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|  **YST Round 8 Grant Application** |
| **LEAD APPLICANT NAME:** |  | **JOB TITLE:** |  |
| **ORGANIZATION:**  |  | **STREET ADDRESS:** |  |
| **CITY, STATE & ZIP:** |  |
| **PHONE NUMBER:**  |  | **EMAIL ADDRESS:** |  |

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| Is the listed grant applicant a school, employer, community org or other? |  |
| Has the listed grant applicant or anyone directly involved in your partnership received YST grant funding in prior rounds? |  |
| Has the listed grant applicant or anyone directly involved in your partnership applied for YST funding in the past and **not** been awarded? If so, when? |  |
| Is the listed grant applicant currently running a YST Approved School Program with YST Approved Employers but **without** YST grant funding? |  |

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| Is the Executive Director/CFO of the listed grant applicant a member of a historically under-resourced community?  \*People of color, Indigenous people, Native Americans, New Americans, people identifying as LGBTQIA+, people of varying disability status, low-income populations and populations represented by different geographic locations across Minnesota including both urban centers and Greater Minnesota. This is not an exhaustive list of diverse populations.  |  |
| Is the Board membership and/or leadership staff of the listed grant applicant made up of 51% of a historically under-resourced community?\*People of color, Indigenous people, Native Americans, New Americans, people identifying as LGBTQIA+, people of varying disability status, low-income populations and populations represented by different geographic locations across Minnesota including both urban centers and Greater Minnesota. This is not an exhaustive list of diverse populations.  |  |

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| **YOU ARE APPLYING IN WHICH YST PROGRAM INDUSTRY(IES):** (Check all that apply.) | [ ]  Advanced Manufacturing[ ]  Agriculture[ ]  Automotive | [ ]  Healthcare[ ]  Information Technology |
| **PERFORMANCE PERIOD:** | **July 1, 2025**, or the date the contract is fully executed (whichever is later) through **June 30, 2027**.  |
| **ANTICIPATED NUMBER OF STUDENTS PLACED IN YST PAID WORK EXPERIENCE (OVER TWO YEARS):** |  |
| **GRANT AMOUNT REQUESTED:** | $ | **ESTIMATED COST PER PLACEMENT:** (Total projected budget ÷ total number of students placed in paid work = cost per participant) |  |

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| **PLEASE LIST SEPARATELY: local school partners, employer partners, and if applicable post-secondary institutions, Tribal Nations, non-profits, workforce development agencies, Chamber of Commerce, and community organizations. Please provide contact names and titles when possible.**  |

**Exhibit A: Questions, budget and budget narrative**

On this form, please provide typed responses to the ten items below using 11-point Calibri font and 1.15 inch spacing. A maximum of ten pages of written narrative is required for this application (this does not include forms and financial documents).

**Please note: YST grants cannot be used for CDL-only programs, EMT-only programs, child development programming, or construction/trades programming.**

**1. Program summary (approximately 250 words):**Provide a brief summary of program goals and outcomes and the primary activities to achieve them.

**2. Equity and diversity of student population served:**Describe how this grant funding will be used to serve diverse populations and populations experiencing inequities and/or disparities. Please include recruitment and retention strategies, and provide examples of past success in working with these groups, if applicable. Diverse populations may include, but are not limited to: People of color, Indigenous people, Native Americans, New Americans, people identifying as LGBTQIA+, people of varying disability status, low-income populations and populations represented by different geographic locations across Minnesota including both urban centers and Greater Minnesota.

**3.** **Statement of need and community impact:** Provide a brief statement of need for YST grant funding: What would this funding mean to your school and employer partners and what impact would it have on your community as a whole?

Describe with detail how education, employer and community partners will collaborate to create a successful YST program and what role each will play in creating and implementing your program. Reference all partners listed who are committed to developing this program (education, employer, community organizations and post-secondary).

**4. Program marketing, growth and recruitment:**Clearly define how you will market your program and recruit students in a way that promotes equity. Describe your plan to recruit additional employers and expand the program over the two-year grant performance period.

**5. Program activities: the four program components of YST**

* **Industry exposure:** Describe the types of industry exposure experiences you will provide students of all ages.
* **Industry-related classroom instruction:**What industry-related classes will high school students be required to take prior to a YST paid work experience? What percentage of students do you anticipate will receive post-secondary credit for the industry-related classroom instruction?
* **Safety training and industry-recognized credentials:**What industry-recognized credentials/certifications will students earn in your program? Describe safety instruction that will be provided to student learners, including how it will be delivered, such as by the school, or by the employer with on-the-job training.
* **YST paid work experience for high school students:**Describe in detail what a paid industry-related work experience will look like for student learners. Include details about safety training, supervision, and staff-facilitated reflection with student learners during their work experience.

**6. Measuring success and outcomes:**Provide an estimate of the total number of students that will participate in each of the categories listed below over the two-year grant period. *Note: These numbers will be used as goals in awarded contracts.*

**Quantitative outcomes**

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| **YST program goals over two-year grant period:** | **Projected number of students:** |
| **Industry Exposure:** Total number of students (all grades) provided with YST industry exposure opportunities (tours, speakers, job shadow, etc.). |  |
| **Classroom Instruction:** Total number of high school students to take industry-related classes for high school credit over two-year grant period. |  |
| **Industry Credential:** Total number of high school students to earn industry-recognized credential or certification over two-year grant period. |  |
| **YST Paid Work Experience:** Total number of high school students placed in YST paid work experience over two-year grant period (does not include 14- and 15-year-old students). |  |

**Qualitative outcomes**

At the end of the two-year grant period, briefly describe how will you determine success in the following areas:

* Development of robust and sustainable YST programming
* Creation of strong employer and community partnerships
* Increased engagement of diverse student populations through comprehensive outreach

**7. Sustainability:**What is your plan to sustain the program after YST grant funding ends?

**8. Budget and budget narrative:**
Based on allowable expenditures for YST grant funding, please complete the proposed YST grant funding form below.

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| **Categories** | **Examples of Allowable Expenditures** |
| Grant-funded personnel | Individuals employed by organization listed as grantee (wages, benefits and taxes directly related to the coordination of YST programs) |
| Contractual Personnel/ Sub-Grants | Individuals contracted by organization listed as grantee. There must be a contract between grantee and any sub-grantee.  |
| In-state travel for grant-funded personnel | Reimbursed at the current federal mileage rate. \*Expenses such as hotels, meals and car rental are **NOT** allowable for reimbursement with YST funds. |
| Marketing/Recruitment | Marketing and recruiting employers, schools, students and others involved in the creation and implementation of YST program. |
| Student transportation | Transportation for students participating in YST related activities. |
| Industry-related training, certifications, supplies and curriculum | Costs associated with industry-related credentials/certifications earned by students, supplies, equipment, and curriculum required for student training. Can include teacher Professional Development in approved YST industry areas. \*Capital expenses **cannot** comprise the majority of the proposed grant expenditures. |

***NOTE: Grant awards may not be used to pay the wages of a student learner directly or indirectly.*** *Other ineligible expenses are noted in the YST RFP.*

Grant awards may be approved for student use for **supportive services** in the areas of childcare, counseling, accommodations for people with disabilities, and emergency services on a case-by-case basis. In this event, grantees must contact DLI YST staff for prior approval.

**Total Grant Funding Requested $\_\_\_\_\_\_**

**Proposed Spending by Category** **Amount**

Grant-funded personnel (wages and benefits) $\_\_\_\_\_\_

Contractual personnel/sub grants $\_\_\_\_\_\_

In-state travel for grant-funded personnel (current federal mileage rate) $\_\_\_\_\_\_

Marketing and recruiting (students, schools, employers) $\_\_\_\_\_\_

Student transportation directly related to YST program activities $\_\_\_\_\_\_

Industry-related training, certifications, supplies and curriculum $\_\_\_\_\_\_

**Total budget $**\_\_\_\_\_\_

**Project Budget Narrative:**

 **1.** Provide a brief narrative of how you will use the proposed spending listed above.

**2.** Provide information regarding personnel and roles of staff who will be charging their time to the grant.

**Application Checklist**

Required documents for **all** applicants:

* YST Grant Application and Addendum – Exhibit A (this document) and Exhibit B (below)
* Exhibit C: Capacity responses (below)
* Exhibit D: Certification (below)

Additionally required documentation for **non-profit and for-profit applicants ONLY**:

* Exhibit E: Evidence of good standing for non-profit and for-profit **ONLY** (below)
* Exhibit F: Required financial document for Non-profit **ONLY** (below)
* Exhibit G: Required financial document for For-profit (business entity) **ONLY** (below)

*\*See YST Request for Proposals for more information.*

**Exhibit B: Addendum**

**Addendum**

Grantee affirmatively accepts the following terms:

* Agrees to submit timely and thorough quarterly reports which will include performance measures, statistics and supporting narrative. In addition, grantee will submit an end-of-the-grant report by specified due dates.
* Agrees to submit timely and thorough quarterly invoices and provide required documentation to support requests for reimbursement by report due dates listed below.
* All activities will be completed by June 30, 2027 and invoiced by July 31, 2027.
* Agrees to provide documentation of workers’ compensation insurance coverage for employers of YST student learners as required by Minnesota law.
* Agrees that a proposal submitted with incomplete information will not be eligible for further review and consideration.
* Agrees to allow site visits by Minnesota Department of Labor and Industry (DLI) staff.
* Agrees to fully cooperate with DLI or the State in any grant audits conducted during or after the grant period.

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| **YST Grant Year 1** | **YST Grant Year 2** |
| **End of Quarter** | **Reporting/Invoicing due** | **End of Quarter** | **Reporting/Invoicing due** |
| September 30, 2025 | Oct. 31, 2025 | September 30, 2026 | October 31, 2026 |
| December 31, 2025 | *\*January 16,2026* | December 31, 2026 | \**January 15, 2027* |
| March 31, 2026 | April 30, 2026 | March 31, 2027 | April 30, 2027 |
| June 30, 2026 | July 31, 2026 | June 30, 2027 | July 31, 2027 |

**\*Please note the accelerated invoicing and reporting dates on 1/16/2026 and 1/15/2027.**

By signing, the grantee is acknowledging that it understands and agrees to the terms outlined in this addendum.

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| NAME (Lead Applicant): |  | TITLE: |  |
| SIGNATURE: |  | DATE: |  |

# Exhibit C: Performance capacity (all applicants)

**Instructions:** Respond to these performance capacity questions as required by [Minnesota Statutes 16B.981 Subd. 2 (1)](https://www.revisor.mn.gov/statutes/cite/16B.981) 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.

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

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

1. Have there been recent changes in your organization’s leadership (including CEO/Executive Director/Superintendent and/or your finance officer) or your financial management systems in the past 12 months? If yes, describe.

# Exhibit D: Certification: No conviction of felony financial crime by a principal (all applicants)

**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)](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

# Exhibit E: Evidence of good standing (non-profit and for-profit applicants ONLY)

**Instructions:** Potential grantee must certify that the organization has a status of “In Good Standing” with the Secretary of State as required by [Minn. Stat. 16B.981 Subd. 2 (3)](https://www.revisor.mn.gov/statutes/cite/16B.981) 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

# Exhibit F: Required nonprofit grantee documents as applicable

**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

1. 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; 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.
2. 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

**Nonprofit grant applicants who are applying for $50,000 or more are required to submit the following documents,** as applicable to the organization and as required by 16B.981 Subd. 2 (2) and Subd. 2 (5) as part of the pre-award risk assessment:

* Most recent 990 or Form 990-EZ filed with the IRS
* 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
* Most recent audit as required, under Section 309.53, Subdivision 3 (If a 990 and an audit were both required, both documents must be submitted as part of the application.)

# Exhibit G: For-profit required documents, lien disclosure, and certification

**Instructions:** Please answer the following questions and provide the requested certification.

1. Has the for-profit entity filed its most recent state and federal tax returns?

☐ Yes

☐ No

1. If you have been in business less than a 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, 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.
2. Asset lien disclosure:

☐ I do not have any liens on assets

☐ I do have liens on assets: Please describe the assets and associated liens below:

1. Certify not under bankruptcy proceedings

By signing below, I certify that the business is not under bankruptcy proceedings.

I certify that the 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/this for-profit entity to suspension or debarment proceedings, as well as other remedies available to the State, by law.

Print Name Signature Title Date

**For-profit grant applicants who are applying for $50,000 or more are required to submit the appropriate documents** pursuant to 16B.981 Subd. 3 as part of the pre-award risk assessment:

* Most recent federal and state tax returns
* Current Financial Statements