as indicated in Attachment A are not a general gift or donation that the training institution has or would otherwise receive without the prospect of Minnesota Jobs Skills Partnership funding.

I certify that I do not anticipate any circumstances, financial or legal, barring the business from meeting its commitments as presented in the project proposal.

---

Business Official Name and Title

---

Signature

Date

---

Business Official Name and Title

---

Signature

Date