

# Labor Education Advancement Program (LEAP) Grant

## Application Packet

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

Submit your complete application with required attachments via email to [lyla.brown@state.mn.us](mailto:lyla.brown@state.mn.us) with the subject line: **LEAP Application – [insert business / organization name]**.

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

	Cover Sheet
	Summary Overview
	Statement of Need
	Registered Apprenticeship Program Partners
	Equity
	Program Activities and Services
	Outcomes
	Workplan
	Budget
	Exhibit A – Capacity Responses
	Exhibit B – Certification: no current principals have been convicted of a felony financial crime in the past ten years
	Exhibit C – Evidence of Good Standing
	<b>Attachments</b>  Most recent 990 and / or audit Workers Compensation Policy Equal Employment Opportunity Policy As appropriate, letter/s from Registered Apprenticeship Program partners

## Cover sheet

### **Applicant Organization details:**

Organization Name:

DBA (if applicable):

Applicant Type:            Community-Based Organization / Nonprofit      Tribal organization

Registered Apprentice Program:            Yes      No      If yes, program number:

Applicant Website:

Physical Address:

Mailing Address:

Federal Tax ID (required):

Minnesota Tax ID (required):

SWIFT Vendor ID (register [here](#)):

### **Application Contact Name – this is the primary contact if we have questions about the application:**

Name:

Title:

Telephone:

Email:

**Authorized Representative – this is the individual who can sign contracts on behalf of the organization:**

Name:

Title:

Email:

Telephone:

**Grant amount requested (maximum \$100,000): \$**

*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, that our project partner 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**

## Summary Overview

What are the primary grant activities and what will the grant proposal accomplish? Who will be served by the grant? (250 words or less)

## Statement of need (20 points)

1. Outline how your organization currently works with program participants, pre-apprentices and registered apprentices. *10 points; 500-words maximum*

2. Describe the current gaps and challenges in your ability to provide training and support services for program participants, pre-apprentices and registered apprentices and how this funding will bridge those gaps. *10-points, 500-words maximum.*

Registered apprenticeship program partner/s (15 points)

Use the table to identify the Registered Apprenticeship Program/s (RAP) with which you will partner and provide details about how your LEAP participants will connect to and benefit from the RAP.

If the applicant is a Registered Apprenticeship Program, outline how your LEAP participants will access your programs and services.

The RAP must be registered with the Department of Labor and Industry at the State of Minnesota.

**Note:** all RAPs that you list here are required to send a letter providing a summary overview of their RAP and their commitment to the specific actions listed in the table.

Sponsor Name	Program Number	RAP Partner commitments (quantify where possible)
EXAMPLE  Bricklayers and Allied Craftworkers (BAC)	EXAMPLE  2000-MN-12345	EXAMPLE  BAC will meet with pre-apprentices a minimum of three times in October, November and December to answer questions and provide job exposure.  BAC will secure eight RAP placements for LEAP participants in April.

## Equity (15 points) (up to 450 words)

Historically under-resourced communities may be defined as: People of color, Indigenous people, Native Americans, New Americans, people identifying as LGBTQIA+, people with disabilities, low-income populations and populations represented by different geographic locations across Minnesota including both urban centers and greater Minnesota.

What percentage of the Senior Leadership – CEO, COO, CFO, ED, etc. – of the applicant organization a member of a historically under-resourced community?

0-25%

26-50%

51-75%

76-100%

If 76-100%, please provide details:

What percentage of the Board membership of the applicant organization consists of historically under-resourced community members?

0-25%

26-50%

51-75%

76-100%

If 76-100%, please provide details:

Describe which focus population(s), as outlined in the RFP, your organization will serve with the grant.



Provide information regarding your organization's experience with and ability to serve the identified focus population(s).

If your organization does not currently serve people of color, Indigenous people, and/or women, what specific efforts will your organization make to reach those groups of people?

## **Program activities and services (20 points)** (up to 750 words)

Explain in sufficient detail to show how grant-funded services activities will:

1. recruit and prepare program participants for registered apprenticeship programs;
2. place program participants into registered apprenticeship programs; and/or
3. support retention of registered apprentices.

## Outcomes (15 points)

Complete the outcomes chart below:

	09/01/25* to 12/3/25	1/1/26 to 3/31/26	4/1/26 to 6/30/26	7/1/26 to 9/30/26	10/1/26 to 12/31/26	1/1/27 to 3/31/27	Total as of 3/31/27
Estimated number of new participants:							
Estimated number of continuing participants:	[First quarter is only for current LEAP grantees]						NA
Estimated number of new registered apprentices:							
Estimated number of registered apprentices receiving retention services:							

\* Grant period of performance September 1, 2025 (or contract start date, whichever is later) – March 31, 2027

Workplan (20 points)

Complete the workplan template below. Metrics and workplan should be in alignment.

Please be mindful of the ‘hiring season’ for RAPs in your field as you will want your participants to have optimal transition opportunities from your program services to a Registered Apprenticeship.

Timeframe*	Milestones/Activities	Who	Resources Needed	Outcomes
EXAMPLE 10/1/23 – 12/31/23	EXAMPLE Recruiting for pre-apprenticeship Focused Recruiting workshop Retaining current apprentices through related training	SPECIFY WHO IS DELIVERING THE ACTIVITY (applicant or RAP partner)	EXAMPLE Brochures / promotional materials	EXAMPLE Recruit approximately 50 applicants
9/1/25 to 12/31/25				

Timeframe*	Milestones/Activities	Who	Resources Needed	Outcomes
1/1/26 to 3/31/26				
4/1/26 to 6/30/26				

Timeframe*	Milestones/Activities	Who	Resources Needed	Outcomes
7/1/26 to 9/30/26				
10/1/26 to 12/31/26				

Timeframe*	Milestones/Activities	Who	Resources Needed	Outcomes
1/1/27 to 3/31/27				

\* Grant period of performance September 1, 2025 (or contract start date, whichever is later) – March 31, 2027

## **Budget and budget narrative (pass/fail)**

### **LEAP Grant request**

Total dollar amount requested: \$

Total project budget: \$

Total matching funds (if any): \$

Total other funds: \$



Projected LEAP grant budget

Complete the table below with your proposed project budget. The LEAP Grant 2026 RFP provides instructions as to eligible and ineligible expenses and how categories are defined; please double-check that your budget is in compliance with those guidelines.

Note: matching funds are **not** required for this grant, but if used, all matching funds must be identified.

Budget Line Items	LEAP funds	Matching funds, if any	Budget Narrative – detailed description <i>Provide a detailed account of each expenditure line item listed above for which you are requesting LEAP funding. (For example, explain the roles and expenditures for personnel, types of training expenses, a breakdown of supports you will provide, etc.)</i>
A. Project related personnel	\$	\$	
B. Travel	\$	\$	

Budget Line Items	LEAP funds	Matching funds, if any	Budget Narrative – detailed description
			<i>Provide a detailed account of each expenditure line item listed above for which you are requesting LEAP funding. (For example, explain the roles and expenditures for personnel, types of training expenses, a breakdown of supports you will provide, etc.)</i>
C. Supplies/materials	\$	\$	
D. Communications/outreach	\$	\$	

Budget Line Items	LEAP funds	Matching funds, if any	Budget Narrative – detailed description
			<i>Provide a detailed account of each expenditure line item listed above for which you are requesting LEAP funding. (For example, explain the roles and expenditures for personnel, types of training expenses, a breakdown of supports you will provide, etc.)</i>
E. Support services	\$	\$	
F. Contract services	\$	\$	

Budget Line Items	LEAP funds	Matching funds, if any	Budget Narrative – detailed description
			<i>Provide a detailed account of each expenditure line item listed above for which you are requesting LEAP funding. (For example, explain the roles and expenditures for personnel, types of training expenses, a breakdown of supports you will provide, etc.)</i>
<b>G. Total Direct Costs (add lines A + B + C + D + E + F)</b>	\$	\$	N/A
<b>H. Indirect Costs</b> (Administrative costs for LEAP funding are calculated as 10% of Line H; for example, if Line G = \$90K, 10% = \$9000)	\$	\$	
<b>I. Total (add lines G + H)</b> (Note: LEAP \$ must be \$100,000 or less)	\$	\$	N/A

## Exhibit A: Performance capacity

**Instructions:** Respond to these performance capacity questions as required by [Minnesota Statutes 16B.981 Subd. 2 \(1\)](#) and as part of the response to this grant's request for proposal.

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.

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

Yes

No

Were the grants of a similar scale?

Yes

No

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

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

Yes

No

If yes, describe.

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

[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:

**In the space provided, please upload or attach an organizational chart or list of principals for which you are certifying.**

## Exhibit C: 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

Include screenshot of Secretary of State registration below: