# Minnesota Economic Recovery Jobs Program

Request for Proposals



## Important Dates

**RFP Release: Thursday, November 19, 2020**

**Proposals** **Due**: **Friday, December 18, 2020 by 4:00 PM (CST)**

Proposals must be received via email by **4:00 PM (CST) on Friday, December 18, 2020**. Proposals must be submitted in .PDF format to: [kathy.young@state.mn.us](mailto:kathy.young@state.mn.us)

Late proposals will not be accepted. The State is not responsible for any errors or delays caused by technology-related issues.

**Anticipated Notification to Applicants: January 2021 with funds available upon execution of contract.**

**Contract End Date:** **September 30, 2021**

Disclaimer: All costs incurred in responding to this RFP will be borne by the responder. This RFP does not obligate the state to award a contract or complete the project. The State reserves the right to cancel the solicitation if it is considered to be in its best interests.

Alternative Format: Upon Request, these materials will be made available in alternative formats

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## Introduction

The Minnesota Department of Employment and Economic Development (DEED) is committed to ensuring economic equity throughout Minnesota. Minnesotans will have fair and equitable access to meaningful employment and a family-sustaining wage, and employers are able to fill jobs in demand.

### Objective

The Department of Employment and Economic Development seeks proposals from qualified responders to develop and implement a short-term career readiness, work experience, and employment program for young adults. Through this RFP, the goal is to serve over 200 individuals in the seven-county metro area.

Proposals should focus on conducting outreach, participant recruitment, assessment and wrap-around case management, support services, delivering career readiness training, and identifying work experience placements and supporting participants through these work experience opportunities. Organizations should have demonstrated experience with conducting employer engagement and job placement.

### Funds Available

There are $950,000 dollars available for award under the Minnesota Jobs Skills Partnership (MJSP) six percent funds. The funds are to create career readiness and work experience opportunities for 200 young adults in the seven-county metro area.

### Technical Assistance

For technical assistance in interpreting instructions and alternative formats for people with disabilities, contact Kathy Young via email at [kathy.young@state.mn.us](mailto:kathy.young@state.mn.us).

DEED staff will post responses to questions on DEED’s website by way of the Contract Opportunities page: <https://mn.gov/deed/about/contracts/open-rfp.jsp>. Questions must be emailed to [kathy.young@state.mn.us](mailto:kathy.young@state.mn.us) and will not be accepted after **Thursday, December 17, 2020.**

## SCOPE OF WORK

### Eligible Organizations

* Nonprofit Organizations, Community Based Organizations
* Tribal governments
* Organizations must have an existing current contract with DEED
* Organizations must be in the seven-county metro area

Preference given to organizations with demonstrated effectiveness in delivering services in Black, Indigenous, and People of Color (BIPOC) communities.

Organizations should have demonstrated effectiveness with conducting employer engagement and job placements.

Eligible organizations must demonstrate they will be able to enroll, train, and place young adults in work experiences. If any of these activities are not provided directly, they should identify the organizations they will partner with that will be providing these program elements.

### Eligible Participants

Programs must serve individuals 18 – 25 years of age, who have a driver’s license, and who have a high school diploma or GED. All participants enrolled must be authorized to work in the United States *and* a preference for:

* Individuals whose income is no higher than 200% of the [poverty level](https://aspe.hhs.gov/2020-poverty-guidelines)

### Collaboration

Partnerships are highly encouraged. Applications that demonstrate existing partnerships or relationships with employers and a demonstrated history of working with organizations that provide services to underrepresented groups will be given special consideration.

### Tasks/Deliverables

Successful applicants will be required to:

* Create a strong outreach, recruitment, and assessment plan to identify and enroll eligible participants.
* Provide participants with career readiness training and life skills training, such as financial literacy and digital literacy.
* Develop age specific, short-term paid work experience opportunities for all participants.
* Provide participants support services as needed.
* Conduct employer engagement and job placement services.
* Provide case management and referral services as needed.
* Conduct post program follow-up.
* Utilize Workforce One as the case management system for the grant and maintain current Workforce One data entry throughout the contract period.
* Submit a quarterly narrative that describes progress of the grant (due the 30th of the month following the end of the quarter).
* Submit monthly Reimbursement Payment Request Forms (RPRs) or Financial Status Reports (FSRs) to designated contact within DEED. RPRs or FSRs must accurately reflect actual grant expenditures and obligations consistent with rates of participation which grant administrators will be able to track. RPRs are due monthly on the 20th of the following month. E.g. January billing is due February 20th.

# PERFORMANCE DELIVERABLES

### Program Requirements/Eligible Services

These funds will be awarded to organizations that can recruit, assess, train, and place eligible young adult participants into short-term, paid work experience opportunities. Programs should also provide case management and support services. Co-enrollments with existing DEED programs are encouraged. Applicants should propose a program model that can start immediately and follows the estimated timeline below.

* 2 months for outreach, recruitment and assessment
* 3 months focused on training and work experience, including
  + Career readiness training
  + Life skills training: i.e. financial literacy, digital literacy, etc.
  + Develop age specific, short-term, paid work experience opportunities
  + Provide case management and support services
* 1 month to conduct post program follow-up

The maximum amount of funding that can be requested by an applicant for this grant is $475,000 and the minimum amount is $200,000.

No more than 10% may be allocated for administrative costs.

## PROPOSALS

Proposals must conform to all instructions, conditions, and requirements included in the RFP. Responders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Responder’s risk and may, at the discretion of the State, result in disqualification of the Proposal. Acceptable Proposals must offer the services identified in the *Scope of Work* and agree to the contract conditions specified throughout the RFP.

### Narrative Format

The submitted narrative must address all sections in the Evaluation Criteria and must meet the following specifications:

* 12 Point font (Arial or Calibri preferred)
* No more than 10 single-sided, double-spaced pages with a 1” margin on all four sides
* Required forms do NOT count toward the 10-page limit

**IMPORTANT:** Applicants may be required to supplement their proposals at the request of the Commissioner of DEED.

### Submission and Due Date

One (1) Adobe Acrobat (.PDF) file containing the proposal and all attachments must be submitted to [kathy.young@state.mn.us](mailto:kathy.young@state.mn.us) by **4:00 PM (CST), Friday, December 18, 2020**. Proposals must meet all specifications in order to be considered. Late proposals will not be considered. DEED is not responsible for any issues related to technology.

## OVERVIEW OF EVALUATION METHODOLOGY

Each proposal will be reviewed on a 100-point scale. The scoring factors and weight that applications will be judged on are:

* *Organizational and Project Summary*: 30 points
* *Relevant Experience and Partnerships*: 20 points
* *Work Plan: 40 points*
* *Budget and Fiscal Capacity*: 10 points

***Total points – 100 points.***

Narratives should align with your attached Work Plan and Budget. **Required forms do NOT count toward the page limit.** Do not attach marketing materials. Ensure that all required forms are filled out completely.

All eligible and complete applications received by the deadline will be evaluated and reviewed.

In accordance with Minnesota Department of Administration, Office of Grants Management (OGM) [Operating Policy and Procedure Number 08-13](https://mn.gov/admin/assets/grants_policy_08-13_tcm36-207120.pdf), past performance on awarded and closed Minnesota state education and training grants will be considered when evaluating proposals for future grants.

The Commissioner of DEED will review all recommendations and is responsible for award decisions. The award decisions of DEED are final and not subject to appeal.

### Evaluation Criteria

|  |  |  |
| --- | --- | --- |
| **Section 1: Organizational and Project Summary** | | **Total points: 30** |
| ***Narrative:***   * Describe your proposed project. Include a high-level overview of how your organization will perform outreach, recruitment and assessment, deliver life skills and career readiness training, develop age specific work experience opportunities for participants, and conduct employer engagement and job placement. * Include how many participants you plan to serve, and estimated cost per participant. * Provide a summary of your organization and why your organization is positioned to successfully deliver the goals of this program. | | |
| ***Equity:***  Include in your summary the following:   * Who is your project’s target population and describe your organization’s experience serving this population? * If your organization has limited experience, describe your plan to serve these communities. * Describe your organization’s experience serving communities that have historically been underserved, underrepresented, or disadvantaged by the current system. * Describe how your organization has been effective in delivering services in Black, Indigenous, and People of Color (BIPOC) communities. | | |
| **Section 2: Relevant Experience and Partnerships** | **Total points: 20** | |
| ***Narrative:***  Describe your organization’s experience as it relates to your proposed program and grant requirements. | | |
| * Include your experience in operating projects similar to the proposed project. What experience does your organization have in providing life skills and career readiness training, developing paid work experience opportunities, and conducting employer engagement and job placement? * Explain your capacity to serve the proposed number of participants and to develop the required paid work experience placements. * Describe any existing relationships your organization has with potential participating businesses or organizations. * Describe any collaborative relationships you have with other organizations serving the target populations and how your projects and services align or build off each other to comprehensively meet the community needs. | | |
| **Section 3: Work Plan** | | **Total points: 40** |
| ***Narrative:***  What is the staffing plan for this project? Provide specific titles of persons in your organization who would lead, manage, and work on this project. | | |
| * ***Participant Recruitment, Training, and Assessment:***   1. Describe your outreach and recruitment strategy: include innovative outreach methods your organization uses or plans to use to reach the target populations.   2. Describe the process you will use to assess participants’ career readiness and work experience needs   3. Describe the plan to provide life skills and career readiness training, including virtual training opportunities. | | |
| * ***Work Experience Placement and Support:***   1. Describe your plan to develop and provide age specific, short-term, work experience placement opportunities for all young adult participants.   2. Describe how you will provide case management, support services, and support participants in completing their work experience.   3. Describe how you will conduct employer engagement and job placement to guide, refer, and support participants in transitioning to future opportunities. | | |
| * ***Follow-up and Evaluation:***   1. Describe your post-program follow up plan?   2. How does your organization plan to assess and evaluate the effectiveness of the project?   3. Describe how you will obtain and incorporate participant input and feedback throughout the project, from implementation to final evaluation. | | |
| **Section 4: Budget and Fiscal Capacity** | | **Total points: 10** |
| ***Narrative:***  Provide a budget summary addressing the cost effectiveness of proposed services and your organization’s capacity to manage the funds you have requested. Your budget summary must be cumulative by quarter and should align with the Proposal’s attached Work Plan and Budget forms. | | |
| Your budget summary should include:   1. Describe how you will use the funds requested, within each cost category (which must align with your Budget) to successfully deliver the proposed services. 2. Total DEED funds requested. 3. Total participants you intend to serve 4. Explain why this is the most effective and productive way to use the funds. 5. Describe your organization’s financial management capacity (accounting, timekeeping, and funds management, etc.). | | |
|  | | **Total points: 100** |

## 

## CONFLICTS OF INTEREST

DEED will take steps to prevent individual and organizational conflicts of interest, both in reference to organizations submitting proposals and reviewers, per Minn.Stat.§[16B.98](https://www.revisor.mn.gov/statutes/?id=16B.98) and [Conflict of Interest Policy for State Grant-Making](https://mn.gov/admin/assets/grants_policy_08-01%20August%202020%20Effective%20date%20January%201%202021_tcm36-442645.pdf). When a conflict of interest concerning state grant-making exists, transparency shall be the guiding principle in addressing it.

In cases where a conflict of interest is suspected, disclosed, or discovered by DEED, the applicants or grantees will be notified and actions may be pursued, including but not limited to disqualification from eligibility for the grant award or termination of the grant agreement. In cases where a potential or actual conflict of interest is discovered by the applicants, they must notify the state.

Applicants must complete a [Conflict of Interest Disclosure](#_Form_4:_Unemployment) and attach it to their proposal.

## PUBLIC DATA

Per Minn. Stat. § [13.599](https://www.revisor.mn.gov/statutes/?id=13.599):

* Names and addresses of grant applicants will be public data once proposal responses are opened.
* All remaining data in proposal responses (except trade secret data as defined and classified in §[13.37](https://www.revisor.mn.gov/statutes/?id=13.37)) will be public data after the evaluation process is completed (for the purposes of this grant, when all grant agreements have been fully executed).
* All data created or maintained by the Department as part of the evaluation process (except trade secret data as defined and classified in §13.37) will be public data after the evaluation process is completed (for the purposes of this grant, when all grant agreements have been fully executed).

## SELECTION AND NOTIFICATION OF SUCCESSFUL APPLICANT(S)

Allapplicants will receive a letter communicating funding decisions.

## Post-Selection Requirements

### Tax Identification and DUNS Numbers

DEED grantees are required to have both state and federal tax identification numbers and a valid DUNS number issued by Dun & Bradstreet. A DUNS number is a unique, nine-digit identification number for each physical location of your business. DUNS numbers are free for all state vendors and can be obtained via the Dun & Bradstreet website, linked [here](https://fedgov.dnb.com/webform/CCRSearch.do?val=1).

### Vendor Registration

The State of Minnesota’s accounting and procurement system is called State-Wide Integrated Financial Tools (SWIFT). Every organization or sub-grantee doing business with the state is considered a vendor. Vendors must be registered with the State of Minnesota. Vendors can interact with the state through the [Supplier Portal](https://supplier.systems.state.mn.us/psc/fmssupap/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?&), which is part of SWIFT. The Supplier Portal allows vendors to login and view payment detail as well as maintain address and contact information related to their vendor record.

### Minnesota Department Of Human Rights Workforce Certificates

Any business that employs 40 or more employees in a state and that seeks to enter into a contract with the State of Minnesota that is over $100,000 or is likely to exceed $100,000 needs to obtain a workforce certificate of compliance from the Minnesota Department of Human Rights. Please check the Minnesota Department of Human Rights website at <https://mn.gov/mdhr/certificates/apply-renew/workforce-certificate/> or contact them directly at [compliance.mdhr@state.mn.us](mailto:compliance.mdhr@state.mn.us) to determine if your organization needs to obtain a workforce certificate of compliance or be exempted.

### Other State and Federal Requirements

DEED grantees must also comply with all state and federal requirements including, but not limited to:

* Worker’s compensation;
* Affirmative action;
* Data privacy;
* Equal Employment Opportunity;
* The Americans with Disabilities Act (ADA);
* Unemployment Insurance\*

\*A grantee’s Unemployment Insurance account must be current.

### Financial Review

All Non-Governmental Organizations (NGOs) applying for grants in the state of Minnesota must undergo a financial review prior to being offered a grant award of $25,000 and higher. To comply with [State Policy on the Financial Review of Nongovernmental Organizations](https://mn.gov/admin/assets/grants_policy_08-06_tcm36-207113.pdf) please submit one of the following documents with your proposal-forms do not count toward page limit, based on the following criteria:

* NGOs with annual income of under $50,000, or who have not been in existence long enough to have a completed IRS Form 990 or audit should submit their most recent board-reviewed financial statements.
* NGOs with total annual revenue of $50,000 or more and less than $750,000 should submit their most recent IRS Form 990.
* NGOs with total annual revenue of over $750,000 should submit their most recent certified financial audit.

### Bidding Requirements

Grantees are subject to bidding requirements for goods and services purchased under this grant. Goods and services that cost:

* $100,000 or more must undergo a formal notice and bidding process.
* Between $25,000 and $99,999 must be competitively awarded based on a minimum of three (3) verbal quotes or bids.
* Between $10,000 and $24,999 must be competitively awarded based on a minimum of two (2) verbal quotes or bids or awarded to a targeted vendor.

The grantee must take all necessary affirmative steps to assure that targeted vendors from businesses with active certifications through these entities are used when possible:

* [Certified Targeted Group, Economically Disadvantaged and Veteran-Owned Vendor List](http://www.mmd.admin.state.mn.us/process/search/) – State Department of Administration
* [Disadvantaged Business Enterprise Directory](https://mnucp.metc.state.mn.us/) – Minnesota Unified Certification Program
* [CERT Business List](https://www.stpaul.gov/departments/human-rights-equal-economic-opportunity/contract-compliance-business-development/central) – Central Certification Program

The grantee must maintain:

* Written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts.
* Support documentation of the purchasing and/or bidding process utilized to contract services in their financial records, including support documentation justifying a single/sole source bid, if applicable.

The grantee **must not** contract with vendors who are suspended or debarred in MN listed [here](http://www.mmd.admin.state.mn.us/debarredreport.asp).

### Nondiscrimination/EO Assurance

Grant recipients must comply with state and federal civil rights laws and ensure nondiscrimination in programs and services receiving federal and state financial assistance. Grantees are subject to equal opportunity monitoring reviews as a requirement of Workforce Innovation and Opportunity Act, [Section 188, 29 U.S.C. § 3248](https://www.congress.gov/113/bills/hr803/BILLS-113hr803enr.pdf) (nondiscrimination by recipients of federal financial assistance under WIOA) and its implementing regulations, [29 CFR Part 38](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=f93578defc0df53d553a30c5b65b1edd&mc=true&r=PART&n=pt29.1.38).

### Accountability and Reporting

Grantee is required to collect and report data on participants during service delivery. Grantee must input participant data into DEED’s case management system – Workforce One[[1]](#footnote-1). Grantee must learn and commit to using Workforce One. Grantees are also required to submit quarterly reports and monthly financial reports each year of the grant period.

This information will be used to monitor grantees’ service delivery, confirm grant reimbursement requests, and measure performance.

### Grant Monitoring

Minnesota Statutes §[16B.97](https://www.revisor.mn.gov/statutes/?id=16B.97) and [State Policy on Grant Monitoring](https://mn.gov/admin/assets/grants_policy_08-10.pdf_tcm36-207117.pdf) require the following:

* One monitoring visit before final payment on all state grants over $50,000.
* Annual monitoring visits during the grant period on all grants over $250,000.
* Conducting a financial reconciliation of grantee’s expenditures at least once before final payment on grants over $50,000. For this purpose, the grantee must make expense receipts, employee timesheets, invoices, and any other supporting documents available upon request by the State.

### Audits

Per [Minn. Stat. §16B.98](https://www.revisor.mn.gov/statutes/?id=16B.98), Subd. 8, the grantee’s books, records, documents, and accounting procedures and practices of the grantee or other party that are relevant to the grant or transaction are subject to examination by the granting agency and either the legislative auditor or the state auditor, as appropriate. This requirement will last for a minimum of six years from the grant agreement end date, receipt, and approval of all final reports, or the required period of time to satisfy all state and program retention requirements, whichever is later.

## PROPOSAL CHECKLIST

The following documents must be included with your proposal. Proposals that do not include the required forms will be deemed incomplete and will not be evaluated and scored.

Do not submit any other materials (binders, photos, etc.). Unrequested materials will not be reviewed.

The required forms do not count toward the ten (10) page maximum for the application narrative

**Form 1.** [Cover Sheet](#_Form_1._Cover_1)

**Application Narrative.** (Maximum of 10 pages)

**Form 2.** [Work Plan](#_Form_2._Work)

**☐ Form 3.** [Budget](#_Form_3._:)

**☐ Form 4.** [Partnership Chart (if applicable)](#_Form_4._Partnership_1)

**☐ Form 5.** [Unemployment Insurance Consent](#_Form_6._Unemployment)

**☐ Form 6.** [Conflict of Interest Disclosure](#_Form_7._Conflict)

**☐ Form 7.** [Affidavit of Non-Collusion](#_Form_7._Affidavit)

### Form 1. Cover Sheet

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

| **Organization Submitting Proposal:** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Organization Name: | |  | | | | |
| 1. Director’s Name: | |  | | 1. Contact Name: |  | |
| 1. Telephone: | |  | | 1. Telephone: |  | |
| 1. Fax: | |  | | 1. Fax: |  | |
| 1. Email: | |  | | 1. Email: |  | |
| 1. Organization Website: | |  | | | | |
| 1. Full Address: | | | | 1. Full Address: | | |
|  | | | |  | | |
| 1. Federal Tax ID: (required) |  | | | 1. Minnesota Tax ID: (required) | |  |
| 1. DUNS Number: (required) |  | | | 1. SWIFT Vendor ID: (if known) | |  |
| **Proposal Information:** | | | | | | |
| 1. Proposal Name: | | |  | | | |
| 1. Proposal Summary: | | |  | | | |
| 1. Geographic Area Served by Proposal: | | |  | | | |
| 1. Total Amount of DEED Funds Requested: | | |  | | | |
| 1. Anticipated Number of Participants Served by Proposal: | | |  | | | |
| 1. Cost Per Participant: | | |  | | | |
| 1. Project Start and End Date: | | |  | | | |

*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 | Date |

### Form 2. Work Plan

| **AGENCY:** | **CONTACT:** |
| --- | --- |
| *Enter name and address of agency here* | *Enter name and phone number/email of primary contact here* |

| **PROJECT GOAL:** |
| --- |
| *Enter a brief statement of the project goal here* |

|  |  |  |  |
| --- | --- | --- | --- |
| **STRATEGIES  (activities, steps, tasks to achieve goal):** | **EXPECTED MEASURABLE OUTCOMES** | **START DATE** | **END DATE** |
| *Tab here and enter strategy* | *Tab here and enter outcomes* | *Tab here and enter date* | *Tab here and enter date* |
| *Tab here and enter strategy* | *Tab here and enter outcomes* | *Tab here and enter date* | *Tab here and enter date* |
| *Tab here and enter strategy* | *Tab here and enter outcomes* | *Tab here and enter date* | *Tab here and enter date* |
| *Tab here and enter strategy* | *Tab here and enter outcomes* | *Tab here and enter date* | *Tab here and enter date* |
| *Tab here and enter strategy* | *Tab here and enter outcomes* | *Tab here and enter date* | *Tab here and enter date* |
| *Tab here and enter strategy* | *Tab here and enter outcomes* | *Tab here and enter date* | *Tab here and enter date* |

### Form 3. Budget

Please complete budget form, see Budget Category Definitions as needed. Amounts listed in the budget form below must be cumulative by quarter. Matching funds are not required; however applicants are encouraged to leverage federal, private, or other funds. It is not required to use all cost categories.

**TOTAL COST PER PARTICIPANT** **(**Total DEED funds requested divided by the total number of participants)

| Office Use Only | Cost Category | Total Funds: Grant Start Date  through  9/30/21 | 1/01/21 through 3/31/21 | 4/1/21 through 6/30/21 | 7/1/21 through 9/30/21 | Total Leveraged Funds[[2]](#footnote-2)  (if applicable) | Total Project Funds |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 833 | Administrative Costs[[3]](#footnote-3) | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* |
| 885 | Direct Services | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* |
| 881 | Participant Wages/Fringe | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* |
| 891 | Support Services | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* |
|  | Total: | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* | *Tab here and enter number* |

### Form 4. Partnership Chart

List all partner organizations, if any, that will contribute resources, staff, or time to the proposed project.

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Organization (e.g., employer, educational institution, non-profit, etc.) | Name and Address of Organization | Type of Commitment:  (Time, staff, resources,  space, referrals, etc.) | Key Contact Person, Email, and  Telephone Number |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* |
| *Enter information* | *Enter information* | *Enter information* | *Enter information* |
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| *Enter information* | *Enter information* | *Enter information* | *Enter information* |

### Form 5. 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 it is signed and dated. It will expire three months after the signature date. Please include a copy of a government-issued identification with a signature as an additional form of verification.

**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 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.

**Reviewing the Information**

You have the right to look at all data described on this form and have copies of the data. We encourage you to look at the data before you decide to give your consent. If you want copies of the above data mailed **only** to you, fill out this form without adding an authorized person or organization.

If you have any questions about your private data, how to complete this consent form, or if you want to withdraw your consent, call Jim S. at (651) 259-0806.

1. Data Subject

Your name or name of organization:

UI Employer Account No.:

Street address:

City:       State:       Zip code:

(Form continues on next page)

1. 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 Division

332 Minnesota Street, Suite E200

Saint Paul, MN 55101

Phone number: (651) 259-7530

1. UI Data

Types of data that may 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

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

### Form 6. Conflict of Interest Disclosure

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

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 (August 2020 Effective Date 1/1/21)](https://mn.gov/admin/assets/grants_policy_08-01%20August%202020%20Effective%20date%20January%201%202021_tcm36-442645.pdf) 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:

Organization:

Date:

### Form 7. 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 Minnesota Economic Recovery Jobs Program Grant 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 Proposal 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:

Print authorized representative name:

Title:

Authorized signature:

Date (mm/dd/yyyy):

**Notary Public**

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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

Notary Public signature

Commission expires (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_

## Budget Category Definitions

**Administration** – Costs are generally associated with the expenditures related to the overall operation of the organization. Administrative costs are associated with functions not related to the direct provision of services to program participants. These costs can be both personnel and non-personnel and both direct and indirect.

Specifically, the project defines the following costs as administration:

* Accounting, budgeting, financial and cash management functions;
* Procurement and purchasing functions;
* Property management functions;
* Personnel management functions;
* Payroll functions;
* Audit functions;
* Incident reports response functions;
* General legal service functions;
* Costs of goods and services required for the administrative functions of the program including such items as rental/purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space;
* Systems and procedures required to carry out the above administrative functions including necessary monitoring and oversight; and,
* Travel costs incurred for official business related to the above administrative functions.

**Direct Services to Participants** – Costs associated with providing direct service to participants, **EXCLUDING** costs of participant wages and fringe benefits and support services. Wages and fringe benefits for staff who provide direct services to participants should be included in this cost category.

**Participant Wages and Fringe Benefits** – Wages and benefits paid directly to participants while engaged in program activities. Benefits should typically include (where applicable) workers’ compensation, Medicare and FICA.

**Support Services -** Costs for services and items considered necessary for participation in the program including, but not limited to: transportation, housing/rental assistance, health and medical costs, needs-based payments, travel assistance, legal aid, personal counseling, clothing, tools, etc. These expenses may be paid directly to the participant or to a third-party vendor.

1. DEED will provide technical assistance as needed. [↑](#footnote-ref-1)
2. Leveraged funds are non-DEED funds (e.g. cash, in-kind contributions, or other state, federal, or private funds). [↑](#footnote-ref-2)
3. Administrative costs cannot exceed 10% of total funds requested and expended. [↑](#footnote-ref-3)