

Targeted Populations Diversity and Inclusion for Small Business Competitive Grants

Application Packet

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

Submit your complete application via email to adultcompetitivegrants.DEED@state.mn.us with the subject line D&I for Small Business- RFP Application – [insert business name].

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

Form 1. [Cover Sheet](#)

Form 2. [Narrative Responses](#)

Form 3. [Budget](#)

Form 4. [Unemployment Insurance Account Consent](#)

Form 5. [Applicant Conflict of Interest Disclosure](#)

Form 6. [No Conviction of Felony Financial Crime](#)

Form 7. [Evidence of Good Standing](#)

Form 1. Cover Sheet (5 points)

Organization Information

Organization Name: _____

Organization Type: Small Business Organization Website: _____

Physical Address: _____

Mailing Address: _____

Federal Tax ID (required): _____ Minnesota Tax ID (required): _____

SWIFT Vendor ID (If known): _____ UEI Number (required): _____

Number of Employees: _____ Total Revenue for the preceding fiscal year: _____

Principal Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Application Contact Name: _____ Title: _____

Telephone Number: _____ Email Address: _____

Proposal Information

Proposal Name: _____

Proposal Summary:

Geographic Area Served by Business: _____

Total Amount of DEED Funds Requested (Maximum \$30,000): _____

Compensated Partners (name of any organizations or businesses that would be compensated for their role in your proposed program):

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 with the RFP, is a small business as defined within Minnesota Statute 645.445, 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. I understand upon completion of this grant if awarded, the business is required to submit a diversity and inclusion implementation plan to the Minnesota Department of Employment and Economic Development.

Authorized Signature

Title

Date

Form 2. Narrative Responses (90 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. Provide a brief overview of the applicant business including the type of business or industry engaged in. Include a short introduction of any principal owners or management. *15 points; 500-word maximum*

2. How many employees does your business currently have? How could these funds help improve your business operations? *20 points; 400-word maximum*

3. Describe the impact of a more diverse/inclusive workforce on your business and/or community. *20 points; 500-word maximum*

4. Eligible uses of grant awards are limited to diversity and inclusion training and must result in the creation and implementation of a plan to actively engage, hire, and retain people of color for both entry-level and high-wage opportunities, including management and board of director positions. Describe your plan for these funds within the eligible uses of the award. Include information on any specific training programs or providers. *20 points; 500-word maximum*

5. How will your business define and measure success for your project if awarded? (e.g., 10% increase in staff of color) *15 points; 300-word maximum*

Form 3. Budget (5 points)

Please complete budget form in cumulative manner.

Office Use Only	Cost Category	Period 1: Grant Start Date through 06/30/2024	Period 2: Grant Start Date through 12/31/2024	Period 3: Grant Start Date through 06/30/2025	Period 4: Grant Start Date through 12/31/2025
884	Grants				
	Total:				

Eligible expenses are limited to the cost of diversity and inclusion training, required supplemental materials, staff time related to training, and in-state travel expenses for attending training. Awarded applicants will be required to submit a detailed budget at time of contracting.

Form 4. Unemployment Insurance Account Consent

Before awarding a grant, DEED will need to verify that your organization does not have any outstanding Unemployment Insurance tax liability. If you choose not to provide this consent, DEED staff may determine that you are ineligible for DEED funding.

This authorization to release unemployment insurance data is not valid until the requirements listed below are met.

You need to:

1. Check the appropriate box authorizing what data the MN Unemployment Insurance program can release.
2. Have an active user listed on the MN Unemployment Insurance employer account:
 - a. Sign and date this consent form
 - b. Print their name below their signature.

The consent form will expire three months after the signature date.

If you have any questions about your private data, how to complete this consent form, or if you want to withdraw your consent, call Aaron Tell (651) 259-7567.

EXPLANATION OF YOUR RIGHTS

Purpose of this form

You must complete, sign, and return this form if you want to authorize a person or organization to receive certain private or nonpublic information that we collect to administer the Unemployment Insurance (UI) Program.

You have the right to choose what data we release. This means you can let us release all of the data, some of the data, or none of the data listed on this consent.

You have the right to allow us to release the data to all, some or none of the persons or entities listed on this form.

This means you can choose which entities or persons may receive the data and what data they may receive.

You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.

1. Data Subject

Your name or name of organization: _____

Minnesota Unemployment Insurance (UI) Employer Account No.: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

2. Authorized person or organization

I authorize the following person or organization to receive the private and nonpublic data checked below:

Fiscal Program & Monitoring staff
DEED, Employment and Training Programs Division
Great Northern Building
180 East 5th Street, 12th Floor
Saint Paul, MN 55101

3. UI Data

Types of data that agree to be released:

Payment- Employer UI account status

Other – information about all outstanding UI account debt, including the age, amount owed and when the debt was incurred. Status of wage detail submission.

4. Signature

I voluntarily authorize DEED to release the selected private data to the above individual/organization. I am aware of the purpose for releasing the private data and I understand that there may be consequences for releasing the data to the individual/organization.

Your signature or signature of corporate officer, partner, or fiduciary

Print your name (and title, if applicable): _____

Phone: _____ Date (mm-dd-yyyy): _____

Form 5. 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 6. 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 7. 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