

Minnesota Job Skills Partnership Grant Application Cover Page

A. General Information

Applicant Agency

Organizational Name:

Address (Line 1):

Address (Line 2):

City:

State:

Zip Code:

Contact:

Title:

Phone:

Email:

Contributing Business(es)

Business Partner Names	Project Location (City)

B. Program Information

Partnership Grant

Project Period: From: _____ To: _____

Type of Training (check as appropriate): Entry Level Retraining Advanced

Number of Trainees: _____ Expected Placement Number: _____ Expected Placement Percent: _____ %

MJSP Cost Per Trainee: _____ Total Cost Per Trainee: _____

Pathways Grant

Project Period: From:

To:

Type of Training (check as appropriate):

Entry Level

Retraining

Advanced

Number of Trainees:

Expected Placement Number: _____

Expected Placement Percent:

%

MJSP Cost Per Trainee:

Total Cost Per Trainee:

C. Computation of Funds Requested

Cost	Partnership	Pathways	Total
MJSP Costs Requested:			
Business Costs (Match):			
Grantee/Linkage Costs:			
Total Cost:			

D. Acknowledgement and Certification

Data Privacy Acknowledgement:

Tennessee 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:

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- B. Business Acknowledgement and Certifications
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SECTION 1. GRANTEE/TRAINING PROVIDER

Subsection 1.A. Description and Staff Involved

In the space below, provide a description of the grantee/training provider organization and the organizations 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, describe the workers compensation and the general liability coverage the grantee institution carries.

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.

Subsection 1.B. Past Experience

If your organization has not operated a Minnesota Job Skills Partnership (MJSP) training and education program in the past, please use the tables below to provide information on three training-related experiences you have had involving the private sector. If you have operated a previous MJSP project, you do not need to complete this section.

Title of Program:

Occupation of Trainees:

Number of Trainees: Enrolled: Completed:

Number of trainees placed or retained in private sector employment:

Funding Source:

Contact Person (name, title & phone):

Title of Program:

Occupation of Trainees:

Number of Trainees: Enrolled: Completed:

Number of trainees placed or retained in private sector employment:

Funding Source:

Contact Person (name, title & phone):

Title of Program:

Occupation of Trainees:

Number of Trainees: Enrolled: Completed:

Number of trainees placed or retained in private sector employment:

Funding Source:

Contact Person (name, title & phone):

SECTION 2. PARTICIPATING BUSINESS(ES)

Complete the information below for each participating business. An additional page is provided at the [end of the document](#) if needed. Please copy and paste additional pages as needed.

Participating Business Name:

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

Project location(s) address(es):

Business Headquarters Location:

NAICS Code (6 digits):

Annual Revenues:

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

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.

SECTION 3. DIVERSITY, EQUITY, & INCLUSION (approx. 1 page)

MJSP recognizes the importance of reducing disparities and is committed to encouraging diversity, equity, and inclusion in the workplace. MJSP prioritizes funding for businesses that have or are implementing diversity, equity, and inclusion initiatives, and for training related to diversity, equity, and inclusion initiatives. MJSP 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.

The Inclusive Workforce Employer (I-WE) program was established to recognize and promote inclusive employers, reduce regional disparities, and bring awareness to the value and methods of increasing workforce diversity. Additional information on this program can be found in the application guide.

Is the business interested in having a Department of Employment and Economic Development (DEED) representative reach out to assist them in pursuing I-WE designation?

Yes (If the proposed project includes multiple businesses, list the businesses that are interested)

No

The business has already obtained I-WE designation or is currently in the process

DEED's Workforce Strategy Consultants design tools and resources to support businesses in developing strategic workforce solutions that are relevant in today's dynamic and ever-changing environment. Additional information on the services they provide can be found in the application guide.

Is the business interested in receiving a consultation with a DEED Workforce Strategy Consultant to identify short and long-term recruitment and retention strategies?

Yes (If the proposed project includes multiple businesses, list the businesses that are interested)

No

The business has already or is currently working with a Workforce Strategy Consultant

SECTION 4. NEED STATEMENT

In the space below, describe the reason(s) the training being proposed is needed by the participating business(es). This may include, but is not limited to, needs related to changes at the business such as new product lines, new equipment, or a business expansion; the current occupational environment; labor shortages; skills gaps; industry need; and educational institution need.

SECTION 5. WORK STATEMENT AND CURRICULUM

Subsection 5.A Narrative Description

In the space provided below, provide a description of the training to be developed and delivered. This includes but is not limited to information about the instructors; cohort sizes; equipment, curriculum and materials to be used; the length and timeline of the program; the relationship between training in the classroom and hands-on training; partnerships with other training providers; and any innovative, creative or new education materials, training methodologies, or delivery systems.

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. An additional table is provided at the [end of the document](#) if needed.

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

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

SECTION 6. BUSINESS AND EDUCATION INSTITUTION 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 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. TARGET POPULATION

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):	
Expected number of males to be trained:	
Expected number of females to be trained:	
Expected number of people of color to be trained:	
Expected number of people with disabilities to be trained:	
Expected number of economically disadvantaged people to be trained (defined as people receiving public assistance or who have incomes at or below 200% of federal poverty guidelines):	

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.

Business Name	Occupation	Expected Number Trained	Expected Number Retained	Expected Number Placed in New Jobs	Expected Wage/Salary after Training

Business Name	Occupation	Expected Number Trained	Expected Number Retained	Expected Number Placed in New Jobs	Expected Wage/Salary after Training

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. CAREER PATHS AND WAGE INCREASES

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. DEFINED EDUCATIONAL PATHWAY

If applicable, describe any defined educational paths resulting from this project.

SECTION 11. CONTRIBUTING BUSINESS(ES) PARTICIPATION

Describe the involvement and input of the contributing business in developing and implementing the training program. Include a description of the financial participation.

SECTION 12. 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:

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.

ATTACHMENT A. BUDGET

ATTACHMENT B. CONFLICT OF INTEREST DISCLOSURE

Instructions: Please return your completed form as part of the Response submittal.

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.

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 new or additional conflicts of interest, I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Name & Title:

Organization:

Signature:

Date:

ATTACHMENT C: 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.

Name and Title

Signature

Date

ATTACHMENT D: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

Copy and paste additional pages as needed.

Business Name:

Data Privacy:

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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

ATTACHMENT E. LETTER(S) OF SUPPORT

Additional Participating Business section (if needed):

Copy and paste additional pages as needed.

Participating Business Name:

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

Project location(s) address(es):

Business Headquarters Location:

NAICS Code (6 digits):

Annual Revenues:

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Employees
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