

Targeted Populations Capacity Building Competitive Grants

Application Packet

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

Submit your complete application via email to adultcompetitivegrants.DEED@state.mn.us with the subject line Targeted Capacity Building RFP Application – [insert applicant organization name].

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

- Form 1. [Cover Sheet](#)
- Form 2. [Narrative Responses](#)
- Form 3. [Objectives](#)
- Form 4. [Budget](#)
- Form 5. [Partnership Chart](#)
- Form 6. [Unemployment Insurance Account Consent](#)
- Form 7. [Applicant Conflict of Interest Disclosure Form](#)
- Form 8. [Affidavit of Non-Collusion](#)
- Form 9. [Performance Capacity](#)
- Form 10. [No Conviction of Felony Financial Crime by Principal](#)
- Form 11. [Evidence of Good Standing](#)
- Form 12. [Required Nonprofit Grantee Documents](#)

All applications must submit required financial documentation as listed within Form 12.

Form 1. Cover Sheet

Organization Information

Organization Name: _____

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

Organization Website: _____

Physical Address: _____

Mailing Address: _____

Federal Tax ID (required): _____ Minnesota Tax ID (required): _____

SWIFT Vendor ID (If known): _____ UEI Number (required): _____

Executive Director Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Program Contact Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Proposal Information

Proposal Name: _____

Proposal Summary:

Geographic Area Served by Organization: _____

Targeted Populations Served by Organization (check all that apply):

African American

Hispanic/Latino/Latina/Latine

Faith based communities

African Immigrant

LGBTQIA+ communities

Other-please describe:

American Indian

Low-income individuals

Asian/Pacific Islander

People living with disabilities

Total Amount of DEED Funds Requested (Maximum \$49,000): _____

Training Providers (provide the names of any training providers or post-secondary institutions to be compensated by the grant. All training providers must be [Minnesota Office of Higher Education](#) compliant):

Training Provider(s) is Minnesota Office of Higher Education Compliant? Yes No

Compensated Partners (name of any organizations or businesses that would be compensated for their role in your proposed program):

I certify that the information contained herein is true and accurate to the best of my knowledge, that the applicant meets the eligibility criteria as outlined with the RFP, and that I am authorized to submit this application on behalf of the applicant. I understand that grants are on a reimbursement basis, only approved, eligible expenditures will be incurred and reimbursed, and invoices must be accompanied by substantiation of charges.

Authorized Signature

Title

Date

Form 2. Narrative Responses *(90 points)*

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

1. Provide a brief overview of the applicant organization, including history, mission, any existing workforce programming, and how your organization has worked to eliminate disparities or advance equity for the communities you serve. *20 points; 400-word limit*

2. Provide a brief overview of the lead organization's leadership, organizational size, lived experience and/or training of your organization's staff and leadership, and its current role in providing services to the targeted communities. *10 points; 400-word limit*

3. Provide a summary of the service gaps relative to workforce development services within the community your organization serves and how this funding would impact services available. *20 points; 500-word limit*

4. Eligible uses of grant awards are limited to covering the cost of workforce program delivery staff, program infrastructure costs, and workforce training related service model development. Describe your organizations plan for these funds within the eligible uses of award. *20 points; 500-word limit*

5. Describe the measurable outcomes for your organization and the community because of this funding, if awarded. *10 points; 300-word limit*

6. Describe how your organization will sustain the services developed because of these funds, if awarded. *10 points; 250-word limit*

Form 3. Objectives (10 points)

Complete the chart below outlining the major deliverables of the overall project, including any activities, progress, and start/end dates. The first row of this chart is an example.

Objective Description	Activities <i>Steps, activities, tasks to achieve objective, frequency (e.g., monthly, quarterly)</i>	Projected Outcome(s)	Start Date	Completion Date
EXAMPLE: All staff will be certified with Global Career Development Facilitator (GCDF).	<ul style="list-style-type: none"> Staff will attend training at state college. Staff will be provided X time weekly to review materials 	<ul style="list-style-type: none"> 5 staff will enroll in GCDF 4 staff will complete GCDF 	03/01/2024	06/30/2024

Form 4. Budget

Please complete budget form in cumulative manner. Please see [Cost Category Definitions](#) for descriptions.

Office Use Only	Cost Category	Period 1: Grant Start Date through 06/30/2024	Period 2: Grant Start Date through 12/31/2024	Period 3: Grant Start Date through 06/30/2025	Period 4: Grant Start Date through 12/31/2025
884	Capacity Building				
	Total:				

Form 6. Unemployment Insurance Account Consent

Before awarding a grant, DEED will need to verify that your organization does not have any outstanding Unemployment Insurance tax liability. If you choose not to provide this consent, DEED staff may determine that you are ineligible for DEED funding.

This authorization to release unemployment insurance data is not valid until the requirements listed below are met.

You need to:

1. Check the appropriate box authorizing what data the MN Unemployment Insurance program can release.
2. Have an active user listed on the MN Unemployment Insurance employer account:
 - a. Sign and date this consent form
 - b. Print their name below their signature.

The consent form will expire three months after the signature date.

If you have any questions about your private data, how to complete this consent form, or if you want to withdraw your consent, call Aaron Tell (651) 259-7567.

EXPLANATION OF YOUR RIGHTS

Purpose of this form

You must complete, sign, and return this form if you want to authorize a person or organization to receive certain private or nonpublic information that we collect to administer the Unemployment Insurance (UI) Program.

You have the right to choose what data we release. This means you can let us release all of the data, some of the data, or none of the data listed on this consent.

You have the right to allow us to release the data to all, some or none of the persons or entities listed on this form.

This means you can choose which entities or persons may receive the data and what data they may receive.

You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.

1. Data Subject

Your name or name of organization: _____

Minnesota Unemployment Insurance (UI) Employer Account No.: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

2. Authorized person or organization

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

Fiscal Program & Monitoring staff
DEED, Employment and Training Programs Division
Great Northern Building
180 East 5th Street, 12th Floor
Saint Paul, MN 55101

3. UI Data

Types of data that agree to be released:

Payment- Employer UI account status

Other – information about all outstanding UI account debt, including the age, amount owed and when the debt was incurred. Status of wage detail submission.

4. Signature

I voluntarily authorize DEED to release the selected private data to the above individual/organization. I am aware of the purpose for releasing the private data and I understand that there may be consequences for releasing the data to the individual/organization.

Your signature or signature of corporate officer, partner, or fiduciary

Print your name (and title, if applicable): _____

Phone: _____ Date (mm-dd-yyyy): _____

Form 7. Conflict of Interest Disclosure

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee's obligation to be familiar with the Office of Grants Management (OGM) [Policy 08-01: Grants Conflict of Interest](#) and to disclose any conflicts of interest accordingly.

All grant applicants must complete and sign a conflict-of-interest disclosure form.

I or my grant organization do NOT have an ACTUAL or POTENTIAL conflict of interest.

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

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

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

Printed name: _____

Signature: _____ Date: _____

Organization: _____

Form 8. 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 Targeted Populations Capacity Building Competitive Grant Program 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 Proposals, 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): _____

Form 9. Performance Capacity

INSTRUCTIONS: Please respond to these performance capacity questions as required by [16B.981 Subd. 2](#) (1) and as part of the response to this Grant Request for Proposal.

1. Please describe your history of performing the work that will be funded by the grant:
This includes describing your organization's current staffing, current budget, and internal capacity to meet specified measurable outcomes.

2. Have you been awarded or have an active grant from DEED in the past 5 years? Yes No
If Yes, please specify the program(s) and dates of the contract(s).

Form 10. No Conviction of Felony Financial Crime by a Principal

INSTRUCTIONS: Grant applicant must certify to this condition required under this Grant Request for Proposal.

Please sign below to finalize response and submit this document as part of the grant application materials/response to the Grant Request for Proposal.

Please upload or attach an organizational chart or list of principals that you are certifying for below.

[16B.981 Subd. 2](#) (6) requires that no current principals of a grantee have been convicted of a felony financial crime in the last 10 years. A principal is defined as a public official, a board member, or staff (paid or volunteer) with the authority to access funds provided by this grant opportunity or to determine how those funds are used.

By signing here, I warrant that no current principal of my organization has been convicted of a felony financial crime in the last 10 years.

I certify that this information is true, correct, and reliable.

The submission of inaccurate or misleading information may be grounds for disqualification from the grant contract agreement award and may subject me/my organization to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Print Name _____ Title _____

Signature _____ Date _____

Form 11. Evidence of Good Standing

INSTRUCTIONS: Potential grantee must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by [16B.981 Subd. 2](#) (3) and as part of the response to this Grant Request for Proposal.

Is your organization (for-profit or nonprofit) registered with the Secretary of State and has a status of “In Good Standing”?

Yes

No

Form 12. Required Nonprofit Grantee Documents

INSTRUCTIONS: Please answer the following questions and provide the requested information

1. Were you required to submit a 990 or a form 990-EZ for your organization's last fiscal year? Yes No
2. If you are exempt from filing or your organization has been in business for less than one year, please describe the internal controls you have over business expenditures and outcomes of the grant funds, if awarded. Examples of internal controls include, but are not limited to: documented policies and procedures; segregation of duties such as having different staff who enter receivables versus those who post payments; using a payroll system; segregation of grant funds; requiring usernames and passwords, along with appropriate levels of access to systems; supervisor review and approval of payments and timecards; and other internal controls to ensure compliance with laws and regulations and safeguard use of grant funds.
3. Are you a charitable organization that made over \$750,000 in your last fiscal year and were required to have an audited financial statement per MS 309.53? Yes No

Non-profit grant applicants **are required to submit the following documents**, as applicable to the organization and as required by [16B.981 Subd. 2](#) (2) and [16B.981 Subd. 2](#) (5) as part of the pre-award risk assessment:

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

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

If not in existence long enough or not required to file Form 990, Form 990 EZ or most recent audit, the nonprofit grant applicant must:

Demonstrate exemption – i.e., Provide a copy of the IRS determination letter

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