**Low Income Worker**

**Training Program**

**Grant Application**

**Instructions & Forms**



## Minnesota Job Skills Partnership

*Business & Community Development Division*

*Minnesota Department of Employment and Economic Development*

*1st National Bank Building*

*332 Minnesota Street, Suite E200*

*St. Paul, Minnesota 55101-1351*

*651-259-7514*

*1-800-657-3858*

Revised 06/20

**INTRODUCTION**

Created by the 1983 Legislature, the Minnesota Job Skills Partnership (MJSP) is a state agency governed by a 12 member board of directors who represent Minnesota businesses, labor, government and educational institutions.

In order to maintain a strong economic base, Minnesota must provide more trained individuals to fill the employment demands of the industrial and business segment of the economy. Business and education often function independently. Educational institutions produce trainees skilled in one field, while business and industry often need a workforce skilled in quite a different area. The result of this mismatch has been that neither our businesses, nor our training and educational institutions, nor our labor force have been fully served.

The Minnesota Job Skills Partnership is mandated to act as a catalyst between Minnesota's post-secondary educational or non-profit training institutions and business/industry for the purpose of designing and implementing training programs. The training programs are expected to meet current and future employer requirements through the training and placement of workers in positions which offer trainees long-term professional growth and economic opportunity.

In addition, direct and continual involvement with the private sector in the design and implementation of MJSP funded training projects is expected to enhance and expand the expertise and capacity of the state's educational institutions.

The long-term goal of MJSP training programs is to help create an environment of cooperation between business/industry and Minnesota's post-secondary educational or non-profit training institutions. It is anticipated that the partnerships formed through MJSP funded training programs will continue to grow and expand after MJSP funding has ended.

**LOW INCOME WORKER TRAINING PROGRAM**

**GRANT APPLICATION GUIDELINES**

The Low Income Worker Training Program is intended to be used as a means for covering the cost of training for training-ready individuals who have incomes at or below 200% of the federal poverty guidelines. The purpose of the Low Income Worker Training Program is to help individuals with incomes at or below 200% of the federal poverty guidelines receive training to acquire additional skills in order to move up the career ladder to higher paying jobs and economic self-sufficiency. Additional consideration is given to projects that will serve adults meeting the above criteria and those who also traditionally face barriers to successful employment ***including but not limited to***:

* Individuals who identify with minority ethnic/race populations;
* individuals with disabilities;
* individuals returning to work from public assistance;
* older workers;
* veterans; and/or
* recently unemployed or individuals who are long-term unemployed.

The program is designed to provide grants to eligible applicants, who then cover the cost of training for eligible individuals. The training initiatives funded by the Low Income Worker Training Program are intended to be flexible and responsive in order to maximize the ability of funded programs to adapt to changes in economic and business conditions.

All requests for funding must be submitted as formal proposals to the Minnesota Job Skills Partnership. Proposals will only be funded with the approval of the MJSP Board of Directors. In order to be considered, proposals must be received by the MJSP on or before proposal due dates. Applications will be reviewed by the board of directors, and grants will be awarded in accordance with the guidelines adopted by the MJSP Board.

# Eligibility Criteria

**Eligible Applicants.** Eligible applicants include Minnesota public, private, or non-profit entities that provide employment services to low-income individuals or partnerships of two or more of these entities for projects meeting the following criteria:

* The training program(s), courses and training topics utilized through a grant funded by the Low Income Worker Training Program must be certified by the MJSP Board.
* Targeted trainees may only include individuals who are Minnesota residents and have incomes at or below 200% of the federal poverty guidelines. The current federal poverty guidelines can be found at the U.S. Department of Health and Human Services website at <http://aspe.hhs.gov/poverty>.

The Board will consider applications from individual and/or partnerships of two or more eligible applicants. Special consideration will be given to proposals that include courses and/or training programs created as a result of previous MJSP proposals. In order to meet Board certification requirements, the applicant must indicate the specific training program(s) that will be used to provide the training, and provide detailed information on the training program(s) within the application. The training program(s) will be considered Board-certified if they are included in a proposal that is awarded a Low Income Worker Training grant.

The Board looks for projects that provide trainees with durable skills for job advancement and wage increases that provide for livable wage opportunities, while at the same time maintaining a low cost per trainee.

The central theme of this MJSP program is to cover the training costs of low income individuals, who may be unemployed or working in low wage jobs, for the purpose of providing relatively short-term training to acquire additional skills in order to move up the career ladder to higher paying jobs and economic self-sufficiency. The goal of the MJSP is to target training for full-time employment in the growth sectors of the state's economy.

Trainees must be training-ready individuals who have incomes at or below 200% of the federal poverty guidelines.

**Use of Funds**

Grants of up to $200,000 may be awarded to eligible organizations. Eligible organizations may use grant funds to provide eligible trainees with Board certified, **job-specific skills training** and education for the purpose of increasing their economic standing. Grant funds may also be used for training-related materials and supplies and for training-related certification or test fees. When a need is adequately demonstrated, up to 10% of the direct training costs may be requested for operating costs directly related to project coordination. Allowable operating costs include costs associated with recruitment, screening and referral of program participants, along with costs for completing program reporting requirements.

**Grant funds are not intended to be used for work-readiness type training**. Some examples of work-readiness training include topics on filling out job applications, resume preparation and job interview techniques. While we recognize that several training programs include work-readiness type training components or modules, it is our expectation that other funding sources will be identified to cover the costs associated with those training components.

Grant funds also are not intended for the development of new or customized curriculum but rather to cover the costs for individuals to participate in existing courses and training programs.

Grant funds may not be used for transportation, childcare or other support services. Grant funds also may not be used to pay trainee wages.

# General Programmatic Information

Applicants are expected to comply with the general assurances and certifications required by the state of Minnesota as well as any special requirements included in the grant document.

The solicitation of a proposal does not commit the Minnesota Job Skills Partnership Board to award a grant, to pay the costs incurred in the preparation of a proposal, to procure or contract for services or supplies, or to the issuance of a written grant agreement.

The Board retains the right to accept or reject all proposals. The MJSP may award grants to proposals that utilize more than one training program to provide job-specific skills training and education within a project.

The Board retains the right to negotiate with applicants and to require revisions to applications. The awarding of a grant to successful applicants is contingent upon satisfactory negotiations and signing of the grant agreement.

Training may be provided at an educational institution, at a business location, or at the applicant agency. The MJSP encourages innovative, creative and effective models of interaction between education and business.

The goal of the MJSP is to target training for full-time employment in the growth sectors of the state's economy. Trainees should not be used to replace current employees, laid-off employees or those who are on strike.

Trainee recruitment and selection processes should demonstrate commitment to including minorities, women, veterans, persons with disabilities, persons on public assistance and other economically disadvantaged persons, or those who are victims of economic dislocation.

While one major goal of the Minnesota Job Skills Partnership is to create a permanent partnership between education and training institutions and private business, it also seeks to ensure that the numerous agencies currently involved in the state's employment, training and education systems coordinate the development and implementation of their programs with existing employment, training, and education resources in their area.

Applicants must be able to work cooperatively with appropriate service agencies and organizations that have access to and knowledge of the target populations. These may include, but are not limited to, one or more of the following: the Department of Employment and Economic Development, the Department of Human Services, local workforce centers, local workforce councils, and other organizations serving particular client groups identified in the proposal.

While some flexibility in funded programs is allowed in order to be responsive to changes in economic and business conditions, changes to the approved training plan should be kept minimal. It should also be noted that the project must not deviate from the Board certified training plan outlined in the proposal and must only use training providers included in the proposal and approved by the MJSP Board, unless changes are approved in writing by the MJSP staff.

All awarded projects must comply with program reporting requirements.

# Availability of Funding

Funding of projects is contingent upon legislative and/or Board appropriations. Information regarding the availability of the program may be sought by contacting the MJSP at 651/259-7514.

# Proposal Timetables

Information regarding timetables for submission of proposals is available on our Web site at <http://mn.gov/deed/business/financing-business/mjsp/board/index.jsp>. Information may also be obtained by contacting the MJSP at 651/259-7514.

Proposals are generally due four to six weeks prior to the board meeting.

# Financial Information

Grant funds may only be used for the training costs of eligible program participants.

Grant funds are provided on a reimbursement basis.

All costs associated with the activities of a Low Income Worker Training grant must be detailed. Specifically, the itemized costs of the training for each individual served through a grant must be provided.

# Affirmative Action Compliance

All agencies receiving MJSP grants must comply with state and federal laws prohibiting discrimination.

# Review Guidelines

Applications are reviewed according to the following guidelines. Please note that the following list is not in priority order. **Proposal Scoring: 100 points available.**

|  |  |
| --- | --- |
| *40 Points**Possible* | **Project Design** - Used to evaluate how many participants will be served the key training to be provided, and whether the program will maximize training and employment outcomes. Points are based on:* Expected completion rates
* Expected placement rates
* Employment retention strategies
* Labor market information demonstrates demand for workers with the skills being provided
* Training will result in livable wages, increased wages and/or wages above 200% of poverty level
* Training is for an occupation with opportunities for advancement/defined career path
* Proposal describes effort to recruit appropriate target populations
* Applicant has appropriate screening plan for assessing participant interests, level of work experience, education, and skill competencies prior to enrollment to ensure that participants are a good match for the program
 |
| *35 Points* *Possible* | **Organizational Capacity** – Used to evaluate the organizations past experience and ability to effectively manage a grant. Points are based on:* Applicant is experienced in providing employment services to low-income individuals.
* Applicants past experience will benefit any special populations identified in proposal.
* Applicant demonstrates capacity to serve the proposed number of participants.
* Applicant demonstrates favorable outcomes in the following areas:
* Participant completion rates
* Participant placement rates in unsubsidized employment
* Participant retention rates in employment for at least two quarters following the quarter during which they completed
* Increased earnings for program participants
* Percent of program participants achieving industry-recognized credentials or certifications.
* Applicant demonstrates appropriate staffing plan, including the responsibilities associated with each position involved in project
* Applicant has experience using Workforce One or has identified an individual prepared to learn these systems.
 |
| *20 Points**Possible* | **Partnerships** – Used to evaluate the collaborative efforts of the applicant and the development of partnership to ensure participant success. Points are based on:* Applicant demonstrates leveraging of other resources
* Applicant identifies meaningful partnerships and provides information on the roles, responsibilities and commitments of each partner.
* Applicant demonstrates an effective alliance with a business partners
* Applicant is partnering with an appropriate training provider
* Application demonstrates that the training provider has a good track record; and
* Training provider is accredited; and, or
* Training provider is a well-established, reputable organization
 |
| *5 Points* *Possible* | **Budget** – Used to evaluate budget and project costs. Points are based on:* Budget costs are appropriate
* Administrative costs do not exceed 10% of the budget;
* Direct training costs are appropriate for proposed training
 |

**APPLICATION FORMAT AND INSTRUCTIONS**

All eligible organizations and institutions interested in submitting a Low Income Worker Training grant application must adhere to the following conditions:

1. Applications must be typewritten and have numbered pages.

2. Applicants must include with their submission a copy of their most recent certified financial audit (for applicants with total annual revenue of over $750,000) or IRS Form 990 (for applicants with annual income between $50,000 and $750,000, if a certified financial audit is not available) or their most recent board-reviewed financial statements (for applicants with annual income of under $50,000).

3. Applicants must include with their submission the completed Fiscal Capacity Form.

4. One file, including all attachments must be submitted in pdf format to deed.mjsp@state.mn.us.

5. Applications must be submitted using the forms and format outlined in this booklet.

Following is a brief description of each section contained in this application followed by the actual forms that are to be completed.

**Proposal Cover Page.**  Provide the name, address and contact information for the Applicant Agency and Training Provider(s). This information must be completed for each Training Provider. An additional page may be attached or inserted behind the Cover Page for requests involving more than one Training Provider. The cover page also includes general information such as the start and end date, planned number of trainees and placements, average MJSP cost per trainee, total grant amount requested and the occupations for which training is being provided. The Terms and Conditions section of the cover page is to be reviewed and signed by the individual that is authorized to commit the applicant agency to the project.

**Section A. Applicant Agency.** Provide a brief description of the Applicant Agency. The description must include information on the populations served and support services, employment services and training programs provided by the applicant agency.

This section must also include information regarding the agency’s most current actual program performance using the table provided. For this table, please provide data for programs or services provided that are most relevant for the Low Income Worker Training Program. For example, if available, provide data for programs provided that specifically served low-income populations and included training. Please provide a narrative description of the data provided that includes any additional relevant information such as retention rates and increases in participants earnings.

In this section, also describe any experience the agency has in managing state or federal grants, experience working with the Workforce One database and identify staff responsibilities.

**Section B. Training Provider.** Provide a brief description of the Training Provider(s).

**Section C. Linkage Organization(s).** Describe partnerships with businesses or other organizations that will be participating in the project. This would include any entity providing general support to the project such as serving on an advisory committee, providing internships, participating in job fairs or providing support services. Provide the name, address and contact information for any Linkage Organizations participating in the project and a description of the services the organization will be contributing to the project.

**Section D. Curriculum/Work Statement.** This section includes both a narrative description of the proposed training program and the courses to be provided and the completion of the provided table which outlines the Course Titles or Training Topics to be used in the proposed training project and the related details for each, including any certifications or credentialing offered, training provider, targeted occupations and starting wages. The narrative portion must also include a description of participant screening and assessments, support services to be provided, placement activities and retention strategies.

**Section E. Targeted Occupations and Labor Market Information.** The narrative portion of this section should demonstrate a demand in the labor market for the type of skills to be provided through the proposed training. You should also provide information related to wage progression and opportunities for advancement. When making recommendations for funding, MJSP staff will take into consideration employment projections and labor market data provided by the MN Department of Employment and Economic Development (DEED). You must complete the provided “Targeted Occupations” and “Career Ladder” tables using data specific to the region(s) your organization serves and the specific occupations for which training is being provided. The data needed to complete these tables can be found in the Occupations in Demand report (<http://mn.gov/deed/data/data-tools/oid/>) and the Job Vacancy Survey (<http://mn.gov/deed/data/data-tools/job-vacancy/>) located on the DEED website. The Number of Vacancies column refers to current vacancies, which is found on the Job Vacancy Survey. Median Wage Offer is also found on the Job Vacancy Survey and is reflected as an hourly rate. This is different from median wage in that it more closely reflects an expected starting wage.

If you believe the employment outlook or other labor market data on these sites are inaccurate for the occupation(s) in which you are proposing training, you should provide documentation or information to backup your assertion. For example, if you have identified specific businesses in your area that have identified an immediate need that this program will address, that information should be provided here and letters from the businesses should be provided.

**Section F. Target Population Characteristics.** Indicate the number of trainees that are employed, unemployed, minorities, returning to work from public assistance, older workers, veterans, and that have disabilities. Note: eligible trainees include only individuals who have incomes at or below 200 percent of the Federal poverty guidelines.

**Section G. Expected Completion and Placement Rates.** This section must include information regarding the agency’s expected program completion and placement rates using the table provided.

**Section H. Budget.** MJSP requires a detailed budget breakdown that describes and differentiates between the cost of the different course(s) or training activities offered through the project, the total number of trainees to take each course or training activity, and the total cost for each course or activity.

**Attachment A. Fiscal Capacity Form**. This form must be included with your grant application. The form will be used to help determine the financial capacity of your organization.

**LOW INCOME WORKER TRAINING PROGRAM**

# GRANT APPLICATION FORMS

# Minnesota Job Skills Partnership

 **Low Income Worker Training Program**

# Proposal Cover Page

|  |
| --- |
| **General Information** |
| **Applicant Agency** | **Training Provider** |
|  Name: |  |  Name: |  |
|  Address: |  |  Address: |  |
|  |  |  |  |
|  City: |  |  City: |  |
|  State: |  | Zip: |  |  State: |  | Zip: |  |
|  Contact: |  |  Contact: |  |
|  Title: |  |  Title: |  |
|  Phone: |  |  Phone: |  |
|  Fax: |  |  Fax: |  |
|  E-Mail: |  |  E-Mail: |  |

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| --- |
| General Program Information |
| Project Period: |  | To: |  | Number of Trainees: |  |
| Avg. MJSP Cost Per Trainee: |  | Expected Placement: | Number: |  |
| Total MJSP Funds Requested: |  | Percent:  |  |
| Occupation(s) to be Trained For: |  |

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| --- |
| Terms and Conditions |
| **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 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](https://www.revisor.mn.gov/statutes/cite/13.37). A statement by a grantee that the response is copyrighted or otherwise protected does not prevent public access to the response.**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 and title of individual authorized to commit applicant to this agreement: |
| Name: |  | Signature: |  |
| Title: |  | Date: |  |
| SECTION A. APPLICANT AGENCY |
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| --- |
| Past Program Performance |
| Program Name: |  | Timeframe: |  |
| Number Enrolled | Number Completed | Completion Rate | Number Placed\* | PlacementRate\*\* | Two Quarter Retention Rate | Percent Receiving Industry Recognized Credential/Certificate | Avg. StartWage |
|  |  |  |  |  |  |  |  |
| Program Name: |  | Timeframe: |  |
| Number Enrolled | Number Completed | Completion Rate | Number Placed | PlacementRate | Two Quarter Retention Rate | Percent Receiving Industry Recognized Credential/Certificate | Avg. StartWage |
|  |  |  |  |  |  |  |  |
| Program Name: |  | Timeframe: |  |
| Number Enrolled | Number Completed | Completion Rate | Number Placed | PlacementRate | Two Quarter Retention Rate | Percent Receiving Industry Recognized Credential/Certificate | Avg. StartWage |
|  |  |  |  |  |  |  |  |

\* Only include those placed in training-related jobs.

\*\* Percent placed of those who completed training.

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| --- |
| **SECTION B. TRAINING PROVIDER(S)** |
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| --- |
| **SECTION C. LINKAGE ORGANIZATION(S)** |
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| --- |
| SECTION D. CURRICULUM/WORK STATEMENT |
|  |

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| --- |
| In the table provided below, indicate the course title(s) or training topic(s) you are planning to provide. For each course or topic indicate the number of trainees; the total number of hours the trainees will spend in the course or training topic; any certification the trainees will receive as a result of the training (i.e. number of credits or CEU’s); the name of the training provider; the targeted occupation(s) related to the training; and the average starting hourly wage without benefits. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Title or Training Topic | Number of Trainees | Number of Training Hours | Certification | Training Provider | Targeted Occupation(s) |
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| SECTION E. TARGETED OCCUPATIONS & LABOR MARKET INFORMATION |
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| Targeted Occupations  |
| In this table, indicate the occupations trainees are expected to be immediately qualified for upon the completion of the provided training program. Use the most current data provided by the Department of Employment and Economic Development in the Job Vacancy Survey and Occupations in Demand report. Data can be found at <http://mn.gov/deed/data/data-tools/job-vacancy/> and <http://mn.gov/deed/data/data-tools/oid/>. Data **must be specific to the region(s) served** by the applicant agency. Specify the region the data represents in the space provided. Please note there is a difference between the Median Wage Offer and Median Wage. Provide the median wage offer, which is an hourly rate and is located on the Job Vacancy Survey. For some occupations, data may not be available in both the Job Vacancy Survey and Occupation in Demand. In these cases, indicate “NA” (not available) in the columns for which data isn’t available for the occupation. |
| **Region:** | **Job Vacancy Survey (JVS) Data** | **Occupations in Demand (OID) Data** |
| SOC Code | Occupation | No. of Vacancies | % Part Time | Median Wage Offer | Planning Area Growth Rate | Current Demand |
| Rank | Indicator |
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| Occupations in Career Ladder |
| In this table, indicate the occupations related to the training to be provided that trainees may qualify for with additional training/education or experience. Use the most current data provided by the Department of Employment and Economic Development in the Job Vacancy Survey and the Occupations in Demand report. Data must be specific to the region served by the applicant agency. Data can be found at the following links: <http://mn.gov/deed/data/data-tools/job-vacancy/> and <http://mn.gov/deed/data/data-tools/oid/>.  |
| Region: | **Job Vacancy Survey (JVS) Data** | **Occupations in Demand (OID) Data** |
| SOC Code | Occupation | No. of Vacancies | % Part Time | Median Wage Offer | Planning Area Growth Rate | Current Demand | Education Requirements |
| Rank | Indicator |
|  |  |  |  |  |  |  |  |  |
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| SECTION F. TARGET POPULATION CHARACTERISTICS |
|  | **Female** | **Male** | **Total** |
| 1. Indicate the number of trainees you expect are currently employed.
 |  |  |  |
| 1. Indicate the number you expect are currently unemployed in the following categories:
 |  |  |  |
|  a. Recently Unemployed |  |  |  |
|  b. Long-Term Unemployed (27 weeks or more) |  |  |  |
| **3. TOTAL** (#1 through #2b) |  |  |  |
| 4. Indicate the approximate number of trainees returning to work from PUBLIC ASSISTANCE. |  |  |  |
| 5. Indicate the approximate number of trainees that are OLDER WORKERS (55 or older). |  |  |  |
| 6. Indicate the approximate number of trainees that are VETERANS |  |  |  |
| 7. Indicate the approximate number of trainees that are MINORITIES. |  |  |  |
| 8. Indicate the approximate number of trainees that have DISABILITIES. |  |  |  |

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| **SECTION G**. **EXPECTED COMPLETION AND PLACEMENT RATES** |
| Training Area | Number Enrolled | Expected Completion | Expected Completion Rate | Expected Number Placed | Placement Rate |
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| **SECTION H. BUDGET** |
| In the following format, provide the Course Title or Training Topic, description of materials or supplies, and description of test or certification fees for each training activity and its associated cost. This would include the name of the course or training topic which corresponds in Section B. “Curriculum/Work Statement”. Under the “Cost Per Trainee/Item” section, indicate the total cost per trainee to take the course or training for which you are requesting MJSP funds. Next, indicate the total number of trainees who will take the course or training, or the number of other items such as text books, and then indicate the total cost for the budget item.  |
| Description of Budget Item(On separate lines, list the course title(s) or training topic(s), the specific course materials or supplies, or specific test or certification fees. Insert additional lines if necessary.) | **Cost per Trainee or Item** (i.e. the cost per credit, class, text book etc.) | **Number of Trainees or Items** | **Total****Cost** |
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| Total Direct Training Costs |  |
| Administrative Allowance (Up to 10% of direct training costs can be requested for administrative costs. To request these funds, you must complete the Request for Administrative Funds section below.) |  |
| TOTAL COSTS |  |

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| --- |
| **Request for Administrative Funds** |
| If you are requesting administrative funds, please explain the need for the funds in the space provided below. Administrative funds may only be requested if no other funding source is available. Include a detailed description of how the funds will be used. In your description, specify the staff position(s) that will be fully or partially funded through the use of the administrative allowance, the wage rate for the position(s), the approximate number of hours that will be spent on project related activities and a description of the project related activities for which administrative funds will be used. See page two of the application instructions for a description of allowable administrative costs. |
|  |

**Attachment A – Fiscal Capacity Form**

This form is to be used in order to determine the financial capacity of grant applicants. The creation and implementation of this form is in response to the best practices stated in the Office of Legislative Auditor’s report “State Grants to Nonprofit Organizations,” January 2007.

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| **SECTION A: APPLICANT INFORMATION** |
| 1. Organization Name and Address | 2. Employer Identification Number: | 3. Number of Employees:Full Time: Part Time:  |
| 4. If applicable, when did the applicant receive 501(c) status?  |
| 5a. Is the applicant affiliated with or managed by any other organizations (e.g. regional or national offices)?[ ] Yes [ ] No If yes, provide details:5b. Does the applicant receive management or financial assistance from any other organizations?[ ] Yes [ ] No If yes, provide details: |  6a. Total revenue in most recent accounting period (12 months):6b. How many different funding sources does the total revenue come from? |
| 7. Does the applicant have written policies and procedures for the following business processes?1. Accounting [ ] Yes [ ] No [ ] Not Sure
2. Purchasing [ ] Yes [ ] No [ ] Not Sure
3. Payroll [ ] Yes [ ] No [ ] Not Sure
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| **SECTION B: ACCOUNTING SYSTEM** |
| 1. Has a federal or state agency issued an official opinion regarding the adequacy of the applicant’s accounting system for the collection, identification, and allocation of costs for grants?[ ] Yes [ ] No |
| a. If yes, provide the name and address of the reviewing agency: |
| 2. Which of the following best describes the accounting system? [ ] Manual [ ] Automated [ ] Combination |
| 3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? [ ] Yes [ ] No [ ] Not Sure |
| 4. If the applicant has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items?[ ] Yes [ ] No [ ] Not Sure [ ] Not Applicable |
| 5. Are times studies conducted for an employee(s) who receives funding from multiple sources?[ ] Yes [ ] No [ ] Not Sure [ ] No, Multiple Sources |
| 6. Does the accounting system have a way to identify over-spending of grant funds?[ ] Yes [ ] No [ ] Not Sure |
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|  |
| **SECTION C: FUND CONTROL** |
| 1. Is a separate bank account maintained for grant funds?  [ ] Yes [ ] No [ ] Not Sure |
| 2. If grant funds are mixed with other funds, can the grant expenses be easily identified? [ ] Yes [ ] No [ ] Not Sure [ ] Not Applicable |
| 3. Are the officials of the organization bonded? [ ] Yes [ ] No [ ] Not Sure |
|  |
|  |
| **SECTION D: FINANCIAL STATEMENTS** |
| 1. Did an independent certified public accountant (CPA) ever examine the organization’s financial  statements? If yes, attach a copy of the management letter from the most recent audit.[ ] Yes [ ] No [ ] Not Sure |
|  |
|  |
| **SECTION E: CERTIFICATION** |
| I certify that the above information is complete and correct to the best of my knowledge. |
| 1. Authorized Signature: | 2. Date: |
| 3. Title: |

(This form was adapted from an Accounting System and Financial Capability Report Form used by the Minnesota Office of Higher Education, August 2011.)

**Conflict of Interest Disclosure Form for Grant Application**

Grant applicants must be familiar with the Office of Grants Management (OGM) [Policy\_08-01. Conflict of Interest Policy for State Grant-Making](https://mn.gov/bms-stat/assets/grants_policy_08-01.pdf) and must disclose any conflicts of interest that may exist during a grant review process. All applicants must complete and sign this conflict of interest disclosure form.

**Definitions**

Please read the definitions of conflict of interest below and mark the appropriate boxes on the next page that pertain to you and your status.

Organizational conflicts of interest occur when:

* An applicant is or will be unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties.
* An applicant’s objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties.
* A grantee or applicant has an unfair competitive advantage through obtaining unauthorized proprietary information or source selection information that is not available to all competitors.

Organizational conflicts include acts of any individual or group within the applicant organization.

Individual conflicts of interest occur when:

* A state employee or grant reviewer receives or accepts money or anything else of value from a grant applicant or has equity or a financial interest in, or partial or whole ownership of, an applicant organization.
* A state employee or a grant reviewer is an employee or board member of a grant applicant, or is an immediate family member of an owner, employee or board member of the applicant.
* A grant applicant offers or gives a state employee or grant reviewer special advantage, benefit, or access to time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.

Conflicts of interest should be reported even if they are only potential or perceived. A potential conflict of interest may exist if a relationship, affiliation, or other interest exists between an applicant and member of the selection committee, whether state employee or external reviewer, that could create an inappropriate influence if the person is called on to make a decision or recommendation. A perceived conflict of interest exists when a reasonable third party would conclude that conflicting duties or loyalties exist.

**As the authorized representative of my organization, I certify that I have read and understand the description of conflict of interests explained above and in OGM Policy\_08-01 and (check one of the two boxes below):**

[ ]  To the best of my knowledge, neither I nor my grant organization has an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest with anyone involved in review or management of this grant.

[ ]  My grant organization does have an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest. (*Please* describe *below*):

If at any time after submission of this form, I or anyone in my organization discovers any conflict of interest(s) not reported here, we will disclose that conflict immediately to the appropriate agency or grant program personnel by updating this form and submitting it to the State’s Authorized Representative.

Authorized representative’s printed name:

Signature:

Organization:

Date: