# New and Expanded Registered Apprenticeship Program (RAP)

## Grant Application

### General information

Applicant name:

Doing business as (DBA) (if applicable):

Industry and occupation for new or expanded RAP:

Applicant type (select one):  Employer  Employer Association Existing RAP

Business type (select one): Nonprofit For profit  Other

If other, explain:

Applicant website:

Physical address:

Mailing address:

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

UEI Unique Entity Identifier (UEI) Number ([register here](https://sam.gov/content/home)):

\*All organizations applying for federal funding must have a Unique Entity Identifier (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 ([https://sam.gov/content/home](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 DLI funds requested (Maximum $30,000):

*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 400 words)

Provide a summary of the industry, occupation, and the number of apprentices you anticipate registering in your program. Explain how a registered apprenticeship program will benefit your organization and explain why funding is needed.

## Equity (20 points) (up to 500 words)

* Describe how your organization will recruit and serve individuals from the focus populations as outlined in the request for proposal (RFP).
* Provide information regarding your organization’s experience with and ability to serve focus populations.
* Does your organization employ underrepresented individuals or individuals from underserved communities in leadership or staff roles?

## Workplan (40 points)

Complete the month and year in the workplan below for all major activities and milestones. All activities and milestones are required as part of the program development process.

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Required Apprenticeship MN Meetings | Major Activities | Milestones |
|  | Complete first meeting with Apprenticeship Minnesota development staff. | Draft planning worksheet and timeline, including personnel time, start-up costs, and anticipated number of apprentices. | Completed worksheet and timeline |
|  | Complete second meeting with Apprenticeship Minnesota development staff. | Draft on-the-job-learning work process schedule. | Completed on-the-job-learning work process schedule. |
|  | Complete third meeting with Apprenticeship Minnesota development staff. | Draft related instruction. Identify any planned tuition/curriculum/instructor costs. | Complete related instruction outline. |
|  | Complete fourth meeting with Apprenticeship Minnesota development staff. | Draft safety training. | Complete safety training outline. |
|  | Complete fifth meeting with Apprenticeship Minnesota development staff. | Draft wage schedule. | Complete wage schedule. |
|  | Submit program to Apprenticeship Minnesota for review and approval. |  | Program approved by apprenticeship director. |
|  | Register first apprentice(s). | Begin Related instruction and on-the-job learning. | Apprentice agreement approved in RAPIDS. |
|  | Complete first program review. | Three months from approval date. |  |
|  | Retain apprentice(s) 90 days. |  |  |

## Outcomes (10 points)

Provide the anticipated number of registered apprentices each quarter.

|  |  |
| --- | --- |
| Quarter | Number of registered apprentices |
| Q1 |  |
| Q2 |  |
| Q3 |  |
| Q4 |  |
| Q5 |  |
| Q6 |  |
| Total |  |

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

1. Describe your organization’s prior experience with programs and services similar to 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 your organization's administrative and fiscal capacity to manage the grant.
4. Has there been a change in your organization’s CEO or finance officer, or have you changed your financial management system, in the past 12 months? If a change has been made, please explain.
5. 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 $30,000.

|  |  |
| --- | --- |
| **Budget categories** | **Budget Dollar Amount** |
| **Incentive, flat rates** | |
| Targeted industries start-up RAP incentive | $2000 |
| RAP and RA registration start-up incentive ($500 per RA up to $3,000) | $ |
| **Reimbursable expenses – can only be accessed after the new RAP or occupation is approved** | |
| Personnel | $ |
| Start-up curriculum expenses | $ |
| Related instruction | $ |
| Information technology system [Cannot exceed $4,999] | $ |
| Tools, supplies and materials | $ |
| **Total budget requested** | **$** |

### Budget narrative information

|  |  |
| --- | --- |
| Budget narrative categories | 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 $.] |
| **Targeted industries start-up RAP incentive** | [List industry and occupation(s)] |
| **RAP and RA registration start-up incentive** | [List number of planned registered apprentices. This budget line is paid at a flat rate of $500 per RA, capped at six apprentices and $3,000] |
| **Start-up curriculum expenses** | [Provide list of start-up expenses and a detailed justification of each expense] |
| **Related Instruction** | [Provide details of the 144 hours (minimum) of related instruction for each year of the apprenticeship program] |
| **Information technology system** | [Cannot exceed $4,999] |
| **Tools, supplies and materials** | [E.g., Tools, supplies, materials related to RAP start-up costs and related instruction training] |

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 (including Work Plan and Budget)
* Exhibit A: Certification

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

**Instructions:** Grant applicant must certify to this condition required under this grant request for proposal.

Sign below to finalize response and submit this document as part of the grant application materials/response to the grant request for proposal.

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 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 Signature Title Date