**MINNESOTA JOB SKILLS PARTNERSHIP**

**Short Form Application**

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| 1. **Applicant Agency** | | | | | |
| Name: |  | | | Contact: |  |
| Address: |  | | | Title: |  |
|  |  | | | Phone: |  |
| City: |  | | | Website: |  |
| State: |  | Zip: |  | E-mail: |  |
| Brief description of applicant agency (for Pathways grant applications that have a workforce development intermediary as the applicant agency, also provide the name and a brief description of the partnering accredited training organization): | | | | | |
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| 1. **Contributing Business** | | | | | | |
| Name: |  | | | Contact: |  | |
| Address: |  | | | Title: |  | |
|  |  | | | Phone: |  | |
| City: |  | | | Website: |  | |
| State: |  | Zip: |  | E-mail: |  | |
| Check any that apply: | | BIPOC-Owned  Woman-Owned  Veteran-Owned | | | | |
| NAICS Code(s): (6 digits) | |  | | No. of Employees in MN: | |  |
| Annual Revenues: | |  | | No. Employees at Project Location: | |  |
| Total No. of Employees: | |  | | No. People of Color at Project Location: | |  |
| If the employees are represented by a labor union, provide the name(s) of the union(s): | | | | | | |
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| Description of business/product lines: | | | | | | |
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| 1. **Program Information** | | | |
| Project Start Date: |  | Indicate which program funds you are requesting: | |
| Project End Date: |  | Partnership  Pathways | |
| Number of Trainees: |  | Computation of Funds Requested | |
| Number Placed/Retained: |  | Total Costs: |  |
| Placement/Retention Rate (%): |  | Less Non-Match Revenue: |  |
| Total Cost Per Trainee: |  | Less Match Revenue: |  |
| MJSP Cost Per Trainee: |  | MJSP Amount Requested: |  |

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| 1. **Need Statement** |
| Provide a brief explanation of the business’ needs and describe how training will address those needs. |
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| 1. **Curriculum/Work Statement** | | | | | | | |
| Indicate the course titles or topics you are planning to provide. For each course or topic indicate the number of trainees; the occupation(s) of the trainees; whether the curriculum will be new, existing or customized; any certification the trainees will receive (i.e. number of credits or CEU’s); the number of hours the trainees will spend in training, and the provider of the training. | | | | | | | |
| Course Title or Training Topic | No. of Trainees | Occupation(s) of Trainees | New, Existing or Customized | Certification | Training Provider | No. of Cohorts | Hrs. Per Cohort |
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| In the space provided below, provide a brief description of each course or training topic to be delivered, indicate any innovative, creative or new educational materials, methodologies or delivery systems being used, and describe the benefits of the project to the educational institution. | | | | | | | |
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| 1. **Target Population Characteristics** | |
| Expected total number of workers to be trained: |  |
| Number expected to be trained for newly created jobs during the project period (do not include new hires resulting from turnover or attrition): |  |
| Expected number of males to be trained: |  |
| Expected number of females to be trained: |  |
| Expected number of people of color to be trained: |  |
| Expected number of people with disabilities to be trained: |  |
| Expected number of economically disadvantaged people to be trained (defined as people receiving public assistance or who have incomes at or below 200% of federal poverty guidelines): |  |

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| 1. **Placement** | | | | | |
| Indicate in the following format: business name; expected number of trainees to be recruited; occupations to be trained for; number of trainees expected to be placed for each occupation; hourly wage of trainees not including benefits; and whether the level of training is entry-level (E), re-training (R) or advanced (A). | | | | | |
| Business Name | Expected Number Trained | Occupations | Expected Number Retained | Expected Number Placed in New Jobs | Hourly Wage without Benefits |
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| **Total** |  |  |  |  |  |

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| 1. **Contributing Business(es) Participation** |
| In the space provided below, briefly describe how the contributing business(es) will be involved in activities such as recruitment and selection of trainees, development of the training curriculum and educational pathways, implementation of the training program, contribution of resources, defining of career paths, etc. |
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| 1. **Educational & Career Path** | | | |
| This section is required for the Pathways program only. Indicate in the following format the possible career progression and the training or educational path that is required to progress to each occupation. | | | |
| Training Related Occupation | Educational Requirements (Required Training) | Credential Earned/Required | Starting Pay Range |
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| 1. **Terms & Conditions** | | | |
| 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 MN Job Skills Partnership 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.  Data Privacy Notice: per MN Statutes 13.599, Subd. 3, responses submitted by a grantee are private or nonpublic until the responses are opened. Once the responses are opened, the name and address of the grantee and the amount requested is public. All other data in a response is private or nonpublic data until completion of the evaluation process. After a granting agency has completed the evaluation process, all remaining data in the responses is public with the exception of trade secret data as defined and classified in section 13.37. A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response. | | | |
| Certification of individual authorized to commit applicant (educational institution) to this agreement: 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: |  | Signature: |  |
| Title: |  | Date: |  |

**ATTACHMENT A. BUDGET**

**ATTACHMENT B. LETTER(S) OF COMMITMENT**

**Sample Letter of Commitment**

Dear Board Members:

This letter is to confirm XYZ Corporation’s planned contribution to the (name of project) training program to be operated by ABC College.

XYZ’s contributions will consist of:

1. Cash $ 7,500

To be used for (cite the planned use

of these funds in the program) in

conducting the program.

2. Loaned instructor(s) for 26 weeks at

24 hours per week, the equivalent of: $11,000

3. Donated equipment: Drill $1,000

Grinder $4,000

Rotary Table $1,000

$ 6,000

$24,500

We will submit this contribution for (period of time of commitment) with specific dates to be mutually agreed upon by the Minnesota Job Skills Partnership, ABC College, and our Human Resources Manager. The list of material/equipment to be contributed to this project has been reviewed, and I verify that all contributions listed are necessary to the successful implementation of the training project.

This contribution is given to specifically match a grant from the Minnesota Job Skills Partnership, and is not a general gift or donation that the training institution has or would otherwise receive without the prospect of Partnership funding.

The training project will not result in any dislocation of company employees from their current place of employment. The increased skills training will benefit the trainees involved and is in response to a skills shortage experienced by both our firm and the industry.

The company does not anticipate any circumstances, financial or legal, barring the company from meeting its commitments as presented in the project proposal.

Sincerely,

Company Official - (Name and Title) Date

Company Official - (Name and Title) Date

**ATTACHMENT C. 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.

If at any time after submission of this form, I or my grant organization discover any conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

I or my grant organization have an ACTUAL or POTENTIAL conflict of interest. (*Please describe below*):

If at any time after submission of this form, I or my grant organization discover any additional conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Printed name:

Signature:

Organization:

Date: