# Small Business Assistance Partnerships (SBAP) Program: Application Checklist

Lead applicant organizations must submit all the required forms listed below, including any requested attachments, by the application deadline for their SBAP grant proposal to be considered complete.

**Proposal Content**

SBAP Program Application Form

Letters of Commitment (required for formal partnerships)

Letters of Support (optional expressions of community support)

Form 1: Project Implementation Workplan

Form 2: Partnership Table

Form 3: Performance Measures

**Risk Assessment Forms**

Form 4: Unemployment Insurance Account Consent

Form 5: Performance Capacity

Form 6: No Conviction of Felony Financial Crime by a Principal

Form 7: Evidence of Good Standing

Form 8: Nonprofit Financial Documents (if applicable)[[1]](#footnote-2)

**If annual revenue more than $750,000:** Most recent certified financial audit

**If annual revenue is $50,000-$750,000:** Most recent IRS Form 990

**If annual revenue is under $50,000:** Most recent IRS Form 990-EZ or board-reviewed financial statements

# Small Business Assistance Partnerships Program: Application Form

Please be sure to read through the Small Business Assistance Partnerships (SBAP) Program Request for Proposals (RFP) and the Application Checklist and all required attachments prior to completing this Application Form.

Submit your complete application package via email to [MNSBP.DEED@state.mn.us](mailto:MNSBP.DEED@state.mn.us) with the subject line “SBAP Application – [insert applicant organization name].”

Please complete all fields within this application form and associated documents and sign where indicated.

**The submission deadline is September 19, 2025, 5 p.m. CST.**

Incomplete and late submissions will not be considered.

## Section 1. Project Summary

### Organization Information

Host Organization Name: *Tab here to enter answer*

Organizational Legal Status:

City

County

Tribal Entity

Non-Profit Corporation

Other: (please specify): *Tab here to enter answer*

Organization Website: *Tab here to enter answer*

Physical Address: *Tab here to enter answer*

Mailing Address: *Tab here to enter answer*

Federal Tax ID (required): *Tab here to enter answer* Minnesota Tax ID (required): *Tab here to enter answer*

UEI Number (required): *Tab here to enter answer*Total 2023 Revenue (ex: IRS 990 Line 12)[[2]](#footnote-3): *Tab here to enter answer*

Number of Full Time Employees (ex: IRS 990 Line 5)[[3]](#footnote-4): *Tab here to enter answer*

Organization Lead Name: *Tab here to enter answer* Title: *Tab here to enter answer*

Telephone Number: *Tab here to enter answer*Email Address: *Tab here to enter answer*

Program Contact Name: *Tab here to enter answer*Title: *Tab here to enter answer*

Telephone Number: *Tab here to enter answer* Email Address: *Tab here to enter answer*

Is your organization (for-profit or nonprofit) registered with the [Office of the Minnesota Secretary of State](https://sos.state.mn.us/business-liens/business-help/how-to-search-business-filings/) and has a status of “In Good Standing”? Yes No

Briefly describe the services your organization or coalition provides:

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

### 1.2 SWIFT Payment Information

Electronic payments issued to grantees will be made using the [SWIFT Minnesota Supplier Portal](https://guest.supplier.systems.state.mn.us/psc/fmssupap/?cmd=login&errorPg=ckreq&languageCd=ENG). Grant recipients must register as a Supplier to receive electronic payment. For additional information, please visit the [SWIFT Vendor Resources webpage](https://mn.gov/mmb/accounting/swift/vendor-resources/).

SWIFT Supplier Name: *Tab here to enter answer*

Remit to Address: *Tab here to enter answer*

9-Digit SWIFT Vendor ID: *Tab here to enter answer* 3-Digit SWIFT Vendor Location ID: *Tab here to enter answer*

### 1.3 Proposal Summary

Proposal Name: *Tab here to enter answer*

Provide a brief summary of your proposal

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

Total Amount of DEED Funds Requested through the SBAP Grant Program: *Tab here to enter answer*

Total Amount of Matching Funds Committed (cash): *Tab here to enter answer*

Total Amount of Matching Funds Committed (in-kind): *Tab here to enter answer*

Estimated number of individuals served: *Tab here to enter answer*

What is the project model for your proposed project?

Regional Coalition

Regional Provider

Statewide Provider

Other (please specify): *Tab here to enter answer*

Which areas of services and expertise will your project provide to individuals? (select all that apply):

Consulting: one-on-one technical assistance to individuals.

Education: cohort-based education services provided over multiple sessions.

Access to Capital: professional services related to gaining access to financing including debt and equity.

Networking & Events: peer-to-peer networking opportunities and event-based resource connections.

Information and Resource Navigation: providing information and referring individuals to support organizations.

Other (please specify): *Tab here to enter answer*

What program priority themes will your project address? (select all that apply):

Innovation

Equity

Vibrancy

Other: (please specify): *Tab here to enter answer*

Geographic Area Served (select all that apply):

Northland: <https://www.mncompass.org/profiles/region/northland>

Northwest: <https://www.mncompass.org/profiles/region/northwest>

Twin Cities (7-County Metropolitan Area): <https://www.mncompass.org/profiles/region/twin-cities>

Central: <https://www.mncompass.org/profiles/region/central>

West Central: <https://www.mncompass.org/profiles/region/west-central>

Southern: <https://www.mncompass.org/profiles/region/southern>

Southwest: <https://www.mncompass.org/profiles/region/southwest>

Statewide: A project led by a single organization that provides a specialized set of services available to all potential clients in all regions of the state.

Description of Geographic Area Served:

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

## Section 2. Narrative Responses

The objective of this program is to support the start-up, growth, and success of Minnesota's entrepreneurs and small business owners and facilitate an economic environment that produces job growth and supports the economic success of Minnesota individuals, businesses, and communities. Organizations and coalition receiving funding from this program will provide no-cost small business development and technical assistance services to entrepreneurs and small business owners, with a particular focus on underserved populations and geographies including individuals who are Black, Indigenous, people of color, veterans, people with disabilities, LGBTQ+ individuals, low-income individuals, and includes people from rural Minnesota.

Please respond to the prompts below. Each question has a designated point value. Responses will be evaluated and scored based on their completeness, clarity, and demonstrated expertise. Additionally, assessments will consider how well the responses align with program objectives and the likelihood of the project’s success.

Please limit each section’s narrative response to less than 750 words each. The text boxes will automatically adjust to fit additional text.

### 2.1 Experience, Capacity and Record of Success (25 points)

Provide a profile of your organization and, if applicable, it’s coalition partners. Address all of the following in your response:

* Describe your organization’s past experience and performance in providing quality business development services and operating business development or entrepreneur development programs. Address the following performance measures: number of entrepreneurs and small businesses served, number of hours of business assistance services provided, number of new businesses started, number of full-time equivalent jobs created and retained, and demographic and geographic details of the individuals being served.
* Describe the capacity of your organization to provide the quantity and quality of services in this proposal.
* Describe the capacity and experience of your organization in providing culturally and linguistically relevant services to your organization’s client base and target market(s).
* Describe the capacity of your organization to effectively manage and administer grants from public and private sources.
* What is the staffing plan for this project? Include a synopsis of each staff position, the responsibilities associated with that position and explain how this project fits within the overarching structure of the organization.
* Identify any pertinent professional credentials of staff and/or consultants.
* Describe how the proposed project and the funding request consistent with the size and capacity of your organization.

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

### 2.2 Program Design, Service Delivery, and Workplan (25 points)

Describe the need for the project, the design of the project, the services that will be provided, and who will be served by this project and a workplan describing how those services will be delivered. [**Detail** the key activities and timeline using **Form 1**.](#_Form_1:_Project_1)Address all of the following in your response:

* Address which of the three themes, equity innovation or vibrancy your project will focus on. Respondents are welcome to address more than one theme.
* What type of businesses will this project serve? What is the geographic scope of the project? How many individuals and businesses do you plan to serve?
* What services will be provided to individuals and businesses? How will those services be delivered? How will individuals and businesses benefit from receiving these services?
* Address how this project seeks to address the specific needs, challenges, and opportunities of any or all of the following: individuals who are Black, Indigenous, people of color, veterans, people with disabilities, LGBTQ+ individuals, low-income individuals, and includes people from rural Minnesota.
* How does the project demonstrate the use of evidence based and/or community-based practices?

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

### 2.3 Community Engagement and Inclusiveness (10 points)

Provide a community engagement and communication plan that includes:

* Timeline to begin outreach efforts to the project’s targeted groups and provide services to the client base. The process through which clients request, sign-up, and receive services from your organization.
* Client base: clearly define the applicant’s target market, which could include types/size of business, geographic region, gender, race/ethnicity of business owners, people with disabilities, veterans, and other characteristics, as applicable.
* An information session describing the Grantee’s services for potential clients of your services within two months of the execution of a grant contract agreement.
* Plan for providing culturally and linguistically relevant services, including program promotion channels such as the use of ethnic media and visits to heavily concentrated Black, Indigenous, and people of color (BIPOC) business areas, as appropriate to the Grantee’s service area.
* Indicate which outreach mechanism the organization plans to use to reach the project’s targeted groups including but not limited to open office hours, presentations to community groups, traditional media (radio, print, TV), social media, mailings, other (specify).

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

### 2.4 Partnerships, Collaboration, and Community Support (15 points)

**Financial and programmatic partnerships that support this proposed project must be listed Partnership Table (**[**Form 2**](#_Form_2:_Partnership)**)**. Indicate those that have issued a letter of support and provide a description for each listed project partnership.

* Who are the key collaborators and partners? What are the roles, responsibilities, and commitments of each collaborator/partner?
* Who are the key supporters that endorse your organization and the quality of its services?
* List any additional funders (public or private) who are supporting this project or to whom you have applied for support.
* **Letters of commitment and professional references from programmatic partners and collaborators are required.** Each letter of commitment must clearly state what they are committing to the project and to the overall partnership.
* *Please note: Organizations are discouraged from participating and/or supporting multiple SBAP proposals covering the same service area. Letters of commitment from programmatic partners and collaborators are required. Each letter of commitment must clearly state what they are committing to the project and to the overall partnership.*

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

### 2.5 Performance, Evaluation, and Reporting (15 points)

Grant recipients must report to DEED on the outputs and outcomes of the grant program including but not limited to the number of technical assistance hours provided, the number of unique clients assisted, the demographic information of the businesses assisted, new business starts, the number of jobs created/retained by businesses, the average wage of the jobs created/retained, and capital accessed. See Exhibit B “Reporting Definitions” for the definitions of these measures. Use [**Form 3**](#_Form_3:_Performance)**: Performance Measures** to identify the specific measures your project will track and to report the expected quantity of outputs and outcomes during the performance period based on the proposed set of services.

* Explain how the data on the quantity and quality of services provided and the measurable outcomes of those services will be collected, evaluated, and reported on.
* What will be measured and how will the outputs and outcomes of this grant be measured.
* Output measures must include but are not limited to the number and demographic information of the businesses/entrepreneurs served and the quantity of service hours provided.
* Outcome measures must include but are not limited to the total number jobs created, number of jobs retained, average wage of jobs created/retained, the amount of capital accessed by the business, revenue/profit growth of businesses services, number of start-ups launched.
* Identify who is responsible for data collection and reporting and what methods will be used to track and report data. Grant recipients are encouraged to utilize a Customer Relationship Management (CRM) software or Case Management Software (CMS) with the ability to create customizable reports that conform to the minimum requirements of this program. See Exhibit A Sample Client Tracking Form for examples of the data that will be collected.

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

### 2.6 Budget and Matching (10 points)

Applicants must complete a detailed two-year project budget which lists sources and uses of all program-related funds during the performance period. Anticipate a project start date no sooner than November 1, 2025, with the performance period ending October 31, 2027. Matching is not required but the highest scoring proposals will match funds at a minimum of 50% of the state’s portion of funding. The amount of funds requested for year 1 must be equal to the amount of funds requested in year 2.

Based on past funding rounds services are expected to cost $60 to $200 per hour of services delivered to individuals with an average of approximately $100 per hour of service. This cost includes the states proportion of grant funds, any matching funds and includes administrative cost to run a grant funded project. For the state’s portion of cost this is expected to range from $40 to $140 with average cost to the state of approximately $70 per hour of service (assuming the proposal matching state funding at 50% of the requested funds).

For example, a project requesting $175,000 in state funds per year with 50% matching funds of $87,500 would have a total project budget of $262,000 per year. The amount of funding would result in approximately 2600 hours in direct client services. If the average amount of services per client is 10 hours, then this project would be expected to serve 260 individuals per year. This is an example only and represents an approximate baseline consistent with past funding rounds. Applicants are encouraged to propose and justify a budget and cost model that maximizes the cost-effectiveness of their proposed project. Please provide the following:

* Complete a concise budget and narrative that describes additional leveraged funds and/or resources that are dedicated from other public or private sources. Describe how your budget is justifiable in the context of the impact and reach of your program.
* Identify any other State of Minnesota funds that your organization receives or will receive during this grant period to support same or similar activities as this proposed project. Any additional state funds your organization receives will be taken into consideration when determining awards and award amounts.
* All non-match grant activities must fall under the following budget line items: Personnel, Fringe Benefit, Travel (Direct Only), Equipment, Supplies, Coalition Partner Subgrant, Contractual, Administration

#### Budget Narrative

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

#### Project Funding Sources

|  |  |  |
| --- | --- | --- |
| Funding Source | Type of Funding (state grant, cash or in-kind) | Amount |
| DEED SBAP Grant | State Funds | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
|  |  |  |
|  |  |  |
| **Total Project Cost** | | *Tab here to enter answer* |

#### Project Budget

**Project Year 1 (November 1, 2025 – October 31, 2026)**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Activities | DEED SBAP Funding | Grantee Match | Total |
| Personnel | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Fringe Benefits | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Travel (in-state, direct project expenses only) | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Equipment | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Supplies | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Contractual | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Coalition Subgrants | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Administrative (max 15%) | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **Total Project Cost** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |

**Project Year 2 (November 1, 2026 – October 31, 2027)**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Activities | SBAP Funding | Grantee Match | Total |
| Personnel | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Fringe Benefits | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Travel (in-state, direct project expenses only) | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Equipment | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Supplies | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Contractual | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Coalition Subgrants | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Administrative (max 15%) | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **Total Project Cost** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |

\*Eligible project expenditures cannot be incurred before contracts are executed. The contract negotiation and execution process can take up to 4 weeks once an award decision is made (expected start date November 1, 2025).

# Section 3: Submission and Certifications

I certify the following:

1. 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.
2. 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).
3. That the attached proposal submitted 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.
4. 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.
5. That the Responder is familiar with the Office of Grants Management (OGM) Grants Policy 08-01 Conflict of Interest Policy for State Grant-Making.
6. That the Responder or its organization do not have an actual or potential conflict of interest in participating in this funding opportunity.
7. That if the responder or 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.

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 1: Project Implementation Workplan

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Objective Description | Activities *Steps, activities, tasks to achieve objective, frequency (e.g., monthly, quarterly)* | Projected Output(s) | Start Date | Completion Date |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
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| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |

# Form 2: Partnership Table

The lead applicant or coalition host should be the first organization listed in the table below. If listed partners will be compensated from this grant list the amount of funds the project is allocating towards their contributions under “Grant Funds (SBAP)”. If the partner is contributing matching funds (cash or in-kind) include that under “Matching Funds (Non-State)”. If you need additional rows duplicate this form and provide the totals on the second copy of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** *Include applicant organization* | | **Services** | | | | | | **Priority Themes** | | | **Funding** | |
| **Partner Organization** | **Contact Person** *Include name, title, and email address* | Consulting | Education | Access to Capital Services | Networking/ Events | Resource Navigation | Other: | Equity | Innovation | Vibrancy | Grant Funds (SBAP) | Matching Funds (Non-State) |
| *Tab here to enter answer* | *Tab here to enter answer* |  |  |  |  |  |  |  |  |  | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* |  |  |  |  |  |  |  |  |  | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* |  |  |  |  |  |  |  |  |  | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* |  |  |  |  |  |  |  |  |  | *Tab here to enter answer* | *Tab here to enter answer* |
| *Tab here to enter answer* | *Tab here to enter answer* |  |  |  |  |  |  |  |  |  | *Tab here to enter answer* | *Tab here to enter answer* |
| **Total** | | | | | | | | | | | *Tab here to enter answer* | *Tab here to enter answer* |

# Form 3: Performance Measures

Complete the performance measure table below indicated the projected output and outcomes measures this project expects to achieve based on the proposed set of services. Under **# unique clients served** indicate, when applicable, the expected number of unique clients served by demographic category. If your project is tracking measures not listed here add rows as needed. Please refer to **Exhibit A: Performance Measure Definitions** in the RFP Document

## Outputs

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **Performance Period Year 1**  Start Date: *Tab here to enter answer*  End Date: *Tab here to enter answer* | **Performance Period Year 2**  Start Date: *Tab here to enter answer*  End Date: *Tab here to enter answer* | **Total** |
| **# of unique clients served** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Women | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Black, Indigenous, or People or Color Individuals (BIPOC) | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Veteran | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Persons with Disabilities | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| LBGTQ+ Individuals | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Low-Income Individuals | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Individuals Living in Rural Areas | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| Other Individuals (not counted above) | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# hours of client services provided** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of training courses** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of participants per course** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of events hosted** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of event attendees** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of customer contacts** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of service referrals** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **Other**:*Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |

## Outcomes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Measure** | **Performance Period Year 1**  Start Date: *Tab here to enter answer*  End Date: *Tab here to enter answer* | **Performance Period Year 2**  Start Date: *Tab here to enter answer*  End Date: *Tab here to enter answer* | **Total** |
| **# of new business starts** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **$ of capital accessed by clients** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of full-time equivalent jobs created** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **# of full-time equivalent jobs retained** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **Average wages of jobs impacted (created/retained)** | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |
| **Other:** *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* | *Tab here to enter answer* |

**Form 4.** **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.

1. **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 and Monitoring Staff

DEED, Office of Small Business and Innovation

Division Great Northern Building

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

1. **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.

1. **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 5. 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. These responses are used exclusively for purpose of conducting a pre-award risk assessment and are not scored as part of the 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 6: 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 7.** **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 8.** **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

1. 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.

1. If the applicant nonprofit organization has not been in existence long enough to file an IRS Form 990 or conduct a financial audit, the nonprofit grant applicant must (1) demonstrate exemption by providing a copy of the IRS determination letter and (2) submit the most recent set of board-reviewed financial statements. See Form 10b for more details. [↑](#footnote-ref-2)
2. Not applicable to public entities. If your organization does not file an IRS Form 990 use the total program budget. [↑](#footnote-ref-3)
3. If your organization does not file an IRS Form 990 use the total staff on payroll under the program budget. [↑](#footnote-ref-4)