

Minnesota Job Skills Partnership Short Form Grant Application

A. Applicant Agency (Educational Institution)

Organization Name:

Address (Line 1):

Address (Line 2):

City:

State:

Zip Code:

Contact:

Title:

Phone:

Email:

Provide a brief description of applicant agency (for Pathways grant applications that have a workforce development intermediary as the applicant agency, also provide the name and a brief description of the partnering accredited training organization):

B. Contributing Business(es)

Business Name:

Address (Line 1):

Address (Line 2):

City:

State:

Zip Code:

Contact:

Title:

Phone:

Email:

NAICS Code (6 digits):

Annual Revenues:

Total Number of Employees:

Number of Employees in Minnesota:

Number of Employees at Project Location:

Number People of Color at Project Location:

If the employees are represented by a labor union, provide the name(s) of the union(s):

Provide a brief description of the business and product lines:

Business Name:

Address (Line 1):

Address (Line 2):

City:

State:

Zip Code:

Contact:

Title:

Phone:

Email:

NAICS Code (6 digits):

Annual Revenues:

Total Number of Employees:

Number of Employees in Minnesota:

Number of Employees at Project Location:

Number People of Color at Project Location:

If the employees are represented by a labor union, provide the name(s) of the union(s):

Provide a brief description of the business and product lines:

Business Name:

Address (Line 1):

Address (Line 2):

City:

State:

Zip Code:

Contact:

Title:

Phone:

Email:

NAICS Code (6 digits):

Annual Revenues:

Total Number of Employees:

Number of Employees in Minnesota:

Number of Employees at Project Location:

Number People of Color at Project Location:

If the employees are represented by a labor union, provide the name(s) of the union(s):

Provide a brief description of the business and product lines:

C. General Program Information

Project Start Date:

Project End Date:

Number of Trainees:

Number Placed/Retained:

MJSP Cost Per Trainee:

Total Cost Per Trainee:

Indicate which program funds you are requesting:

Partnership

Pathways

MJSP Amount Requested:

Business Costs (Match):

Grantee/Linkage Costs:

Total Project Costs:

D. Need Statement

Provide a brief explanation of the business needs and describe how training will address those needs.

E. Curriculum/Work Statement

Complete the information in the table below for each course/training topic to be provided. An extra table is provided at the end if needed.

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

Provide a brief description of each course or training topic to be delivered, indicate any innovative, creative or new educational materials, methodologies or delivery systems being used, and describe the benefits of the project to the educational institution.

F. 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):	
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):	

G. Placement/Retention Data

In the table below indicate the business name and occupations for which workers will be trained. For each occupation, indicate the expected number of trainees to be recruited, number of trainees expected to be retained in existing jobs, number of trainees expected to be placed in newly created jobs, and average hourly wage not including benefits.

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

H. Contributing Business Participation

Briefly describe how the contributing business(es) will be involved in project activities such as recruitment and selection of trainees, development of the training curriculum and educational pathways, implementation of the training program, contribution of resources, defining of career paths, etc.

I. Educational & Career Path

This section is required for the Pathways program only. Indicate in the following format the possible career progression and the training or educational path that is required to progress to each occupation.

Training Related Occupation	Educational Requirements (Required Training)	Credential Earned/Required	Starting Pay Range

J. Terms and Conditions

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:

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.

Printed name:

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.

Printed Name and Title

Signature

Date

ATTACHMENT D: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

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 D: BUSINESS ACKNOWLEDGEMENT AND CERTIFICATION

Business Name:

Data Privacy:

Tennessee 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.

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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.

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Business Official Name and Title

Signature

Date

Business Official Name and Title

Signature

Date

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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

Additional Curriculum Table (if needed):

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