

## Clean Economy Occupations Grant

### Application Packet

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

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

The following documents and additional support materials can be found at: <https://www.dli.mn.gov/business/workforce/clean-economy-occupations-grant>

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

	Form 1: Cover Sheet
	Form 2: Program Alignment Responses
	Form 3: Equity
	Form 4: Workplan
	Form 5: Outcomes
	Form 6: Budget
	Form 7: Organizational Capacity Response
	Form 8: Applicant Conflict of Interest Disclosure
	Form 9: No Conviction of Felony Financial Crime
	Form 10: Evidence of Good Standing
	<b>Attachments:</b> NONPROFIT APPLICANTS – most recent 990 and/or audit plus IRS letter of determination plus certificate of good standing FOR PROFIT APPLICANTS – for profit certification disclosure and certificate of good standing  If partnering with educational institutions to provide related training instruction, a Letter of Commitment and pre-approved training curriculum from each partner must be submitted as part of the application

# Form 1: Cover Sheet

## Organization Information

**Applicant Name:**

**DBA (if applicable):**

**Applicant Type:**  Nonprofit  For profit  Municipal  Other

**If Other, explain:**

**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:

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 \$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.*

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Authorized Representative Signature

Title

Date

## Form 2: Program Alignment (30 points)

Please provide a response to the questions below. Each question is assigned a point value for its thoroughness and ability to address the question.

1. Outline how your organization currently trains apprentices and upskills incumbent workers in clean economy occupations. *10 points; 500-words maximum*

2. Describe the current gaps and challenges in your ability to provide training and upskilling for clean economy occupations. *10-points, 500-words maximum.*

3. Explain how this grant will mitigate those gaps and challenges resulting in more robust training and upskilling. *10 points; 500-words maximum*

## Form 3: Equity (15 points)

- A. Describe which focus populations, as outlined in the request for proposal (RFP), your organization will serve with the grant. *250-words maximum*
- B. Provide information regarding your organization's experience with and ability to center equity in your programs and services. *250-words maximum*

## Form 4: Workplan (25 points)

Complete the workplan template below for all major activities. Each quarter is 3 months of activity.

Timeframe	Major activities	Resources needed	Outcomes
EXAMPLE Q1 2024	Purchase 10 EV chargers and install in training center	On-site training center prepped for installation	Approximately 12 RAs complete EV charger repair training in Fall 2024 semester
Quarter 1			
Quarter 2			

## Form 4: Workplan (continued)

Complete the workplan template below for all major activities. Each quarter is 3 months of activity.

Timeframe	Major activities	Resources needed	Outcomes
EXAMPLE Q1 2024	Purchase 10 EV chargers and install in training center	On-site training center prepped for installation	Approximately 12 RAs complete EV charger repair training in Fall 2024 semester
Quarter 3			
Quarter 4			

## Form 5: Outcomes (30 points)

Provide estimates for how many registered apprentices and incumbent workers will benefit from programs and services underwritten by grant funding.

Number of registered apprentices served with grant funding	Number of incumbent workers served with grant funding

Provide a summary of how registered apprentices and incumbent workers will benefit from programs and services underwritten by grant funding (*maximum 300 words*).

## Form 6: Budget and budget narrative (required, unscored)

Complete the table below with your proposed project budget. See the Clean Economy Occupations 2025 Grant RFP for an example and for information about allowable and unallowable expenses.

Budget categories	Amount	Detailed Description [itemize and / or illustrate your calculations here]
A. Salaries and Wages (including Fringe Costs)		
B. Equipment		
C. Supplies		
D. Travel		
E. Training Expenses		

<b>F. Contractual</b>		
<b>G. Sub-total (Add Lines A to F)</b>		
<b>H. Administrative costs (multiply Line G x .05)</b>		
<b>I. Total (I = G+H)</b>		<b>N/A</b>

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

## Form 7: Organizational Capacity Response

**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?

No

Yes

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? If yes, describe.

## Form 8: Conflict of Interest Disclosure

This form gives applicants and grantees an opportunity to disclose any actual or potential conflicts of interest that may exist when receiving a grant. It is the applicant/grantee's obligation to be familiar with the Office of Grants Management (OGM) [Policy 08-01: Grants Conflict of Interest](#) and to disclose any conflicts of interest accordingly.

All grant applicants must complete and sign a conflict-of-interest disclosure form.

I or my grant organization do NOT have an ACTUAL or POTENTIAL conflict of interest.

If at any time after submission of this form, I or my grant organization discover any conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

I or my grant organization have an ACTUAL or POTENTIAL conflict of interest. (Please describe below):

If at any time after submission of this form, I or my grant organization discover any additional conflict of interest(s), I or my grant organization will disclose that conflict immediately to the appropriate agency or grant program personnel.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

## Form 9: No Conviction of Felony Financial Crime by a Principal

**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) 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 \_\_\_\_\_

## Form 10: 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: