

# Youth Support Services Competitive Grants Application Packet

Please complete all fields within this application and sign where indicated. Incomplete submissions will not be considered.

Submit your complete application via email to [Youth.Team.DEED@state.mn.us](mailto:Youth.Team.DEED@state.mn.us) with the subject line Youth Support Services Competitive Grant RFP Application – [insert applicant organization name].

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

- Form 1. [Cover Sheet](#)
- Form 2a. [Executive Summary](#)
- Form 2b. [Narrative Responses](#)
- Form 3. [Work Plan](#)
- Form 4a. [Budget – SFY26](#)
- Form 4b. [Budget – SFY27](#)
- Form 5. [Partnership Chart](#)
- Form 6. [Unemployment Insurance Account Consent](#)
- Form 7. [Applicant Conflict of Interest Disclosure Form](#)
- Form 8. [Performance Capacity](#)
- Form 9. [No Conviction of Felony Financial Crime by Principal](#)
- Form 10. [Evidence of Good Standing](#)
- Form 11. [Required Nonprofit Grantee Documents](#)

# Form 1. Cover Sheet

## Organization Information

**Organization Name:** \_\_\_\_\_

(Use the organization legal name and provide the full address. This is the fiscal agent with whom the grant agreement will be executed.)

Organization Type:            501(c)3            Other Non-Profit (Provide organization type): \_\_\_\_\_

Organization Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Federal Tax ID (required): \_\_\_\_\_ Minnesota Tax ID (required): \_\_\_\_\_

SWIFT Vendor ID (If known): \_\_\_\_\_ UEI Number (required): \_\_\_\_\_

**Executive Director Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Program Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Secondary Program Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Proposal Information

Proposal Name: \_\_\_\_\_

Proposal Summary:

Geographic Area Served by proposed project: \_\_\_\_\_

Targeted Populations Served by proposed project (check all that apply):

- |                        |                                 |                         |
|------------------------|---------------------------------|-------------------------|
| African American       | Hispanic/Latino/Latina/Latine   | Faith based communities |
| African Immigrant      | LGBTQIA+ communities            | Other-please describe:  |
| American Indian        | Low-income individuals          |                         |
| Asian/Pacific Islander | People living with disabilities |                         |

Total Amount of DEED Funds Requested for SFY 26 (Maximum \$100,000): \_\_\_\_\_

Total Amount of DEED Funds Requested for SFY 27 (Maximum \$100,000): Must be the same as SFY26 \_\_\_\_\_

Number of youth to be served in SFY26 (July 1, 2025 to June 30, 2026): \_\_\_\_\_

Number of youth to be served in SFY27 (July 1, 2026 to June 30, 2027): \_\_\_\_\_

Cost per Participant SFY26 (Amount requested divided by number of youth): \_\_\_\_\_

Cost per Participant SFY27 (Amount requested divided by number of youth): \_\_\_\_\_

*I certify that the information contained herein is true and accurate to the best of my knowledge, that the applicant meets the eligibility criteria as outlined with the RFP, and that I am authorized to submit this application on behalf of the applicant.*

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Authorized Signature	Name	Title	Date
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## Form 2a. Executive Summary (5 Points)

Provide an overview of the proposed project. *5 points; 400-word limit*

## Form 2b. Narrative Responses (85 points)

Please provide a response to the questions below. Each question is assigned a point value for its thoroughness and ability to address the question within the outlined word limit.

1. **Section 1: Project Design (40 points)**

- a. **Need Statement:** Describe why the proposed project is needed in this region. Address youth needs, community needs, and employer needs, including careers in high-growth and in-demand occupations. *8 points; 400-word limit*

- b. **Target Population:** Who is the project's target population? *8 points; 400-word limit.*

- c. **Recruitment Strategy:** How will you recruit youth for the project? How will you assess youth interests, level of work experience, education, and skill competencies prior to enrollment to ensure that they are a good fit for the project? *8 points; 400-word limit*

- d. **Retention Strategy:** What strategies will you use to keep youth engaged in the project? Provide a description of your organization's capacity of supporting and retaining youth in similar projects. *8 points; 400-word limit*



- e. **Career Pathways:** How will your organization use labor market information and industry data to inform youth about careers in high-growth and in-demand occupations? Identify industry-recognized credentials, degrees, certificates, and/or opportunities for earning academic credit that can be earned by program participants. Describe any plans to provide participants career readiness training. *8 points; 400-word limit.*

**2. Section 2: Project Goals, Activities, and Timetables (10 points)**

- a.* Describe key program objectives, activities, and measurable outcomes of your project. *10 points; 800-word limit*

**3. Section 3: Partnerships (10 points)**

- a.* Who are your key partners for this project? What are the roles, responsibilities, and commitments of these partners? Describe how your programs and services align or build on each other to serve the target population. *10 points; 400-word limit*

**4. Section 4: Evaluation and Reporting (10 Points)**

- a.* How does your organization plan to assess and evaluate the effectiveness of the project? How will the proposed work be sustained beyond the grant period? Who is responsible for data collection and reporting in WorkforceOne? *10 points; 400-word limit*

**5. Section 5: Equity and Relevant Experience (10 Points)**

- a.* What experience does your organization have in providing quality services to youth, experience in operating youth workforce development programs, capacity to serve the proposed number of youth, and specific outcomes from youth workforce development programs? Describe your organization’s experience serving communities that have been underserved, underrepresented, or disadvantaged by the current system. Describe how your organization has been effective in delivering services in Black, Indigenous, and communities of color. *10 points; 800-word limit*

**6. Section 6: Budget Narrative (5 points)**

- a.* Describe the proposed budget, including the anticipated expenditures in each cost category. Describe any additional leveraged resources from other public or private sources. *5 points; 300-word limit*

### Form 3. Work Plan (10 points)

Complete the chart below outlining the major deliverables of the overall project, including any activities, measurable outcomes, and start/end dates. The first row of this chart is an example. Add additional rows, as needed.

Objective Description	Activities <i>Steps, activities, tasks to achieve objective, frequency (e.g., monthly, quarterly)</i>	Projected Measurable Outcome(s)	Start Date	Completion Date
<b>EXAMPLE:</b> All staff will be certified with Global Career Development Facilitator (GCDF).	<ul style="list-style-type: none"> <li>• Staff will attend training at state college.</li> <li>• Staff will be provided X time weekly to review materials</li> </ul>	<ul style="list-style-type: none"> <li>• 5 staff will enroll in GCDF</li> <li>• 4 staff will complete GCDF</li> </ul>	03/01/2026	06/30/2026

<b>Objective Description</b>	<b>Activities</b> <i>Steps, activities, tasks to achieve objective, frequency (e.g., monthly, quarterly)</i>	<b>Projected Measurable Outcome(s)</b>	<b>Start Date</b>	<b>Completion Date</b>



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## Form 4a. Budget SFY26

Please complete budget form in cumulative manner. Please see Budget Category Definitions in RFP for descriptions.

Office Use Only	<b>Cost Category</b>	<b>Period 1: Grant Start Date through 09/30/2025</b>	<b>Period 2: Grant Start Date through 12/31/2025</b>	<b>Period 3: Grant Start Date through 03/31/2026</b>	<b>Period 4: Grant Start Date through 06/30/2026</b>
833	Administration Costs: (Cannot exceed 10% of the total amount requested)				
881	Youth Participant Wages and Fringe Benefits				
885	Direct Services to Youth				
828	Youth Support Services				
	<b>Total:</b>				

## Form 4b. Budget SFY27

Please complete budget form in cumulative manner. Please see Budget Category Definitions in RFP for descriptions. Note: SFY 27 funds are not available until July 1, 2026.

Office Use Only	<b>Cost Category</b>	<b>Period 5: Grant Start Date through 09/30/2026</b>	<b>Period 6: Grant Start Date through 12/31/2026</b>	<b>Period 7: Grant Start Date through 03/31/2027</b>	<b>Period 8: Grant Start Date through 06/30/2027</b>
833	Administration Costs: (Cannot exceed 10% of the total amount requested)				
881	Youth Participant Wages and Fringe Benefits				
885	Direct Services to Youth				
828	Youth Support Services				
	<b>Total:</b>				

## Form 5. Partnership Chart – Compensated

List all partners that will contribute to the proposed services **with compensation from this grant**. Add additional rows as necessary. All compensated partners **must** be included in the Partnership Chart or costs associated with any unlisted partners may be disallowed. **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.**

Type of Organization <i>(e.g., employer, educational institution, non-profit, consultant, financial management services, etc.)</i>	Name and Address of Organization	Type of Commitment <i>(Case Mgmt., Training, Accounting Time, Staff, Resources, Space, Referrals, etc.)</i>	Contact Person: Email, Address, Telephone Number	Conflict of Interest Disclosure Letter <i>(If applicable)</i> Yes/No	Approximate Total Amount of Compensation from Grant









## 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:
  - 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  
Great Northern Building  
180 East 5th Street, 12th Floor  
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 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: \_\_\_\_\_

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

Organization: \_\_\_\_\_

## Form 8. Performance Capacity

**INSTRUCTIONS:** Please respond to these performance capacity questions as required by [16B.981 Subd. 2 \(1\)](#) 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.

2. 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 of the contract(s).

## Form 9. 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](#) (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 \_\_\_\_\_ Title \_\_\_\_\_

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

## Form 10. 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) and as part of the response to this Grant Request for Proposal.

Is your organization registered with the Secretary of State and has a status of “In Good Standing”?

Yes      No

## Form 11. 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.
3. 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, as applicable to the organization and as required by [16B.981 Subd. 2](#) (2) and [16B.981 Subd. 2](#) (5) as part of the pre-award risk assessment:

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

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

If not 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

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