# Registered Apprenticeship for Minnesota Workforce Boards Grant

# Application

## General information

**Applicant name:**

**DBA (if applicable):**

**Applicant type (select all that apply):  Sponsor Regional hub**

**Targeted industries:**

**Applicant website:**

**Physical address:**

**Mailing address:**

**SWIFT Vendor ID (**[**register for SWIFT Vendor ID**](https://mn.gov/mmb/accounting/swift/)**):**

**Unique Entity Identifier (UEI)\* number (**[**register for UEI**](https://sam.gov/content/home) **):**

\*All organizations applying for federal funding must have a UEI. A UEI is a unique twelve-character ID number that is used to track how the federal grant is allocated. Register for or verify a UEI number ([Register or verify a UEI number.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsam.gov%2Fcontent%2Fhome&data=05%7C02%7CGeorgiana.Amundson%40state.mn.us%7C8c380f43816c49b5b23608dcc2e18626%7Ceb14b04624c445198f26b89c2159828c%7C0%7C0%7C638599521070286254%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=dFDMm1x7Y5g90D1lpxgmU3CF9A4EOaLQwJCPlzddX5Q%3D&reserved=0)).

**Application contact name – this is the primary contact if there are questions about the application:**

Name:

Title:

Email address:

Telephone number:

**Authorized representative – this is the individual who can sign contracts on behalf of the applicant:**

Name:

Title:

Email address:

Telephone number:

Total amount of funds requested (maximum $200,000):

*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 within the RFP, is a Registered Apprenticeship Program as defined within Minnesota Statute 178.011, 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 Representative Signature Title Date

## Program overview (15 points) (up to 600 words)

1. Provide an overview of the activities in your program. Clearly identify if your workforce board will be providing activities supporting a regional apprenticeship hub and, or if your workforce board intends to register as an apprenticeship sponsor.
2. If you plan to register an apprenticeship program, provide a summary of the industry, occupation, anticipated number of participating employers, and the number of apprentices you anticipate registering in your program.
3. Explain how you will track program activities, ensuring success of your program.
4. Describe how you will provide supportive services to apprentices, if needed.
5. Explain how you will identify apprentices in need of supportive services.
6. Explain how you intend to braid WIOA funding to provide supportive services, if needed.

## Priorities (10 points) (up to 400 words)

1. Describe how employers in targeted industries Minnesota will benefit from your program, as described in the request for proposal (RFP).
2. Describe how your organization will serve apprentices in greater Minnesota.

## Workplan (40 points)

### Workplan

In the workplan below, fill-in the month and year you anticipate completion of all major activities and milestones.

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Regional hub or sponsor activity | Major activities | Milestones |
| Example:  10/2025  Date that all activities and milestones will be completed. | Regional hub | Identify local employers interested in apprenticeship. | Host one educational event for local employers interested in apprenticeship. Explain this process and provide them Apprenticeship Minnesota contact information. |
| 11/2025 | Sponsor | Identify community college(s) to provide RTI.  Solicit proposals for RTI curriculum development. | Complete contract with community college(s) to develop curriculum and provide instruction. |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

## Outcomes (20 points)

**Regional hub applicants:** Provide the anticipated number of employers served each quarter. Leave blank If not applying as a regional hub.

|  |  |  |  |
| --- | --- | --- | --- |
| Quarter | Number of employers referred to DLI for registered apprenticeship program development | Number of partnership engagement activities | Anticipated number of attendees at engagement activities |
| Q1 |  |  |  |
| Q2 |  |  |  |
| Q3 |  |  |  |
| Q4 |  |  |  |
| Q5 |  |  |  |
| Q6 |  |  |  |
| Q7 |  |  |  |
| Q8 |  |  |  |
| TOTAL |  |  |  |

**Sponsor applicants:** Provide the anticipated number of participating employers and registered apprentices each quarter. Leave blank if not applying as a sponsor.

|  |  |  |
| --- | --- | --- |
| Quarter | Number of employers providing apprentices with on-the-job learning | Number of registered apprentices |
| Q1 |  |  |
| Q2 |  |  |
| Q3 |  |  |
| Q4 |  |  |
| Q5 |  |  |
| Q6 |  |  |
| Q7 |  |  |
| Q8 |  |  |
| TOTAL |  |  |

## **Organizational a**bility (15 points)(up to 600 words)

1. Describe your organization’s prior experience with programs and services like those planned in this grant application that demonstrate its ability to successfully deliver grant-funded activities.
2. Describe the qualifications of grant personnel and the roles of staff for programs and services.
3. Describe how your organization will maintain the program after the funded contract period is complete.

## Budget and budget narrative (required, unscored)

### Projected grant program budget

Complete the table below with your proposed project budget. Refer to the Request For Proposal for information regarding allowable and unallowable expenses. Total budget requests cannot exceed $200,000.

|  |  |
| --- | --- |
| Budget categories | Budget dollar amount |
| Personnel – salaries and wages (Including fringe costs) | $ |
| Travel | $ |
| Tools, supplies, and materials | $ |
| Contracted services | $ |
| Administrative costs | **$** |
| **Total budget requested** | **$** |

### Budget narrative information

|  |  |
| --- | --- |
| Budget category | Detailed description  Provide a detailed account of each budget line item listed above for which you are requesting funding (for example, instructor salary, program administrator salary, purchase of curriculum, apprentice tracking software, apprentice tuition costs, training supplies etc.) |
| Personnel | [For each person provide: name and/or role, hourly rate + est. hourly benefits = total hourly wage x number of hours = per person total $.] |
| Travel | [Milage reimbursed at the current IRS rate.] |
| Tools, supplies and  materials | [Provide cost list of all tools, supplies and materials related to RAP start-up costs and/or RI training, curriculum licenses, outreach materials and all information technology required. Individual items cannot exceed $4,999.] |
| Contracted services | [Provide list of all cost related to customized training, curriculum development, instructor compensation, apprentice tuition fees and outreach material.] |
| Administrative costs | [Provide cost of expenses incurred by grant recipients in support of the day-to-day operations of their organization that are not directly tied to a specific program purpose. Administrative costs cannot exceed 5% of the total grant budget.] |

Program budgets submitted as part of the grant application are not deemed final until the contract has been signed by all parties.

## Application checklist

* Application Form
* Exhibit A: Capacity responses (attached)
* Exhibit B: Certification no current principals have been convicted of a felony financial crime in the last ten years (attached)
* Exhibit C: Evidence of Good Standing
* Exhibit D: Nonprofit financial documents
* Exhibit E: If for profit, most recent 990 and / or audit and IRS letter of determination

# Exhibit A: Performance capacity

**Instructions:** Respond to these performance capacity questions as required by 16B.981 Subd. 2 (1) and as part of the response to this grant RFP.

1. 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 your administrative and fiscal capacity to successfully conduct and administer grant programming.
2. Have you been awarded or have an active grant from the Minnesota Department of Labor and Industry in the past five years?

☐ No

☐ Yes

If yes, provide grant names and dates.

1. Has your organization previously received grant funding for which you performed similar work in the last 5 years?

If yes, list the grant names, granting agency or organization and dates.

1. Have there been recent changes in your organization’s leadership or financial management systems?

# Exhibit B: Certification of no conviction of felony financial crime by a principal

**Instructions:** Grant applicant must certify to this condition required under this grant RFP..

Please sign below to finalize response and submit this document as part of the grant application materials/response to the grant RFP.

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

[16B.981 Subd. 2 (6)](https://www.revisor.mn.gov/statutes/cite/16B.981) requires that no current principals of a grantee have been convicted of a felony financial crime in the past 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 past 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 Signature Title Date

# Exhibit C: Affidavit of non-collusion

**Instructions:** Please complete and return this form as part of your response.

## 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 Department of Labor and Industry’s SAEF Grants: 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 REPRESENTATIVE NAME (PRINT):

TITLE:

AUTHORIZED REPRESENTATIVE SIGNATURE:

DATE (mm/dd/yyyy):

**NOTARY PUBLIC**

Subscribed sworn to before me this:

Day of , 2025

Notary Public Signature

Commission Expires (mm/dd/yyyy)