# LEAP Grant 2025 Application

## Cover sheet

**Organization name:**

Mailing address:

Contact name, title:

Contact phone:

Contact email:

Proposed project name:

**Summary of your LEAP Grant Proposal:** What are the primary grant activities and what will the grant proposal accomplish? Who will be served by the grant? (250 words or less)

|  |  |
| --- | --- |
| Required proposal data | Applicant response |
| Geographic area to be served: |  |
| Rate of unemployment in the service area: |  |
| Percent of unemployment between people of color, Indigenous people, and women and others, in your service area: |  |
| Percent of people of color, Indigenous people, and women in your service area: |  |
| Source of demographic data: |  |

**Grant amount requested: $**

**Your organization’s Authorized Representative information**

**Name:**

**Title:**

**Email:**

**Phone:**

**Signature:**

**Date:**

## Organization name

## Registered apprenticeship program partners (15 points)

Use the table to identify the Registered Apprenticeship Program/s with which you will partner and provide details about how your LEAP participants will connect to and benefit from the RAP. **Note:** all RAPs that you list here will be required to send a letter providing a summary overview of their RAP and their commitment to the actions listed in the table.

|  |  |
| --- | --- |
| Registered Apprenticeship Program | Partner commitments  (quantify where possible) |
| EXAMPLE  ABC Entity  Peterson Construction (PC) | EXAMPLE  ABC will meet with pre-apprentices a minimum of three times in October, November and December to answer questions and provide job exposure.  ABC will secure eight RAP placements for LEAP participants in April.  PC will secure four RAP placements for LEAP participants in May. |
|  |  |
|  |  |
|  |  |
|  |  |

## Other program partners (10 points)

Use the table to identify your program partners and **clearly specify** each partner’s role in accomplishing grant goals. Is the partner aiding in recruitment, providing participant support / training, assisting with retention, orienting participants via mock interviews, answering questions, etc.? Please be realistic about your partnerships; a few intentional partnerships will reflect better than a long list of names.

|  |  |
| --- | --- |
| Partner Name | Partner role in accomplishing grant goals |
| EXAMPLE:  Lake Street Works  Susie’s Childcare Services | EXAMPLE:  Provides ongoing recruitment / referrals  Provides last-minute prepaid childcare on an ad hoc basis for participants |
|  |  |
|  |  |
|  |  |
|  |  |

## Statement of need (5 points) (up to 250 words)

Describe your organization’s specific need for LEAP funding.

How will LEAP funding expand your organization’s ability to serve the focus populations in participating in registered apprenticeship programs?

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

Describe which focus population(s) 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 grant program participants for registered apprenticeship programs;
2. place participants into registered apprenticeship programs; and/or
3. support retention of registered apprentices.

Outcomes (15 points) (up to 250 words, excluding chart)

Complete the outcomes chart below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 07/01/24\* to 09/30/24 | 10/1/24 to 12/31/24 | 1/1/25 to 3/31/25 | 4/1/25 to 6/30/25 | 7/1/25 to 9/30/25 | 10/1/25 to 12/31/25 | Total as of 12/31/25 |
| 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 each quarter: |  |  |  |  |  |  | NA |

\* Grant period of performance July 1, 2024 (or contract start date, whichever is later) – December 31, 2025

Briefly explain how you arrived at the numbers in the above table.

## Workplan (20 points)

Complete the workplan template below, adding more rows as needed. 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 | Resources Needed | Partners | Outcomes |
| EXAMPLE  10/1/23 – 12/31/23 | EXAMPLE  Recruiting for preapprenticeship  Focused Recruiting workshop  Retaining current apprentices through related training | EXAMPLE  Brochures / promotional materials | EXAMPLE  MNTAP | EXAMPLE  Recruit approximately 50 applicants |
| 7/1/24 to 9/30/24 |  |  |  |  |
| 10/1/24 to 12/31/24 |  |  |  |  |
| 1/1/25 to 3/31/25 |  |  |  |  |
| 4/1/25 to 6/30/25 |  |  |  |  |
| 7/1/25 to 9/30/25 |  |  |  |  |
| 10/1/25 to 12/31/25 |  |  |  |  |

\* Grant period of performance July 1, 2024 (or contract start date, whichever is later) – December 31, 2025

## 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 2025 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. Other monies may or may not constitute matching funds. 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*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.)* |
| 1. **Project related personnel** | $ | $ |  |
| 1. **Travel** | $ | $ |  |
| 1. **Supplies/materials** | $ | $ |  |
| 1. **Communications/outreach** | $ | $ |  |
| 1. **Support services** | $ | $ |  |
| 1. **Contract services** | $ | $ |  |
| 1. **Total Direct Costs (add lines A + B + C + D + E + F)** | **$** | **$** | N/A |
| 1. **Indirect Costs** (administrative costs for LEAP funding are calculated as 8% of Line G; for example, if Line G = $90K, 8% = $7200) | $ | $ |  |
| 1. **Total (add lines G + H)** (Note: LEAP $ must be $100,000 or less) | **$** | **$** | N/A |

## Application checklist

1. Application Form
2. Exhibit A: Capacity responses
3. Exhibit B: Certification no current principals have been convicted of a felony financial crime in the last ten years
4. Exhibit C: Evidence of Good Standing
5. Exhibit D: Most recent 990 and / or audit and IRS letter of determination
6. Exhibit E: Letters from Registered Apprenticeship Programs partners describing their RAP and their commitment to the partnership actions listed
7. Copy of your organization’s Equal Employment Opportunity Policy
8. Copy of your organization’s Workers Compensation Policy
9. Affidavit of non-collusion