

# 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:

Check all that apply:

BIPOC-Owned

Woman-Owned

Veteran-Owned

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:

Check all that apply:

BIPOC-Owned

Woman-Owned

Veteran-Owned

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:

Check all that apply:

BIPOC-Owned

Woman-Owned

Veteran-Owned

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 |
|--------------------------------|-----------------|---------------------------|-----------------------------|---------------|-------------------|----------------|-----------------|
|                                |                 |                           |                             |               |                   |                |                 |
|                                |                 |                           |                             |               |                   |                |                 |
|                                |                 |                           |                             |               |                   |                |                 |
|                                |                 |                           |                             |               |                   |                |                 |
|                                |                 |                           |                             |               |                   |                |                 |
|                                |                 |                           |                             |               |                   |                |                 |

| <b>Course Title or Training Topic</b> | <b>No. of Trainees</b> | <b>Occupation(s) of Trainees</b> | <b>New, Existing or Customized</b> | <b>Certification</b> | <b>Training Provider</b> | <b>No. of Cohorts</b> | <b>Hrs. Per Cohort</b> |
|---------------------------------------|------------------------|----------------------------------|------------------------------------|----------------------|--------------------------|-----------------------|------------------------|
|                                       |                        |                                  |                                    |                      |                          |                       |                        |
|                                       |                        |                                  |                                    |                      |                          |                       |                        |

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.



## 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<br>(Required Training) | Credential Earned/Required | Starting Pay Range |
|-----------------------------|---|----------------------------|--------------------|
|                             |   |                            |                    |
|                             |   |                            |                    |
|                             |   |                            |                    |
|                             |   |                            |                    |
|                             |   |                            |                    |

## **ATTACHMENT A. BUDGET**

# ATTACHMENT B. GRANT APPLICANTS ACKNOWLEDGMENTS AND CERTIFICATIONS

## Instructions:

This form is to be completed by the grant applicant (educational institution/training provider). Please read each part carefully and enter your name, title, signature and date in each section to indicate acknowledgement and certification of the following information and requirements.

## Data Privacy Acknowledgement and Certification:

**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.

**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.

**Certification:** I certify that I have read and understand the above data privacy notices. In addition, I certify that the information provided in this grant application is true, correct, and reliable. 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.

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

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

## Suspension or Debarment:

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.

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

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

## **Conflict of Interest Disclosure:**

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:**

**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: \_\_\_\_\_

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

# ATTACHMENT C: 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

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Business Name:

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Signature

Date

Business Official Name and Title

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Date

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## Business Certification:

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Business Official Name and Title

Signature

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Signature

Date

