Pilot Re-Entry Program
Competitive Grant

Request for Proposals
State Fiscal Years (SFY) 2023 and 2024
Important Dates

RFP Release: Friday, October 07, 2022

Informational Webinar or Meeting Information: Tuesday, October 18, 2022, 11:00am – 12:00pm

Join from the meeting link

https://minnesota.webex.com/minnesota/j.php?MTID=m7704450a822ad358fb88562a17d7e65c

Join by meeting number

Meeting number (access code): 2480 598 1341

Meeting password: N38vvy72xhi (63888972 from phones)

There is no call-in only option. You must use the link above.

There is limited space in the webinar. If multiple individuals from one organization plan to join, please do so from the same location. This webinar will be recorded and all content will be made available online after the live webinar at https://mn.gov/deed/about/contracts/open-rfp.jsp.

Proposals Due: Tuesday, November 22, 2022, by 5:00pm (Central Time)

Proposals must be received via email and time stamped received by 5:00pm (Central Time) on Tuesday, November 22, 2022. Two attachments, the proposal (narrative, and forms 1-7) and the Pre-Award Risk Assessment, must be submitted in PDF format to DWFAPrograms.Deed@state.mn.us.

Late proposals will not be accepted. The State is not responsible for any errors or delays caused by technology-related issues.

Anticipated Notification to Applicants: on or about December 23, 2022

Contract End Date: June 30, 2024

Disclaimer: All costs incurred in responding to this RFP will be borne by the responder. This RFP does not obligate the state to award a contract or complete the project. The State reserves the right to cancel the solicitation if it is considered to be in its best interests.
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The Minnesota Department of Employment and Economic Development (DEED) is committed to empowering the growth of the Minnesota economy for everyone.

Within DEED’s Employment & Training Division (ETP), Dislocated Worker (DW) programs will be focused on awarding proposals that place an emphasis on the following:

- **Equity**
  ETP programs seek to build an inclusive, skilled workforce and reduce disparities based on race, disability, and gender.
  - Training participants with the most significant barriers to employment and ensuring participants have equal access to training and employment opportunities.
  - Ensuring that organizations serving hardest to serve populations reflect the community accessing the services and incorporate human-centered design into their programs.
  - Reducing and eliminating disparities by empowering all members of our workforce will result in a more equitable and prosperous Minnesota for individuals, families, businesses, and communities.

- **Innovation**
  ETP programs recognize that new solutions must be developed to respond to new and ongoing challenges in our workforce and communities.
  - Programs that are mission-driven, utilizing best practices while having an innovation mindset to creatively imagine and apply new approaches to success.
  - Clearly show the development of innovative approaches to outreach and recruitment, reaching those who have been disconnected and disenfranchised from the workforce.
  - Designing and implementing new efficient and effective systems for workforce development programs that address skills shortages, remove barriers to lifelong learning, and help workers improve their employability.
  - DEED will facilitate the growth of innovative programs by providing resources to ensure the programs ability to grow and expand.

- **Performance**
  ETP programs are built on a foundation of partnerships, most significantly between program providers and employers.
  - **Employment/Job Placement**: Employer partners that will offer livable wage jobs and job advancement to program participants.
  - **Job Retention**: Programs that provide intentional support for participants to retain employment and advance in their chosen field.
  - **Median Earnings**: Programs that pursue training and/or development that target industries and jobs with livable wages.
  - **Credential Attainment Rate**: Programs that yield measurable results demonstrated by attainment of foundational skills and industry specific qualifications.
Objective of RFP

The Department of Employment and Economic Development, through its Employment & Training Division’s Dislocated Worker Federal Adult Programs (DWFAP), is seeking proposals from qualified responders to provide services through its **Re-entry competitive grant program**.

The **Re-entry competitive grant program** seeks to serve justice involved individuals who are Minnesota residents, have not worked or had employment for 15 weeks in the last year, and are within 3-6 months of release or have been released in the last 3-6 months from various correctional facilities in the state.

Participants will receive one-on-one career counseling/case management, job search assistance, skills training, and wrap-around support services working closely with a Navigator. Employer partners are imperative and programs with strong employer partners will be given prioritization for funding.

Funds Available

Authorized under [Minnesota Statute 116L.17](https://www.revisor.mn.gov/codes/display.action?title=116L.17&section=17), and approved by the Minnesota Job Skills Partnership Board (MJSP), $3,000,000 is available for State Fiscal Years (SFY) 2023-2024. Organizations may apply for grants up to $500,000.

Technical Assistance

For technical assistance in interpreting instructions and to submit questions, please contact Lensa Idossa, email [DWFAPsPrograms.DEED@state.mn.us](mailto:DWFAPsPrograms.DEED@state.mn.us).

Questions must be submitted in writing. Questions will be accepted and answered up to three business days before the due date of this proposal.

Each week, DEED staff will post responses to frequently asked questions on DEED’s website by way of the Contract Opportunities page: [https://mn.gov/deed/about/contracts/open-rfp.jsp](https://mn.gov/deed/about/contracts/open-rfp.jsp).

Individuals with disabilities who need alternative formats can contact DEED at 651-259-7578 for assistance.
SCOPE OF WORK

Eligibility
Eligible organizations include:

- State or Local Government Units
- Nonprofit Organizations
- Community Action Agencies
- Business Organizations or Associations
- Labor Organizations

Target Population
Programs must serve the following participants:

- Justice involved individuals who are Minnesota residents,
- Have not worked or had employment for 15 weeks in the last year, and
- Are within 3-6 months of release or have been released in the last 3-6 months from various correctional facilities in the state.
- Are authorized to work in the United States.

Collaboration
Partnerships are required. All applicants must include the required partners as listed in the Required Components. Include all established partnerships in the Partnership Chart attached to this document. Partnership with organizations which have operated state Dislocated Worker Programs are encouraged.

All partnerships are required to have a letter of support or intent to contract attached.

Partners may include:

- Individuals, organizations, institutions, businesses, or other entities that will NOT be receiving compensation for their participation in this grant.

- Subgrantees (individuals, organizations, institutions, businesses, or any other entities) that WILL be receiving compensation from the grant.

Tasks/Deliverables
Successful applicants will be required to:

- Utilize Workforce One as the case management system for the grant.
- Enter and enroll all participants in Workforce One within 15 business days of participant application date.
- Maintain current Workforce One data entry (within 15 business days of participant contact), including case notes, throughout the contract period.
- Enter all case notes, activities, credentials, employment data, etc. within 15 business days of event date into Workforce One.
- Submit a quarterly narrative that describes progress of the grant (due the 30th of the month following the end of the quarter).
• Actively participate in evaluation and data collection efforts that assess the impact of this initiative.
• Submit monthly Reimbursement Payment Request Forms (RPRs) or Financial Status Reports (FSRs) to designated contact within DEED. RPRs or FSRs must accurately reflect actual grant expenditures and obligations consistent with rates of participation which grant administrators will be able to track.

Additional Requirements
• Grantees providing direct services to individuals are required to follow DEED program administration guidelines including, but not limited to:
  o Creating and utilizing a program participant application that screens for eligibility and enrollment criteria.
  o Ensuring that all enrolled participants meet state program eligibility criteria and collect required eligibility documentation.
  o Creating and utilizing an Individual Employment Plan for each participant.
  o Administering or obtaining a DEED approved standardized assessment of the participant educational attainment level (math and reading) before enrolling in training beyond work readiness.
• Maximization of resources is highly encouraged to meet participant needs. If your organization has additional DEED funded programs or partners with other DEED funded organizations, co-enrollments should be monitored closely and the reason for co-enrollment should be entered in Workforce One at time of enrollment. Co-enrollment is designed to seamlessly get a participant the services they need, and not designed to increase program/Grantee outcomes. Co-enrollments must be captured on the participant’s Individual Employment Plan (IEP) and in Case Notes.

ELIGIBLE SERVICES
Proposals submitted must include all of the components as described below.

• **Career Planning and Counseling:** Trained and experienced Navigators help participants assess skills, develop career paths, and set job goals.
• **Job Search and Placement Services:** Navigators provide job search tools, networking clubs, and workshops on everything from resume building to interview skills.
• **Training:** Navigators help participants use funding proactively to develop occupational skills training, on-the-job training, entrepreneurial support, adult basic education, and other types of training.
• **Support Services:** The DW program can support participants through tough financial times by assisting with transportation costs, family care costs, health care costs, or other emergency aid workers may need to reach their employment goals.

Once the participant is successful in obtaining unsubsidized, suitable employment, they are exited from the program and provided with up to 12 months of follow up services to ensure they are successful in their new job.
Components
The Re-entry program requires the following component:

1. **Partner Involvement:**
   a. Programs **must** deliver components in partnership with other organizations. These partnerships must be comprised of at least one employer partner\(^1\), and one workforce development organization\(^2\). All partners must be listed in Form 4: Partnership Chart.
   
   b. All training providers issuing credentials must be licensed and registered or exempted from licensing and registration by the [Minnesota Office of Higher Education](https://www.mass.gov/). 

2. **Navigation Strategy:**
   a. Programs must have one or more skilled Navigator(s) – a central or single point of contact strategy. The Navigator is responsible for helping participants connect to existing resources (workforce development, post-secondary, community, etc.) rather than duplicating those resources in addition to providing case management. Navigators are also the consistent point of contact for participants to better implement an individualized strategy throughout the program. The Navigator functions as the primary Case Manager for participants.
   
   b. Programs must provide retention services to ensure success at the job for at least 12 months post placement.

3. **Comprehensive Support Services:**
   a. Programs must have a central point of contact and provide wrap-around support services tailored to meet their needs. These services must enhance participants’ planning and informed decision-making and increase success in participants achieving both education and employment goals. Formal support services might include but are not limited to: transportation, housing/rental assistance, health and medical costs, needs-based payments, travel assistance, legal aid, personal counseling, clothing, tools, etc. Informal supports might include but are not limited to: peer support groups, mentor programs, and job or life coaching.

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\(^1\) Employer partners may contribute in multiple ways: discussing hiring needs, skills, competencies; advise on curricula; contract training; hire graduates; provide job site tours, speakers, mock interviews, internships, needs assessments, loan or donate equipment, recruit; act as adjunct faculty and preceptors; and/or contribute to college-employer sectoral partnerships.

\(^2\) Workforce development organizations are defined to include community-based organizations that provide workforce development services.
PROPOSALS

Proposals must conform to all instructions, conditions, and requirements included in the RFP. Responders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Responder’s risk and may, at the discretion of the State, result in disqualification of the Proposal. Acceptable Proposals must offer all services identified in Scope of Work and agree to the contract conditions specified throughout the RFP.

Narrative Format
The submitted narrative must address all sections in the Evaluation Criteria and must meet the following specifications:

- 12 Point font (Arial or Calibri preferred)
- No more than 10 single-sided double-spaced with a 1” margin on all four sides
- Executive Summary, 1 page maximum
- Executive Summary, required forms, and letters do NOT count toward the 10-page limit

IMPORTANT: Applicants may be required to supplement their proposals at the request of the Commissioner of DEED and/or the Governor’s Office.

Submission and Due Date
Proposals must be received via email and time stamped received by 5:00pm (Central Time) on Tuesday, November 22, 2022. Two attachments, the proposal (narrative, and forms 1-7) and the Pre-Award Risk Assessment, must be submitted in PDF format to DWAPrgrams.Deed@state.mn.us.

Proposals must meet all specifications to be considered. Late proposals will not be considered. DEED is not responsible for any issues related to technology.

PROPOSAL EVALUATION AND SELECTION

Overview of Evaluation Methodology
The review committee will be reviewing each proposal on a 100-point scale. The scoring factors and weight that applications will be judged on are:

1. Executive Summary: 0 points
2. Equity Analysis: 20 points
3. Proposed Services: 35 points
4. Partnerships and Collaborations: 20 points
5. Participant Recruitment, Intake, and Retention Strategy: 15 points
6. Budget/Fiscal Capacity: 10 points

Total points – 100 points.

Narratives should align with your attached Work Plan and Budget. Required forms or required letters do NOT count toward the page limit. Do not attach marketing materials. Ensure that all required forms are filled out completely.
The review committee will consist of DEED staff and community members with expertise in Workforce Development, Education and Training, and/or Business and Industry and will evaluate all eligible and complete applications received by the deadline.

**Performance Measurement**

The program performance of the successful applicant will be based on the standards established in the geographic region in which the applicant provides services.

Performance measures include:
- 2nd quarter employment (placement)
- 2nd quarter median earnings
- 4th quarter employment (retention)
- Credential Attainment Rate

In accordance with Minnesota Department of Administration, Office of Grants Management (OGM) *Operating Policy and Procedure Number 08-13*, past performance on awarded and closed Minnesota state education and training grants will be considered when evaluating proposals for future grants. New Grantees will not be held to this policy, and former Grantees who have met outcomes as defined in the grant contract will be considered compliant.

The Commissioner of DEED will review all committee recommendations and is responsible for award decisions. The award decisions of DEED are final and not subject to appeal.
# EVALUATION CRITERIA

<table>
<thead>
<tr>
<th>Section 1: Executive Summary</th>
<th>Total points: 0</th>
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<tbody>
<tr>
<td>Provide a summary of your proposal (limit to one page). Include your organization’s history, purpose and mission as well as your organizational structure, unique strengths and capacity to deliver services to justice involved individuals.</td>
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<tr>
<th>Section 2: Equity Analysis</th>
<th>Total points: 20</th>
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<tbody>
<tr>
<td><strong>Organizational Statement</strong></td>
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<tr>
<td>Provide a summary of how your organization addresses equity – fair and just opportunity and inclusion into society so all Minnesotans can participate, prosper, and reach their full potential.</td>
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<tr>
<td>Base your summary on the following:</td>
<td></td>
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<tr>
<td>1. Describe your organization’s experience serving justice involved individuals</td>
<td></td>
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<tr>
<td>a. If your organization has limited experience, describe your plan to serve these communities.</td>
<td></td>
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<tr>
<td>2. Describe how your organization’s staff and board reflect individuals from these populations.</td>
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<tr>
<td>a. Provide board demographics.</td>
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<tr>
<td>3. Describe the work your organization is engaged in achieving equity and increasing opportunities for families in generational incarceration/poverty, individuals of color, and those with disabilities.</td>
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<tr>
<td>4. Describe how your organization will engage these communities in the analysis, planning, and implementation of the service(s) outlined in this proposal.</td>
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<tr>
<th>Section 3: Proposed Service(s)</th>
<th>Total points: 35</th>
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<tbody>
<tr>
<td><strong>Work plan (5 points):</strong></td>
<td></td>
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<tr>
<td>1. Complete the <a href="#">Work Plan Table</a> (does not count towards 10-page limit) with the goals, key activities, and measurable outcomes for this project.</td>
<td></td>
</tr>
<tr>
<td>2. In accordance with the outline in the <a href="#">Eligible Services Section</a> above, provide a summary of your program. Your summary should align with the Proposal’s attached <a href="#">Work Plan</a> and <a href="#">Budget</a> forms.</td>
<td></td>
</tr>
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</table>
Narrative (25 points):

1. Describe the organization’s recent or current experience in delivering services to justice involved populations. What steps have been unique or customized to the population?
2. Describe the services you will provide. Include where and how you will deliver those services.
   a. Address each of the required components you will provide within the program, and how they meet the needs of the target population proposed to serve.
   b. How quickly post award will your program be able to begin?
3. Provide your staffing plan to deliver these services, including Accountability and Reporting.
4. Describe how your proposed services will be delivered in a culturally competent way.
5. Using DEED’s Labor Market Information Data Tool Occupations in Demand\(^3\) describe how your proposed services align with your region’s labor market demand.
6. Performance Outcomes: The Workforce Program Outcomes Statute\(^4\) governs the DW Performance Measures. Describe how you will measure the success of your proposed services and the probability that you will be able to achieve success outlined by the performance measures of the Workforce Program Outcomes Statute. Performance Outcomes described in this section must correspond with Form 2: Work Plan.

Geographical Location (5 points):
Proposals that provide services in areas few DEED grantees or limited resources and services will be awarded geographical points.

1. State the geographical location(s) your project will serve.
2. Provide any quantitative data relevant that will support the need for the project in your area.

Section 4: Partnerships and Collaborations

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Partnership Chart (5 points):

1. Complete Form 4-Partnership Chart (does not count towards 10-page limit) with the programs’ partners, roles, responsibilities, and commitments of each partner.
2. Letters of commitment are required for all partners listed on partnership chart.

Narrative (15 points):

1. Describe how all partners will be engaged in the proposed program and why they are the best fit for this project.
2. Name your Employer partner(s) and describe their role within the proposed program.
3. If the applicant is not a workforce organization, name the workforce development partner and

\(^3\) For direct assistance on how to use or interpret the data, contact Labor Market Help (deed.lmi@state.mn.us or 651-259-7384).

describe their role within the proposed program.
4. List any additional partners and describe their role within the proposed program.
5. Describe any collaborative relationships you have with other organizations serving the target populations and how your projects and services align or build off each other to comprehensively meet the community needs.

Section 5: Participant Recruitment, Intake, and Retention Strategy

Provide a summary of how your organization will ensure a sound approach to recruitment, intake, and retention. Your summary should align with the Proposal’s attached Work Plan and Budget forms.

Your summary should include:

1. Describe your participant recruitment strategy, including foreseeable recruitment challenges and how you will overcome them. Describe innovative outreach methods that the organization uses or plans to use to reach the target population(s).
2. Describe your intake process to assess participants’ current status and need, e.g., an individual’s education level, skill competencies, work experience, and their interest in available service(s). Include how your intake process determines if participants are a good fit for the available services.
3. Describe your participant engagement/retention strategy during training and service delivery.
4. Describe your strategy to monitor and support the progress of your participants once they have exited your program.
5. Describe your previously demonstrated success in job training and placement for hard-to-train individuals.
6. Describe the services and support provided to participants in the required 12 months post placement retention period.
7. Describe the role of the Navigator within the program and how that person(s) will support participants before, during, and after successful completion.

Section 6: Budget/Fiscal Capacity

Budget (5 points):

1. Complete Form 3. Budget
2. The total budget request for the two fiscal years may not exceed $500,000

No more than 10% may be allocated for administrative costs.

Budget Narrative (5 points):
Provide a summary addressing the cost effectiveness of proposed services and your organization’s capacity to manage the funds you have requested. Your summary should align with the Proposal’s attached Work Plan and Budget forms.

Your summary should include:

1. Describe how you will use the funds requested (which must align with your Budget) to successfully
deliver the proposed services.
2. Total DEED funds requested
3. Total participants you intend to serve
4. Cost per participant and per outcome using the following formulas:
   a. Total DEED funds requested divided by the total number of participants
   b. Total DEED funds requested divided by the total number of credentials obtained
   c. Total DEED funds requested divided by the number of exits to employment
5. Cost of training received by participant (if applicable) using the following formula:
   a. Total training cost divided by the number of participants receiving training
6. Explain why this is the most effective and productive way to use the funds. If contracting with a vendor to provide services refer to Grantee Bidding Requirements.
7. Describe your organization's financial management capacity (accounting, timekeeping, and funds management, etc.).
8. List already secured leveraged funds and how those funds will support your proposed services.
9. Describe how you will sustain the proposed services beyond the grant period.

Total points: 100
Conflicts of Interest

DEED will take steps to prevent individual and organizational conflicts of interest, both in reference to organizations submitting proposals and reviewers, per Minn.Stat.§ 16B.98 and Office of Grants Management Policy 08-01 Conflict of Interest Policy for State Grant-Making. When a conflict of interest concerning state grant making exists, transparency shall be the guiding principle in addressing it.

In cases where a conflict of interest is suspected, disclosed, or discovered by DEED, applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award, or termination of the grant agreement. In cases where a potential or actual conflict of interest is discovered by the applicant, they must notify the state.

Applicants must complete a Conflict of Interest Disclosure and attach it to their proposal.

Public Data

Per Minn. Stat. § 13.599:

- Names and addresses of grant applicants, and amount requested will be public data once proposal responses are opened.
- All remaining data in proposal responses (except trade secret data as defined and classified in §13.37) will be public data after the evaluation process is completed (for the purposes of this grant, when all grant agreements have been fully executed).
- All data created or maintained by the Department as part of the evaluation process (except trade secret data as defined and classified in §13.37) will be public data after the evaluation process is completed (for the purposes of this grant, when all grant agreements have been fully executed).

Selection and Notification of Successful Applicant(s)

DEED intends to notify successful applicants of final funding decisions on or about December 23, 2022.

POST-SELECTION REQUIREMENTS

Tax Identification and UEI Numbers

DEED grantees are required to have both state and federal tax identification numbers and a valid Unique Entity Identifier (UEI) number created in SAM.gov. A UEI number is a unique, twelve-digit identification number for each physical location of your business. UEI numbers are free for all state vendors and can be obtained via the SAM.gov website, linked here.

Vendor Registration

Grant recipients new to DEED-funded grants must complete a grant agreement before DEED will disburse any funds. The State of Minnesota’s accounting and procurement system is called State-Wide Integrated Financial Tools (SWIFT). Every organization or sub-grantee doing business with the state is considered a vendor. Vendors must be registered with the State of Minnesota. Vendors can interact with the state through the Supplier Portal, which is part of SWIFT. The Supplier Portal allows vendors to login and view payment detail as well as maintain address and contact information related to their vendor record. For new prospective grantees (vendors), if you are awarded a grant, it will be necessary to register as vendor via the Vendor Registration link.
Minnesota Department of Human Rights Workforce Certificates
Any business that employs 40 or more employees in a state and that seeks to enter into a contract with the State of Minnesota that is over $100,000 or is likely to exceed $100,000 needs to obtain a workforce certificate of compliance from the Minnesota Department of Human Rights. Please check the Minnesota Department of Human Rights website at https://mn.gov/mdhr/certificates/ or contact them directly at compliance.mdhr@state.mn.us to determine if your organization needs to seek a workforce certificate of compliance.

Other State and Federal Requirements
DEED grantees must also comply with all state and federal requirements including, but not limited to:
- Worker’s compensation;
- Affirmative action;
- Data privacy;
- Equal Employment Opportunity;
- The Americans with Disabilities Act (ADA);
- Voter Registration;
- Unemployment Insurance*

*A grantee’s Unemployment Insurance account must be current. Please complete the Unemployment Insurance Account Waiver as part of your application.

Financial Review
All Non-Governmental Organizations (NGOs) applying for grants in the state of Minnesota must undergo a financial review prior to being offered a grant award of $25,000 and higher. To comply with State Policy 08-06 on the Financial Review of Nongovernmental Organizations please submit one of the following documents with your proposal, based on the following criteria:

- NGOs with annual income of under $50,000, or who have not been in existence long enough to have a completed IRS Form 990 or audit should submit their most recent board-reviewed financial statements.
- NGOs with total annual revenue of $50,000 or more and less than $750,000 should submit their most recent IRS Form 990.
- NGOs with total annual revenue of over $750,000 should submit their most recent certified financial audit.

Bidding Requirements
Grantees are subject to bidding requirements for goods and services purchased under this grant. Goods and services that cost:
- $100,000 or more must undergo a formal notice and bidding process.
- Between $25,000 and $99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
- Between $10,000 and $24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.

The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible.
The grantee must maintain:

- Written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.
- Support documentation of the purchasing and/or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.

The grantee must not contract with vendors who are suspended or debarred in MN listed [here](#).

**Nondiscrimination/EO Assurance**

Grant recipients must comply with state and federal civil rights laws and ensure nondiscrimination in programs and services receiving federal and state financial assistance.

**Accountability and Reporting**

Grantees are required to collect and report data on participants during service delivery. Grantees must input participant data into DEED’s case management system – Workforce One. Workforce One participant data entry ensures programs maintain performance measures as defined and governed by the Workforce Program Outcomes Statute. Grantees must learn and commit to using Workforce One. Grantees are also required to submit quarterly grant reports, and monthly financial reports each year of the grant period.

This information will be used to monitor grantees’ service delivery, confirm grant reimbursement requests, and measure performance.

**Grant Monitoring**

Minnesota Statutes §16B.97 and State Policy on Grant Monitoring 08-10 require the following:

- One monitoring visit before final payment on all state grants of $50,000 and higher
- Annual monitoring visits during the grant period on all grants of $250,000 and higher
- Conducting a financial reconciliation of grantee’s expenditures at least once before final payment on grants of $50,000 and higher. For this purpose, the grantee must make expense receipts, employee timesheets, invoices, and any other supporting documents available upon request by the State.

**Audits**

Per Minn. Stat. §16B.98, Subd. 8, the grantee’s books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to

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5 DEED will provide technical assistance as needed.
examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.
CHECKLIST FOR PROPOSAL ATTACHMENTS

The following documents must be attached with your proposal but do not count toward the ten (10) page maximum. Proposals that do not include attachments will be deemed incomplete and will not be evaluated and scored.

Do not submit any other materials (binders, photos, links to videos and webpages, etc.). Unrequested materials will not be reviewed.

Note that the Work Plan and Budget forms are bi-annual for the purpose of the RFP. Awarded applicants will be requested to provide a quarterly breakdown for the entire grant period at time of contracting.

☐ Form 1. Cover Sheet
☐ Form 2. Work Plan
☐ Form 3. Budget
☐ Form 4. Partnership Chart
☐ Form 5. Unemployment Insurance Consent
☐ Form 6. Conflict of Interest Disclosure
☐ Form 7. Affidavit of Non-Collusion
☐ Letters of Support or Intent to Contract
☐ Partnership Conflict of Interest Disclosure Letters (If applicable)
☐ Pre-Award Risk Assessment (separate document to be attached to submission, do not include in proposal PDF)
# Form 1. Cover Sheet

Provide the following information for the organization submitting the proposal and/or fiscal agent.

<table>
<thead>
<tr>
<th>Organization Submitting Proposal:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organization Name:</td>
<td>Tab here and enter organization name</td>
</tr>
<tr>
<td>2. Director Name:</td>
<td>Tab here and enter director’s name</td>
</tr>
<tr>
<td>8. Contact Name:</td>
<td>Tab here and enter contact’s name</td>
</tr>
<tr>
<td>3. Telephone:</td>
<td>Tab here and enter telephone</td>
</tr>
<tr>
<td>9. Telephone:</td>
<td>Tab here and enter telephone</td>
</tr>
<tr>
<td>4. Fax:</td>
<td>Tab here and enter fax</td>
</tr>
<tr>
<td>10. Fax:</td>
<td>Tab here and enter fax</td>
</tr>
<tr>
<td>5. Email:</td>
<td>Tab here and enter email</td>
</tr>
<tr>
<td>11. Email:</td>
<td>Tab here and enter email</td>
</tr>
<tr>
<td>6. Organization Website:</td>
<td>Tab here and enter organization website</td>
</tr>
<tr>
<td>7. Full Address:</td>
<td>Tab here and enter address</td>
</tr>
<tr>
<td>12. Full Address:</td>
<td>Tab here and enter address</td>
</tr>
<tr>
<td>13. Federal Tax ID:</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>14. Minnesota Tax ID:</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>15. UEI Number:</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td></td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>16. SWIFT Vendor ID:</td>
<td>Tab here and enter number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposal Information:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Proposal Name:</td>
<td>Tab here and enter proposal name</td>
</tr>
<tr>
<td>18. Proposal Summary:</td>
<td>Tab here and 2-3 sentence summary</td>
</tr>
<tr>
<td>19. Geographic Area Served by Proposal:</td>
<td>Tab here and enter geographic area served</td>
</tr>
<tr>
<td>20. Total Amount of DEED Funds Requested:</td>
<td>Tab here and enter amount requested</td>
</tr>
<tr>
<td>21. Anticipated Number of Participants Served by Proposal:</td>
<td>Tab here and enter number of participants</td>
</tr>
<tr>
<td>22. Cost Per Participant:</td>
<td>Tab here and enter the cost per participant</td>
</tr>
<tr>
<td>23. Employer Partner(s):</td>
<td>Tab here and enter the names of any employers that will be play a role in your grant.</td>
</tr>
</tbody>
</table>

I certify that the information contained herein is true and accurate to the best of my knowledge and that I am authorized to submit this application on behalf of the applicant.

<table>
<thead>
<tr>
<th>Authorized Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>
Form 2. Work Plan

Complete the work plan as applicable to your proposal in a cumulative manner from one quarter to another. Use additional pages as necessary.

<table>
<thead>
<tr>
<th>Total Enrollments</th>
<th>Quarter 1: Grant Start Date through 03/31/23</th>
<th>Quarter 2: Grant Start Date through 06/30/23</th>
<th>Quarter 3: Grant Start Date through 09/30/23</th>
<th>Quarter 4: Grant Start Date through 12/31/23</th>
<th>Quarter 5: Grant Start Date through 03/31/24</th>
<th>Quarter 6: Grant Start Date through 06/30/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total participants enrolled in training</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>Total participants completing training</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>Industry-recognized Credentials attained</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>Exits to Employment</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>All other exits</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>All exits-Total</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
</tbody>
</table>
Form 3: Budget

Please complete budget form in cumulative manner. Matching funds are not required; however, applicants are encouraged to leverage federal, private, or other funds. You are also not required to use all cost categories. Please see Cost Category Definitions for descriptions.

**TOTAL COST PER PARTICIPANT**

(Total DEED funds requested divided by the total number of participants)

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Cost Category</th>
<th>Quarter 1: Grant Start Date through 03/31/2023</th>
<th>Quarter 2: Grant Start Date through 06/30/2023</th>
<th>Quarter 3: Grant Start Date through 09/30/2023</th>
<th>Quarter 4: Grant Start Date through 12/31/2023</th>
<th>Quarter 5: Grant Start Date through 03/31/2024</th>
<th>Quarter 6: Grant Start Date through 06/30/2024</th>
<th>Total Project Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>833</td>
<td>Administrative Costs⁷</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>857</td>
<td>Career Services⁸</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>859</td>
<td>Transitional Job</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>896</td>
<td>Incumbent Worker Training</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>838</td>
<td>Direct Customer Training</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
<tr>
<td>828</td>
<td>Support Services Costs</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
<td>Tab here and enter number</td>
</tr>
</tbody>
</table>

| Total:          | Tab here and enter number | Tab here and enter number | Tab here and enter number | Tab here and enter number | Tab here and enter number | Tab here and enter number | Tab here and enter number | Tab here and enter number |

⁷ Administrative costs cannot exceed 10% of total funds requested.

⁸ Grantees must follow the limitations for each cost category: State Dislocated Worker Cost Category Definition and Waiver Policy. Waivers may be submitted prior to project starting.
**Form 4. Partnership Chart-All Partners**

List all partner organizations that will contribute to the proposed services with/without compensation. Signed letters of intent/support to contract(s) from partners explaining what they will contribute and their responsibility in operations are required for each partner. If a partner has a potential conflict of interest, such as providing donations to the applicant or sitting on the applicant’s board of directors, attach a letter of disclosure explaining the relationship of the partner to the applicant organization. Add additional lines as necessary.

<table>
<thead>
<tr>
<th>Type of Organization (e.g., employer, educational institution, non-profit, etc.)</th>
<th>Name and Address of Organization</th>
<th>Type of Commitment (Case Mgmt., Training, Accounting Time, Staff, Resources, Space, Referrals, etc.)</th>
<th>Contact Person Email Address Telephone Number</th>
<th>Letter of Support Enclosed</th>
<th>Conflict of Interest Disclosure Needed</th>
<th>Approximate Total Amount of Compensation from Grant</th>
<th>Responsible for Workforce One Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>[Enter dollar amount]</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>[Enter dollar amount]</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>[Enter dollar amount]</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>[Enter dollar amount]</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>Enter information</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>[Enter dollar amount]</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
Form 5: 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 (651) 259-7567.

EXPLANATION OF YOUR RIGHTS

Purpose of this form

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

1. Data Subject

   Your name or name of organization: ____________________________________________
   Minnesota Unemployment Insurance (UI) Employer Account No.: _______________________
   Address: _____________________________________________________________
   City: _________________________________________________________________
   State: _________________________________________________________________
   ZIP Code: _______ - _______

2. Authorized person or organization
I authorize the following person or organization to receive the private and nonpublic data checked below:
Fiscal Program & Monitoring staff
DEED, Employment and Training Programs Division
332 Minnesota Street, Suite E200
Saint Paul, MN  55101

3. UI Data

Types of data that 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.

4. 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.

Your signature or signature of corporate officer, partner or fiduciary

Print your name (and title, if applicable): ______________________________________________
Phone: (___) - ___ - ___
Date: __-__-____ (mm-dd-yyyy)
Form 6: Conflict of Interest Disclosure

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 effective date 1/1/22 and to disclose any conflicts of interest accordingly.

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:

Signature:

Organization:

Date:
Form 7. Affidavit of Non-Collusion

Instructions: Please return this completed form as part of the Request for Proposal Response submittal.
I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation).

2. That the attached proposal submitted in response to the Re-entry Competitive Grant Program Request for Proposal has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment, or services described in the Request for Proposals, designed to limit fair and open competition.

3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals.

4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Authorized Signature

Responder’s firm name:

Print authorized representative name:

Title:

Authorized signature:

Date (mm/dd/yyyy):

Notary Public

Subscribed and sworn to before me this ____ day of __________, 20___.

________________________________________
Notary Public signature

Commission expires (mm/dd/yyyy): ____