**JOB TRAINING INCENTIVE PROGRAM**

**ELIGIBILITY CHECKLIST**

This form is intended to serve as a general guideline to help you determine if you should complete a grant application on behalf of the business. Meeting the following conditions does not guarantee eligibility or a grant award.

**Project Eligibility**

All of the following conditions must be met to be eligible for a JTIP grant.

The business is located in Greater Minnesota.

The business is not primarily engaged as a public utility or in retail sales at the project location, health care services, lobbying, gambling, entertainment, professional sports, political consulting, leisure, hospitality, or professional services provided by attorneys, accountants, business consultants, physicians or health care consultants.

The business will add at least three new jobs at the project location and will provide a copy of the most recent payroll report to verify current employment levels.

The new jobs will be permanent positions that provide at least 32 hours of work per week for a minimum of nine months per year.

Each of the new jobs will pay wages at least 120% of federal poverty guidelines for a family of four (for 2024 this is $37,440 per year or $17.87 based on a 2,096-hour work year), plus benefits.

The business has discussed the project with MN Job Skills Partnership (MJSP) staff and can demonstrate that its training needs cannot be met through an MJSP grant.

The training is in an eligible topic area.

The business will match the grant with cash or in-kind contributions at the required level.

Training will begin within six months of award.

If the project is awarded between July 1, 2023 and June 30, 2024, grant funded training activities will be completed by June 30, 2025; or if the project is awarded between July 1, 2024 and June 30, 2025, grant funded activities will be completed by June 30, 2026.

The most recent payroll report is attached.

If this is a new business, the business plan is attached.

**JOB TRAINING INCENTIVE PROGRAM APPLICATION**

**Section 1. Business Applicant Information**

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| Business Legal Name: | | Parent Company Name (if applicable): |
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| Project Location Street Address: | | Primary Business Contact Name: |
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| Project Location Street Address Line 2: | | Business Contact Title: |
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| Project Location City/State/Zip: | | Business Contact E-mail: |
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| Mailing Street Address (if different): | | Business Contact Telephone: |
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| Mailing Street Address Line 2: | | Minnesota Tax ID: |
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| Mailing Address City/State/Zip: | | FEIN: |
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| Website: | | Primary NAICS Code for Project Location: |
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| The business is (check any that apply): | BIPOC-Owned  Woman-Owned  Veteran-Owned | |

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| Does the business have any outstanding local, state or federal tax liabilities? | | | | Yes No |
| If yes, describe: |  |  | | |
| Does the business have any liens on assets? | | | | Yes No |
| If yes, describe: |  |  | | |
| Is the business under bankruptcy proceedings? | | | | Yes No |
| If yes, describe: |  |  | | |
| Is the business in good standing with the Secretary of State? | | | | Yes No |
| If no, explain: |  |  | | |
| Are there current or unsatisfied judgments or injunctions against the business or owners? | | | | Yes No |
| If yes, describe: |  | | | |
| Is there current or pending litigation involving the business? | | | | Yes No |
| *If yes, attach summary and disposition.* | | | | |
| Within the past five years, has there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal or local government agency? | | | | |
| *If yes, attach copy of the violation(s), citation(s), or complaint(s) and the disposition of each.* | | | | Yes No |
| Have any of the business’s current staff who will have authority to access the grant funds provided by DEED, or determine how the funds are used, been convicted of a felony financial crime in the last 10 years? | | | | Yes No |
| Provide the names and titles of current staff who will authority to access grant funds provided by DEED or determine how the funds are used. | | | | |
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| Has the business received any other grants from the Department of Employment and Economic Development? | | | | Yes No |
| If yes, specify the grant program and year awarded: | | |  | |

**Section 2. Project Overview**

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| **Part A. New or Expanding Business** | |
|  | New business with no parent company or current operations *(attach business plan)*  Expansion of existing facility or Minnesota company  Expansion to Minnesota by a company with existing operations outside Minnesota |

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| **Part B. Job Information** | | |
| Current number of employees company-wide: | |  |
| Current number of permanent, full-time employees in Minnesota: | |  |
| Current number of permanent, full-time employees at proposed training site:  ***Provide the most recent payroll report to document current employment levels. Social Security numbers and other sensitive information should be redacted.*** | |  |
| Will any jobs be relocated from another MN site to the proposed training site: | |  |
| If yes, which location(s) will the employees be relocated from: |  | |
| Projected number of new, eligible permanent jobs at proposed training site:  ***Eligible jobs are defined as jobs that provide at least 32 hours of work per week for a minimum of nine months per year with no planned termination date.*** | |  |

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| **Part C. Project Timeframe** | |
| Date hiring to begin: |  |
| Date training to begin: |  |
| Date training to be completed: |  |
| Date operations to begin: |  |

**Section 3. Project Narrative**

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| **Part A. Business/Project Description** |
| Describe the business and its major activities. Also describe your expansion project including an explanation of the factors leading to the expansion, planned capital expenditures and any other financial assistance from state or local governments the business has received or expects to receive related to this expansion. |
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| To be eligible for JTIP funding, it must first be determined that this project is not more suitable for funding under the MN Job Skills Partnership (MJSP) program. Please indicate why an MJSP grant is not a more suitable source of funding for this project. |
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| **Part B. Detailed Job and Wage Information** | | | | | | |
| Complete the following table for permanent, full-time jobs to be created. For the purposes of the JTIP program, eligible jobs are defined as jobs that provide at least 32 hours of work per week for a minimum of nine months per year and is permanent with no planned termination date. Eligible jobs must also pay wages of at least 120% of the federal poverty guidelines for a family of four (for 2024 this is $37,440/year), plus benefits. Hourly benefits include non-mandated benefits to the employee. Social security tax, unemployment insurance, workers compensation insurance and other benefits mandated by law are not to be included. | | | | | | |
| **Job Title**  (List eligible positions only based on definition provided above) | **Number of New Jobs** | **Starting Hourly Wages w/o Benefits** | **Hourly Value of Benefits** | **Hourly Wages w/o Benefits at End of Training** | **Average Hours Per Week** | **Months Worked Per Year** |
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| **Total Jobs to be Created:** |  |  |  |  |  |  |

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| **Part C. Recruitment Plan** |
| The Minnesota Department of Employment and Economic Development (DEED) encourages grant applicants to utilize MinnesotaWorks.net, the state’s no-fee online job database that brings employers and job seekers together. Furthermore, DEED encourages applicants to utilize the services provided by DEED’s workforce development staff in recruiting and screening new hires with an emphasis on hiring people with disabilities, economically disadvantaged and/or people of color. |
| In the space provided below, please indicate if you intend to utilize the above resources. Also provide information on any other efforts you will make or organizations you will work with to recruit people with disabilities, economically disadvantaged or people of color. |
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| **Part D. Training Plan** | | | |
| In the table below, indicate the course titles or training topics to be provided through the project. For each course or training topic, indicate the number to be trained, the job positions of those to be trained and the training provider. Only include those hired in new jobs. | | | |
| **Course Title or Training Topic** | **Number of Trainees** | **Positions of Trainees** | **Training Provider** |
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| Provide a description of the training components and the approximate timeline for training, hours of training, whether the training is an existing course or customized, the delivery method (i.e., on-line, classroom, lab, on-the-job, etc.), and any credentials or certifications that will be provided. | | | |
|  | | | |
| Provide a description of the training provider organization(s) or individual(s) and their previous experience in conducting similar or related training. | | | |
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| If an accredited, Minnesota educational institution will not be providing the training, please explain the reason. | | | |
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| **Part E. Expected Outcomes** |
| Describe the expected outcomes of the training, including any expected measurable outcomes. Also describe the impact the program is expected to have on the businesses’ ability to expand. |
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| **Part F. Budget** | | | | |
| Provide a breakdown of the projected costs. The budget item description must include the course or training topic the cost is associated with, the type of cost (i.e., delivery of training, curriculum development, materials or supplies, travel, training equipment, trainee wage, etc.), and any formula used to determine the cost (i.e., $50/hour x 25 hours). For each budget item, specify the amount to be covered by JTIP grant funds, contributions by the applicant business, and/or funds leveraged from other sources. | | | | |
| **Budget Item Description** | **JTIP Grant Funds** | **Applicant Business Contributions** | **Other Leveraged Funds** | **Total Cost** |
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| **Total** |  |  |  |  |

**Section 4. Application Fee**

The application fee is $500 and is payable upon preliminary approval of this application. DEED will notify the business when to submit the application fee.

**Section. 5 Pre-Award Risk Assessment**

MN Statutes 16B.981, Subd. 2 requires that we conduct a pre-award risk assessment prior to awarding a grant of $50,000 or more. As part of this assessment, we are required to review the current financial statements and most recent tax returns for the business. Upon DEED’s determination that the application meets the minimum score requirement, if your grant request is $50,000 or more, you will be asked to provide these documents. Upon conclusion of our review, DEED will shred, delete, or return the financial documents. If the business has not been in business long enough to have a tax return, the applicant must demonstrate that the business has appropriate internal financial controls.

I acknowledge that I have read the above information and I agree to provide the necessary financial documentation.

**Section 6. Business Acknowledgement and Certification**

**Data Privacy Acknowledgement:**

Tennessen Warning Notice: per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for an award under the Job Training Incentive program. You are not required to provide the requested information, but failure to do so may result in DEED’s inability to determine your eligibility for an award. The data you provide is classified as private or non-public and cannot be shared without your permission except as specified in statute.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds.

**Business Certification:**

I have read the above statements and agree to supply the information requested to the MN Department of Employment and Economic Development with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name of Business Official:

Title:

Signature:

Date:

**CONFLICT OF INTEREST DISCLOSURE**

**Instructions:** Please return your completed form as part of the Response submittal.

**Conflict of Interest Disclosure Form**

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee’s obligation to be familiar with the Office of Grants Management (OGM) Grants Policy 08-01 Conflict of Interest Policy for State Grant-Making and to disclose any conflicts of interest accordingly. Policy 08-01 can be found on the [Office of Grants Management website](https://mn.gov/admin/government/grants/policies-statutes-forms/) under Current Policies.

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.

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 conflict of interest or additional conflicts of interest, I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Name of Business Official:

Title:

Signature:

Date:

### 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 this consent form
   2. 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:

1. **Authorized person or organization**

I authorize the following person or organization to receive the private and nonpublic data checked below:

DEED,Business Development

180 E 5th Street, Suite 1200

Saint Paul, MN 55101

1. **UI Data**

Types of data that I 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.

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 (and title, if applicable):

Phone:

Date: