

# Southeast Asian Economic Disparities Relief Application Packet

Please complete all fields within this application and sign where indicated. Incomplete submissions will not be considered. Do not attach marketing materials or include links to web pages. Save the completed application as one PDF and submit via email to [ACPgrants.deed@state.mn.us](mailto:ACPgrants.DEED@state.mn.us) with the subject line: Southeast Asian Competitive Grant RFP Application – [insert your organization name].

Remember, you must submit all documents listed below for the application to be considered complete:

Form 1. [Cover Sheet](#_Form_1._Cover)

Form 2. [Narrative Responses](#_Form_2._Narrative)

Form 3. [Work Plan](#_Form_3._Work)

Form 4. [Budget](#_Form_4._Budget)

Form 5. [Partnership Chart](#_Form_5._Partnership)

Letters of Support or intent to Contract

Partnership Conflict of Interest Disclosure Letters (if applicable)

Form 6. [Unemployment Insurance Account Consent](#_Form_6._Unemployment)

Form 7. [Applicant Conflict of Interest Disclosure Form](#_Form_7._Conflict)

Form 8. [Affidavit of Non-Collusion](#_Form_8._Affidavit)

Form 9. [Performance Capacity](#_Form_9._Performance)

Form 10. [No Conviction of Felony Financial Crime by Principal](#_Form_10._No)

Include applicant organizational chart or a list of principals that you are certifying for.

Form 11. [Evidence of Good Standing](#_Form_11._Evidence)

Form 12. [Required Nonprofit Grantee Documents](#_Form_12._Required)

Include 990 Tax document and/or audited financial statement.

**Applications must be submitted by the applicant via email and time stamp received by DEED by August 28, 2025 at 5:00PM CST.**

**Late applications will not be considered.**

# Form 1. Cover Sheet

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

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| **Organization Information** | | | | |
| **1. Organization Name:** | *Tab here and enter the organization name* | | | |
| **2. Organization Type:** | *Nonprofit Organization*  *Business organization or trade associations*  *Public/Gov’t Entity or Tribal governments  Labor Organizations*  *Community action agencies*  *Alternative secondary institutions or post-secondary institutions* | | | |
| **3. Organization Website:** | *Tab here and enter the website* | | | |
| **4. Physical Address:** | *Tab here and enter the address* | | **5. Mailing Address:** | *Tab here and enter the address* |
| **6. Executive Director Name:** | *Tab here and enter the director's name* | | **7. Program Contact Name:** | *Tab here and enter the program contact's name* |
| **8. Executive Director Title:** | *Tab here and enter the director's title* | | **9. Program Contact Title:** | *Tab here and enter the program contact's title* |
| **10. Telephone Number:** | *Tab here and enter the director's telephone number* | | **11. Telephone Number:** | *Tab here and enter the program contact's telephone number* |
| **12. Email:** | *Tab here and enter the email* | | **13. Email:** | *Tab here and enter the program contact's email* |
| **14. Federal Tax ID:**  (required) | *Tab here and enter the number* | | **15. Minnesota Tax ID**:  (required) | *Tab here and enter the number* |
| **16. SWIFT Vendor ID:**  (If known) | *Tab here and enter the Swift #* | | **17. Unique Entity ID(UEI)**:  (if available) | *Tab here and enter the number* |
| **Proposal Information** | | | | |
| **18. Proposal Name:** | | *Tab here and enter the proposal name* | | |
| **19. Proposal Summary:** | | *Tab here and enter a short summary of the proposal* | | |
| **20. Geographic Area Served by Proposal:** | | 7-County Metro Area  Greater Minnesota  Statewide | | |
| **21. Target Populations Served by Proposal:** | | **All participants served must be of Southeast Asian descent.** Population(s) Served: *(Check all that apply)*  Hmong  Lao  Vietnamese  Karen/Karenni  Filipino  Burmese  Cambodian  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be Southeast Asian descent) | | |
| **22. Total Amount of DEED Funds Requested:** | | *Tab here and enter the dollar amount requested* | | |
| **23. Projected Number of Participants Enrolled in Proposed Program:** | | *Tab here and enter the proposed number of participants that will be served* | | |
| **24. Proposed Cost Per Participant:**  *Total funds requested divided by projected total participants served* | | *Tab here and enter the cost per participant* | | |
| **25. Proposed Cost Per Exit to Employment:**  *Total funds requested divided by projected total participants exited to employment* | | *Tab here and enter the cost per exit to employment* | | |
| **26. Program Components:** | | *Select all the components of your program.*  Student tutoring and testing support services  Industry specific certifications  Credential training  Remedial training (GED/ABE)  Financial literacy  English language training  Work Readiness training  Work experience and/or internships (Paid or Unpaid)  OJT (On the Job Training Contracts)  Capacity building assistance to smaller organizations  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **27. Name of Certificate(s) to be awarded:** (If applicable) | | *Tab here and enter the specific name of any certificate(s) to be awarded in your program.* | | |
| **28. Name of Credential(s) to be awarded:** (If applicable)  [Understanding Postsecondary Credentials in the Public Workforce System](https://www.dol.gov/sites/dolgov/files/ETA/advisories/TEN/2020/TEN_25-19_Attachment_1.pdf) | | *Tab here and enter the specific name of any certificate(s) and/or credential(s) to be awarded in your program. (Please note to be considered a credential they must be “Industry Recognized” as defined by US DOL.)* | | |
| **29. Training Provider(s):** | | *Tab here and enter the names of all skill training providers or post-secondary institutions where students would be enrolled.* | | |
| **30. Is/are the Training Provider(s) Minnesota Office of Higher Education Compliant?** *All training providers must be* [*Minnesota Office of Higher Education*](https://www.ohe.state.mn.us/mPg.cfm?pageID=204) *complia*nt *or compliant with regulatory body with oversight as applicable.* | | Yes  No | | |
| **31. Adult Basic Education (ABE) Partner:**  (If applicable) | | *Tab here and enter ABE Partner* | | |
| **32. Compensated Partners:** | | *Tab here and enter the names of any organizations that would be compensated for their role in your proposed program.* | | |
| **33. Employer Partner(s):**  (If applicable) | | *Tab here and enter the names of any employers that will play a role in your proposal.* | | |
| **34. SNAP E&T Reimbursement Program:**  (Indicate interest in applying for this program) | | Yes  No  Current SNAP E&T Provider | | |

*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.*

|  |  |  |
| --- | --- | --- |
| Authorized Signature | Title  *Tab here and enter the the title of the Authorized Signer* | Date  *Tab here and enter the date this was signed* |

**Form 2. Narrative Responses**

Please respond to the questions in Sections 1-7 below. Each section is assigned a point value for its thoroughness and ability to address the questions.

# Section 1: Organizational Capacity and Relevant Experience Total Points: 10

1. Provide your organization’s age/history, purpose, mission, organizational structure, and unique strengths.

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| *Tab here to enter answer* |

1. Describe specific actions your organization is taking to ensure equity within your work.

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| *Tab here to enter answer* |

1. Describe how your board & staff reflect the communities you serve. Include what percentage of diverse staff are in leadership positions.

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| *Tab here to enter answer* |

1. Describe your organization's understanding of the barriers faced by Southeast Asian communities in entering or advancing in the workforce.

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| *Tab here to enter answer* |

1. Describe your organization’s experience in grants management, specifically any management of DEED Employment and Training and/or ACP grants.

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| *Tab here to enter answer* |

1. Describe your organization’s experience in serving people from Southeast Asian communities and how your outreach will be tailored specifically for this grant.

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| *Tab here to enter answer* |

# Section 2: Program Description Total Points: 25

1. Provide a detailed overview of your proposed workforce skills training program.

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| *Tab here to enter answer* |

1. All applicants must have a physical office location open to the public at designated times in the state of Minnesota. State the geographical location(s) of your project, including whether the physical office location differs from the service delivery area, list the primary focus areas (cities/counties/neighborhoods), and when and how often potential participants are able to receive services on location.

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| *Tab here to enter answer* |

1. Explain how the services/projects proposed will help individuals from Southeast Asian communities to advance and increase equity in the community and workforce.

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| *Tab here to enter answer* |

1. If applicable, provide information on the capacity building assistance your agency will provide to smaller organizations. What assistance are you going to provide and how will you determine who you are going to help? Please list any small organizations already identified that you plan to assist.

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| *Tab here to enter answer* |

1. Provide any relevant data that will support the need for the project in your service delivery area, specifically discussing demographics, historic needs, and income disparities.

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| *Tab here to enter answer* |

1. How will the training program(s) be delivered (in person, virtual, hybrid) and what is the duration of the training program(s)?

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| *Tab here to enter answer* |

1. Who is/are the training provider(s) for this program and what makes them the best fit for this program? Training providers must be Minnesota Office of Higher Education (MOHE) compliant or providers that are compliant with a regulatory body with oversight.

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| *Tab here to enter answer* |

1. Describe the pre-employment/work readiness training that will be provided for this program.

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| *Tab here to enter answer* |

1. What credentials and/or certificates will a participant completing your proposed program obtain?

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| *Tab here to enter answer* |

1. Provide details on any additional services being provided including financial literacy training, basic literacy, and/or English language learning.

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| *Tab here to enter answer* |

1. Describe any [support services and/or incentives](https://mn.gov/deed/assets/2022-2023-guidance-cost-category-definitions-grant_tcm1045-490816.pdf) that will be provided to participants.

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| --- |
| *Tab here to enter answer* |

1. Provide information on work-based learning opportunities that will be available to participants such as internships, paid work experience, or on-the-job training contracts with employer partners.

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| *Tab here to enter answer* |

Section 3: Program Implementation Workplan Total Points: 25

1. If awarded, how soon after would the training program begin? Include a timeline

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| *Tab here to enter answer* |

1. Describe your intake process to assess participants’ status and needs, including the results of any objective assessments administered (e.g., an individual’s education level, skill competencies, work experience, and their interest in available service(s)).

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| *Tab here to enter answer* |

1. A reading and math assessment is required for most participants prior to starting any certificate, credential, or post- secondary training. List any academic assessments your program will utilize or currently uses.

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| *Tab here to enter answer* |

1. Provide details on who will manage, lead, and work on this program from your organization, including the role of the Navigator/Case Manager and any contracted providers.

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| *Tab here to enter answer* |

1. How many Full Time Equivalent (FTE) staff does your organization currently have, and if awarded how many FTE would be needed to fully staff the program? If an increase in staff is needed, discuss how staff will be recruited, hired and trained.

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| *Tab here to enter answer* |

1. Discuss any challenges you foresee in creating the training program, recruiting participants, sustaining enrollment, and placing graduates.

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| *Tab here to enter answer* |

Section 4: Outreach and Community Engagement Total Points: 10

1. Describe your outreach and recruitment plan and highlight any new and innovative initiatives to reach the targeted population(s).

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| *Tab here to enter answer* |

1. Name any outreach or community engagement partners and describe their role within the proposed program, any compensation/fees for service, and their experience:

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| *Tab here to enter answer* |

1. How will your organization engage and/or reach Southeast Asian communities?

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| *Tab here to enter answer* |

1. How will your organization engage with employers to develop and implement the proposed workforce and training program to ensure that program participants are able to obtain employment in the proposed pathways?

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| *Tab here to enter answer* |

Section 5: Partnerships and Collaborations Total Points: 10

In addition to answering the questions below, complete the [Partnership Chart](#_Form_5._Partnership) with the key partners, roles, responsibilities, and commitments of each partner. Letters of commitment are required for all partners listed on the partnership chart. PARTNERSHIPS ARE STRONGLY ENCOURAGED.

1. Name any partners and describe their role within the proposed program, any compensation/fees for service, and their experience: Add more if necessary
   1. Training Providers of Pre-Employment/Work Readiness and financial literacy, and other similar providers.

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| *Tab here to enter answer* |

* 1. Training Providers of credentialed or certification training.

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| *Tab here to enter answer* |

* 1. Employer Partners

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| --- |
| *Tab here to enter answer* |

* 1. Other/Additional Providers/Partners

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| *Tab here to enter answer* |

Section 6: Performance, Evaluation and Reporting Total Points: 10

1. Describe the **programmatic capacity** of your organization to effectively manage and administer grants from public and private sources.

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| *Tab here to enter answer* |

1. Provide any experience your organization has utilizing Workforce One (WF1), the required state system for tracking case management and outcomes for all state-funded employment and training programs, and who will be responsible for tracking in the system if awarded. If your organization does not have experience with WF1, describe any experience using electronic case management and outcome tracking databases.

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| *Tab here to enter answer* |

1. How will you ensure participants receive at least monthly contact from the Navigator/Case Manager of the program?

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| *Tab here to enter answer* |

1. The four critical performance measures of success are credential attainment, job placements, wage rate, and job retention. Describe how you will evaluate success in each of these areas.

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| *Tab here to enter answer* |

1. Describe any additional measures of success unique to this program and how you will evaluate.

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| *Tab here to enter answer* |

Section 7: Budget/Fiscal Capacity Total points: 10

1. Describe the **financial capacity** of your organization to effectively manage and administer grants from public and private sources.

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| *Tab here to enter answer* |

1. Total DEED funds requested.

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| *Tab here to enter answer* |

1. 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 as listed in RFP.*

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| *Tab here to enter answer* |

1. Describe your organization’s financial management capacity. (Accounting, timekeeping, and funds management, etc.)

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| *Tab here to enter answer* |

1. List already secured leveraged funds, if any, and how those funds will support your proposed services.

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| *Tab here to enter answer* |

1. Describe how you will sustain the proposed services beyond the grant period.

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| *Tab here to enter answer* |

# Form 3. Work Plan

Complete the work plan as applicable to your proposal. Awarded applicants may be required to provide a quarterly breakdown for the entire grant period at time of contracting. DEED reserves the right to require adjustments to program design, activities, and outcomes during the grant contracting process. **Custom measurable outcomes will be negotiated with any grantees awarded to provide capacity building to smaller organizations at time of contracting.**

|  |  |  |
| --- | --- | --- |
| **Measurable Outcomes** | **Total Participants** | **Percentage** |
| **Total Enrollments** | *Tab here & enter number* | *100%* |
| **Total Participants Receiving Work Readiness Training** | *Tab here & enter number* | *% of total enrollments* |
| **Total Participants Enrolled in Non-Credentialed/Credentialed Training** | *Tab here & enter number* | *% of total enrolled in training* |
| **Total Participants Completing Non-Credentialed/Credentialed Training** | *Tab here & enter number* | *% of total enrolled in training* |
| **Total Participants Obtaining One or More Credentials** | *Tab here & enter number* | *% of total enrolled in training* |
| **Exits to Employment** | *Tab here & enter number* | *% of Exits to Employment* |
| * **Exits to Employment related to training industry sector(s)** | *Tab here & enter number* | *% of total enrollments* |
| * **Exits to Employment at or above $16/hour** | *Tab here & enter number* | *% of total enrollments* |
| **Participants Exited to Post-Secondary Programs** | *Tab here & enter number* | *% of total enrollments* |
| **All Other Exits** | *Tab here & enter number* | *% of total enrollments* |
| **All Exits Total**1 | *Tab here & enter number* | *100%* |
|  |  |  |
| **Total Organizations Receiving Capacity Building Services** | *Tab here & enter number Organizations* |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Exits Total = (Exits to Employment + Exits to Post-Secondary Education + All Other Exits) and must match Total Enrollments.

# Form 4. Budget

Please complete the budget below by entering in the total amounts per cost category and enter the percentage of the funds for each cost category. Awarded applicants may be requested to provide a quarterly breakdown for the entire grant period at time of contracting. You are not required to use all of the listed cost categories. Please see [Cost Category Definitions](https://mn.gov/deed/assets/2022-2023-guidance-cost-category-definitions-grant_tcm1045-490816.pdf) for descriptions.

If awarded, total award will be divided equally between SFY2026 (Year 1) & SFY2027 (Year 2). SFY2027 (Year 2) funds will not be available until 7/1/2026.

|  |  |  |  |
| --- | --- | --- | --- |
| Office Use Only | **Cost Category** | **Total Amount Per Cost Category** | **Total Percentage of Budget per Cost Category** |
| 833 | **Administrative Costs** [1](#_bookmark49) | *Tab here & enter number* | *10% maximum* |
| 885 | **Direct Services** | *Tab here & enter number* | *% of total requested amount* |
| 886 | **Direct Services-WR-GED-ABE** | *Tab here & enter number* | *% of total requested amount* |
| 838 | **Direct Customer Training** | *Tab here & enter number* | *% of total requested amount* |
| 828 | **Support Services Costs** | *Tab here & enter number* | *% of total requested amount* |
| 830 | **Outreach** | *Tab here & enter number* | *% of total requested amount* |
| 884 | **Capacity Building** | *Tab here & enter number* | *% of total requested amount* |
| **Total:** | | *Tab here & enter number* | *100%* |

1 Administrative Costs cannot exceed 10% of total funds requested.

# Form 5. Partnership Chart – Compensated/Uncompensated

List all partner organizations that will contribute to the proposed services **with/without compensation**. Add additional lines as necessary. Signed letters of support/intent to contract(s) from partners explaining what they will contribute and their responsibility in operations **are required for each partner**. All compensated partners **must** be included in the Partnership Chart or costs associated with any unlisted partners may be disallowed. All compensated training partners/providers must be listed and be [MOHE compliant](https://www.ohe.state.mn.us/mPg.cfm?pageID=204) (or compliant with regulatory body with oversight as applicable), regardless of if they are vendors or sub-contractors.

All grantees are required to comply with [Minnesota Office of Grants Management Policy 08-01](https://mn.gov/admin/assets/OGM%20Policy%2008-01%20Conflict%20of%20Interest%20in%20State%20Grant-Making%2001.01.2022_tcm36-515734.docx), with particular attention to “Organizational Conflicts of Interest”. Actual, potential, or perceived conflicts of interest may include but are not limited to:

• Any familial or personal relationship

• Providing donations to the grantee

• Former staff of the grantee

• Sitting on grantee's board of directors

• Providing donations to the grantee in exchange for awarding a subcontract

If a partner has an actual, potential, or perceived conflict of interest, provide a letter explaining the relationship of the partner to the applicant organization.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Organization** *(e.g., employer, educational institution, non-profit, consultant, financial management services, etc.)* | **Name and Address of Organization**  *(If applicable: Indicate if the trainer is MOHE compliant)* | **Type of Commitment**  *(Case Mgmt., Training, Accounting Time, Staff, Resources, Space, Referrals, etc.)* | **Contact Person Email Address Telephone Number** | **Letter of Support Attached** | **Conflict of Interest Disclosure Letter**  (If applicable) | **Approximate Total Amount of Compensation from Grant** | **Responsible for Workforce One (WF1) Data Entry** |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* | Yes  No | Yes  No | *Enter dollar amount* | Yes  No |

# Form 6. 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:
   1. Sign and date (mm/dd/yyyy) this consent form
   2. Print their name below their signature.

The consent form will expire three months after the signature date (mm/dd/yyyy).

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) 478-2016.

## 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.

#### Data Subject

Your Name or Name of Organization: *Tab here to enter name*

Minnesota Unemployment Insurance (UEI) Employer Account Number *Tab here to enter number*

Your Address or Address of organization: *Tab here to enter address*

City: *Tab here to enter City* State: Minnesota ZIP Code: *Tab here to enter Zip Code*

#### 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 Great Northern Building

180 East 5th Street, 12th Floor Saint Paul, MN 55101

#### UI Data

Types of data that you agree to release:

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.

#### 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: *Tab here to enter your name*

Print your title: *Tab here to enter your title*

Phone: *Tab here to enter your phone number*

Date (mm/dd/yyyy): *Tab here to enter date signed*

# Form 7. 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) Policy 08-01: Grants Conflict of Interest 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: *Tab here to enter your name*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date (mm/dd/yyyy): *Tab here to enter date signed*

Organization: *Tab here to enter Organization name*

# Form 8. 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 Southeast Asian Economic Disparities Relief 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: *Tab here to enter firm name*

Print authorized representative name: *Tab here to enter representative name*

Title: *Tab here to enter title*

Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date (mm/dd/yyyy): *Tab here to enter date signed*

# Form 9. Performance Capacity

**INSTRUCTIONS:** Please respond to these performance capacity questions as required by [16B.981 Subd. 2](https://www.revisor.mn.gov/statutes/cite/16B.981) (1) and as part of the response to this Grant Request for Proposal.

1. Please describe your history of performing the work that will be funded by the grant:

This includes describing your organization’s current staffing, current budget, and internal capacity to meet specified measurable outcomes.

|  |
| --- |
| *Tab here to enter answer* |

1. Have you been awarded or have an active grant from DEED in the past 5 years?  Yes  No

*If Yes*, please specify the program(s) and dates (mm/dd/yyyy) of the contract(s).

|  |
| --- |
| *Tab here to enter answer* |

# Form 10. No Conviction of Felony Financial Crime by a Principal

**INSTRUCTIONS:** Grant applicant must certify to this condition required under this Grant Request for Proposal.

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](https://www.revisor.mn.gov/statutes/cite/16B.981) (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.

Print Name: *Tab here to enter name*

Title: *Tab here to enter title*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date (mm/dd/yyyy): *Tab here to enter date signed*

# Form 11. Evidence of Good Standing

**INSTRUCTIONS:** Potential grantee must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by [16B.981 Subd. 2 (3)](https://www.revisor.mn.gov/statutes/cite/16B.981) and as part of the response to this Grant Request for Proposal.

Is your organization (for-profit or nonprofit) registered with the Secretary of State and has a status of “In Good Standing”?

Yes

No

Business Type: *Tab here to enter business type*

File Number: *Tab here to enter file number*

Renewal Due Date (mm/dd/yyyy): *Tab here to enter renewal due date*

# Form 12. Required Nonprofit Grantee Documents

**INSTRUCTIONS:** 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; segregation of grant funds; 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.

|  |
| --- |
| *Tab here to enter answer* |

1. 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 MS 309.53?  Yes  No

**Non-profit grant applicants are required to submit the following documents** to DEEDas applicable to the organization and as required by [16B.981 Subd. 2 (2)](https://www.revisor.mn.gov/statutes/cite/16B.981) and [16B.981 Subd. 2 (5)](https://www.revisor.mn.gov/statutes/cite/16B.981) as part of the pre-award risk assessment. Check the following to confirm that these documents are attached to this application:

Most recent 990 or Form 990-EZ filed with the IRS, OR

Most recent audit as required, under Section 309.53, Subdivision 3.

If your organization had not been 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, OR

Submit the most recent set of board-reviewed (or managing group if applicable) financial statements.