# Appendix A: Letter of Intent Template

<<Applicant Letterhead>>

<<Applicant Street Address>>

<<Applicant City, Sate, Zip Code>>

<<Month, Day, Year>>

Dual Training Grant Review Committee

MN Office of Higher Education

1450 Energy Park Drive, Suite 350

St. Paul, MN 55108

Dear Dual Training Grant Review Committee,

This letter is written as a reply to the PIPELINE Program Dual Training Grant Round #8 Request for Application.

**<<**Brief summary about applicant. If applicable, highlights about applicant’s progress with dual-training program funded through prior Dual Training Grants**>>**

**<<**Description of related instruction as it relates to industry recognized degree, certificate and/or credential & PIPELINE Program Dual Training Competencies associated with related instruction**>>**

\*TIP: Review the Competency Model Pyramid for the intended occupation associated with dual-training program. Provide an overview of the competencies in which you expect your current or new employees to become proficient through the related instruction. These competencies are typically listed in the WHITE and GOLD portions of the pyramid.

**<<**Description of on-the-job training & PIPELINE Program Dual Training Competencies associated with on-the-job training**>>**

\*TIP: Review the Competency Model Pyramid for the intended occupation associated with dual-training program. Provide an overview of the competencies in which you expect your current or new employees to become proficient through the related instruction. These competencies are typically listed in the BLUE portions of the pyramid.

**<<**Illustrate anticipated on-the-job training setup through a table, chart, or graph**>>**

\*TIP: Reference PIPELINE Program guidance for effective on-the-job training here: [http://www.dli.mn.gov/business/workforce/guidance-effective-job-training.](http://www.dli.mn.gov/business/workforce/guidance-effective-job-training.%20)

Consider using the following table format (on next page).

|  |  |  |  |
| --- | --- | --- | --- |
| **Dual Trainee & Occupation**  (Do not use specific names) | **Mode of On-the-Job Training** | **Specific Competencies**  (as detailed in pyramid) | **Estimated number of hours for completion** |
| *EXAMPLE*  *Trainee A*  *Mechatronics Technician* | *EXAMPLE*  *Assignment-based project evaluation* | *EXAMPLE*  *1. Assemble machines to specifications*  *2. Connect wires and components* | *EXAMPLE*  *16 hours* |
|  |  |  |  |

**<<**Correlation between related instruction and on-the-job training**>>**

\*TIP: How will dual trainees bring what they learn in the classroom to their work location?

**<<**Explanation of projected increase in compensation for dual trainees as a result of dual training**>>**

\*TIP: Consider wages, title, position, work shift, benefits.

**<<**Additional employment opportunities within and outside of current employment upon completion of the dual-training program**>>**

Sincerely,

**<<**Signature**>>**

**<<**Printed Name**>>**

**<<**Title**>>**

# Appendix B: Related Instruction Training Provider Selection

<<Applicant Letterhead>>

<<Applicant Street Address>>

<<Applicant City, State, Zip Code>>

<<Month, Day, Year>>

Dual Training Grant Review Committee

MN Office of Higher Education

1450 Energy Park Drive, Suite 350

St. Paul, MN 55108

Dear Dual Training Grant Review Committee,

This letter details the related instruction training provider selection process as part of the requirements of the PIPELINE Program Dual Training Grant Round #8 Request for Application.

**<<**List or describe related instruction training provider selection criteria**>>**

\*TIP: Applicant determines criteria. Some examples may include location, costs, and program.

**<<**For each occupation included in application, list a minimum of 3 verbal quotes (or targeted vendors). Include dates of when applicant contacted training providers (or researched targeted vendors)**>>**

**<<**Indicate the group (two or more people) who reviewed the quotes and selected training providers**>>**

**<<**Brief description of how criteria led to final selection of related instruction training providers. Include list of final related instruction training providers**>>**

Sincerely,

<<Signature of Authorized Representative>>

<<Printed Name>>

<<Title>>

# Appendix C: Minnesota Dual Training Grant Training Agreement

|  |  |  |
| --- | --- | --- |
| **Minnesota Dual Training Grant**  **Training Agreement 2019**  **(Page 1 of 4)**  (1 Training Agreement per Related Instruction Training Provider) | |  |
| **PIPELINE Industry** (check all that apply to this Related Instruction Training Provider)  ❒ Advanced Manufacturing ❒ Agriculture ❒ Health Care Services ❒ Information Technology | | |
| PIPELINE Occupation(s) (list all that apply to this Related Instruction Training Provider) | | |
| Degrees, Certificates, and/or Credentials (list all to be earned upon completion of the dual-training program) | | |
| **Grantee/Employer Name** | | |
| Grantee/Employer Address (Street, City, State, Zip) | | |
| Authorized Representative Name | | |
| Title | Telephone Number | Email Address |
| **Related Instruction Training Provider Name** | | |
| Related Instruction Training Provider Address (Street, City, State, Zip) | | |
| Authorized Representative Name | | |
| Title | Telephone Number | Email Address |
| Please check the box next to the type of qualified related instruction training provider  ❒ [Registered](http://www.ohe.state.mn.us/sPages/PIRInsts.cfm) by Minnesota Office of Higher Education  ❒ [Licensed](http://www.ohe.state.mn.us/sPages/141Insts.cfm%20) by Minnesota Office of Higher Education  ❒ Exempt by Minnesota Office of Higher Education  ❒ Valid exemption on file ❒ Will submit for exemption ❒ Minnesota public institution | | |

|  |  |  |
| --- | --- | --- |
| **Minnesota Dual Training Grant**  **Training Agreement 2019**  **(Page 2 of 4)** | |  |
| **Grantee/Employer CERTIFICATION**: Please check the box next to each statement | | |
| ❒ I give permission to the Office of Higher Education to enter information from this form onto the web-based form on my behalf.  ❒ I have read, understand, and agree to the Training Agreement  ❒ I understand and accept the obligation to contact the Office of Higher Education of any changes in information provided on this form  ❒ I give permission to the Office of Higher Education and Related Instruction Training Providers (listed on form) to share information and documentation with each other as pertains solely to the Dual Training Grant program.  ❒ I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is available for public review, used to establish eligibility for the Dual Training Grant program, and if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future participation in this program.  ❒ I understand that participation in this program is subject to the availability of funds. | | |
| Employer Authorized Representative Signature | Date (month, day, year) | |
| **Related Instruction Training Provider CERTIFICATION**: Please check the box next to each statement | | |
| ❒ I give permission to the Office of Higher Education to enter information from this form onto the web-based form on my behalf.  ❒ I have read, understand, and agree to the Training Agreement  ❒ I understand and accept the obligation to contact the Office of Higher Education of any changes in information provided on this form  ❒ I give permission to the Office of Higher Education and Grantee/Employer (listed on form) to share information and documentation with each other as pertains solely to the Dual Training Grant program.  ❒ I certify that the information on this application is true and correct and I promise to provide additional documentation if requested. I understand that this form is available for public review, used to establish eligibility for the Dual Training Grant program, and if I purposely give false or misleading information on this form, I may be subject to a fine, prison sentence or both; and such action may result in the forfeiture of future participation in this program.  ❒ I understand that participation in this program is subject to the availability of funds. | | |
| Related Instruction Training Provider Authorized Representative Signature | Date (month, day, year) | |

|  |  |
| --- | --- |
| **Minnesota Dual Training Grant**  **Training Agreement 2019**  **(Page 3 of 4)** |  |
| **Training Agreement**: Carefully read | |
| The Office of Higher Education does not discriminate on the basis of disability in the admission or access to, or treatment or employment, in its programs or activities. This document can be made available in an alternative format to individuals by calling (651) 355-0609.  **The Training Agreement is contingent upon the employer being awarded a Dual Training Grant.**  The Grantee/Employer and Related Instruction Training Provider, listed above, enter into this agreement establishing the Grantee/Employer and Related Instruction Training Provider’s responsibilities to deliver training under the PIPELINE Dual Training Grant program, as authorized by Minn. Stat. § 136A.246. This agreement will become active upon execution of the Grantee/Employer grant contract with the Minnesota Office of Higher Education and will end at the conclusion of that grant. Any amendment to the expiration date of the grant contract will extend the expiration date of this agreement.  The Grantee/Employer and Related Instruction Training Provider, agree to the below responsibilities and will to the best of their ability mentor and encourage the participating Dual Trainees to successfully complete the training program.  **The Grantee/Employer agrees to the following** (contingent upon notification of successful completion of a Dual Trainee Release Form):   * Promptly pay the invoiced amount for cost of training per eligible Dual Trainee to the Related Instruction Training Provider within 30 days of receipt of the invoice, and provide Related Instruction Training Provider with all appropriate supporting documentation. * Provide a list to the Related Instruction Training Provider of approved Dual Trainees from the Grantee/Employer’s Work Plan & Budget that are approved by the Minnesota Office of Higher Education to participate in the Dual Training Grant program based upon successful completion of an informational release form. Upon request, the Office of Higher Education is also able to provide the list directly to the Related Instruction Training Provider. * Notify the Related Instruction Training Provider of any Dual Trainee’s ineligibility to participate in the Dual Training Grant due to not meeting grant requirements, including but not limited to the following:   + Dual Trainee ceasing employment with the Grantee/Employer, either voluntarily or involuntarily, or   + If the work location of the Dual Trainee moved outside the State of Minnesota, as the Dual Trainee will no longer be eligible to receive funds from the Dual Training Grant.   If either of these events occur, any balance due to the Related Instruction Training Provider may be collected from the Dual Trainee or Grantee/Employer.   * Work with the Related Instruction Training Provider to ensure curriculum aligns with validated [PIPELINE Program](http://www.dli.mn.gov/pipeline) competencies.   **Related Instruction Training Provider agrees to the following** (contingent upon notification of successful completion of a Dual Trainee Release Form):   * Provide related instruction for the identified industry and occupation(s) under the [PIPELINE Program](http://www.dli.mn.gov/pipeline). * Provide training to the Dual Trainees listed in the Grantee/Employer’s Work Plan & Budget. (**Cont. Next Page**) * Notify the Grantee/Employer if a Dual Trainee withdraws from the training program, and send any reimbursable portion of the cost of training previously paid back to the Grantee/Employer. * Provide data to the Grantee/Employer on the progress of their Dual Trainees. Submit to the Grantee/Employer at the end of the term (or upon request) the following:   + An academic transcript or comparable documentation of each Dual Trainee enrolled that is receiving training under the Dual Training Grant;   + A copy of each Dual Trainee’s account receivable;   + A list of Dual Trainees who satisfactorily completed course work as part of this grant;   + A list of Dual Trainees who did not satisfactorily complete the course work, withdrew from a course, program, or institution;   + A list of Dual Trainees and the type of program in which they are enrolled;   + A list of Dual Trainees indicating the diploma, certificate, credential, degree, or other certification received as a result of the training, if applicable; and   + Any other related data on the Dual Trainees that will allow the Grantee/Employer to complete reports required of the Minnesota Office of Higher Education. * Allow access to the training site by the Grantee/Employer, representatives from the Minnesota Office of Higher Education, and/or Department of Labor and Industry for possible monitoring visits required of the Grantee/Employer under the [Minnesota Office of Grant’s Management’s Policy 08-10](https://mn.gov/admin/assets/08%2010%20grants%20policy%20revision%20Dec%202016%20final_tcm36-265657.pdf). * Shall not use the Dual Training Grant as a primary incentive in advertisement. | |

# Appendix D: State of Minnesota Workforce Certification

For all applications estimated to be **in excess of $100,000**, complete the information requested below to determine whether the Minnesota Department of Human Rights Workforce Certification ([Minnesota Statutes 363A.36](https://www.revisor.mn.gov/statutes/cite/363A.36)) is necessary and to provide documentation of compliance**.** Applicants are responsible to provide this information and—if required—to apply for Workforce Certification prior to the due date of the bid or proposal and to obtain Workforce Certification prior to the execution of the contract. The State of Minnesota is under no obligation to delay proceeding with a contract until a company receives Workforce Certification.

**BOX A** – For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to **BOX B**.

Your response will be rejected unless your business:

has a current Workforce Certificate issued by the Minnesota Department of Human Rights (MDHR)

***–or–***

has submitted a Workforce Certificate application to the MDHR, which the Department received prior to the date the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

* We have a current Workforce Certificate issued by the MDHR. **Proceed to** **BOX C**. **Include a copy of your certificate with your response.**
* We do not have a current Workforce Certificate. However, we submitted an application to the MDHR for approval, which the Department received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). **Proceed to** **BOX C**.
* We do not have a Workforce Certificate, nor has the MDHR received an application from our company. **We acknowledge that our response will be rejected.** **Proceed to** **BOX C**. **Contact the Minnesota Department of Human Rights for assistance.** (See below for contact information.)

**Please note:** Workforce Certificates must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

(**Cont. Next Page**)

**BOX B** – **For those companies not described in BOX A**

Check below.

* We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. **Proceed to** **BOX C**.

**BOX C** – **For all companies**

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company (these requirements are generally triggered only by participating as a prime or subcontractor on federal projects or contracts. Contractors are alerted to these requirements by the federal government).

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For assistance with this form, contact:

Minnesota Department of Human Rights, Compliance

The Freeman Building

625 Robert Street North

Saint Paul, MN 55155

Phone: (651) 296-5663

Toll Free Phone: (800) 657-3704

Fax: (651) 296-9042

TTY: (651) 296-1283

compliance.mdhr@state.mn.us

www.humanrights.state.mn.us

# Appendix E: Licensing or Registration Exemption Request

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| --- | --- | --- |
| **Minnesota Dual Training Grant**  **Licensing or Registration Exemption Request 2019**  **(Page 1 of 5)** | |  |
| All training providers must be registered, licensed, or have a valid exemption with the Minnesota Office of Higher Education. This is a State statute governed through administrative rules in an effort to ensure consumer protection for those individuals participating in training and safeguard funding provided by the State. More information to determine status are available online at: <http://www.ohe.state.mn.us/mPg.cfm?pageID=197>. | | |
| Related Instruction Training Provider Name | | |
| Related Instruction Training Provider Address (Street, City, State, Zip) | | |
| Related Instruction Training Provider Website | | |
| Authorized Representative Name | | |
| Title | Telephone Number | Email Address |
| Description of training courses (encouraged to include website address information)  (**Cont. Next Page**) | | |
| Begin at Question 1, clearly check boxes next to all applicable exemptions, and attach supporting documentation   1. ❒ Are all of your educational programs 16 or fewer hours?    1. ❒ If yes, sub question: Does your institution’s name include the word “academy”, “institute”, “college”, or university?       1. ❒ Yes, go on to the next question       2. ❒ If no, “Your institution is exempt from licensure under Minn. Stat. 136A.833(14). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If No, go on to next question. 2. ❒ Are all of your educational programs designed to teach avocational, recreational, or remedial subjects? Remedial subjects are literacy or basic math skills.    1. ❒ If yes, sub question: Does your institution’s name include the word “academy”, “institute”, “college”, or university?       1. ❒ If yes, go on to the next question       2. ❒ If no, sub question: Does your institution advertise, market, or list on your website that a benefit of your programs is related to employment or employability?          1. ❒ If yes, go on to the next question          2. ❒ If no, “Your institution is exempt from licensure under Minn. Stat. 136A.833(9) In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 3. ❒ Are all of your educational programs taught by or required by a trade union in a valid apprenticeship program?    1. ❒ Yes: “Your institution is exempt from licensure under Minn. Stat. 136A.833(5). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 4. ❒ Are your educational programs sponsored by a nonprofit trade, labor, business, professional, or fraternal organization and those programs are conducted solely for that organization’s membership or members of that particular industry?    1. ❒ If yes: “Your institution is exempt from licensure under Minn. Stat. 136A.833(10). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question   (**Cont. Next Page**)   1. ❒ Are all of your programs offered exclusively to train individuals with a physical or mental disability for the State of Minnesota?    1. ❒ If yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(6). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 2. ❒ Are all of your programs approved by a Minnesota Board authorized to issue licenses to private career schools?    1. ❒ If yes: sub question: Does your institution’s name include the word “academy”, “institute”, “college”, or university?       1. ❒ If yes, go on to the next question       2. ❒ If no: “Your institution is exempt from licensure under Minn. Stat. 136A.833(7). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 3. ❒ Are your educational programs sponsored by a business for the training of its employees or employees of other businesses and the training is at no cost to the employee?    1. ❒ If yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(8). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 4. ❒ Does your institution charge more than $100 in tuition and fees for any program or course?    1. ❒ If yes, go on to the next question    2. ❒ If no, “Your institution is exempt from licensure under Minn. Stat. 136A.833(18). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.” 5. ❒ Are all of your programs approved by the Minnesota Board of Nursing or equivalent nursing board in another state or foreign country?    1. ❒ If yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(3). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 6. ❒ Are all of your programs intended to prepare students to sit for an undergraduate, graduate, postgraduate, or occupational licensing or occupational entrance examination?    1. ❒ If yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(13). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question (**Cont. Next Page**) 7. ❒ Are all of your programs providing instruction in personal development, modeling, or acting?    1. ❒ If yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(15). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 8. ❒ Are all of your programs provided to one student at a time?    1. ❒ If yes, sub question: Can the training program be used in an occupation or intended to prepare a person for entry level employment?       1. ❒ If yes, go on to the next question       2. ❒ If no, “Your institution is exempt from licensure under Minn. Stat. 136A.833(16). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 9. ❒ Are all of your institution’s programs in the fine arts that are intended for creative expression and not commercial sale or employment?    1. ❒ If yes, sub question: Is your institution tax-exempt under Minn. Stat. 290.05?       1. ❒ If yes, sub question: Are you registered with the Minnesota Attorney General under Chapter 309?          1. ❒ If yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(11). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”          2. ❒ If no, go on to the next question       2. ❒ If no, go on to the next question    2. ❒ If no, go on to the next question 10. ❒ Are your educational programs intended to fulfill continuing education requirements for a license or certification?     1. ❒ If yes, sub question: is the license or certification established by a legislative or judicial board or agency?        1. ❒ If no, go on to the next question        2. ❒ If yes, sub question: Are your educational programs offered exclusively to an individual practicing the profession?           1. ❒ If no, go on to the next question           2. ❒ If Yes, “Your institution is exempt from licensure under Minn. Stat. 136A.833(12). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”     2. ❒ If no, go on to the next question   (**Cont. Next Page**)   1. ❒ Is your institution a K-12 institution, private or public, that is offering a vocational program to your students?    1. ❒ Yes: “Your institution is exempt from licensure under Minn. Stat. 136A.833(4). In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.”    2. ❒ If no, go on to the next question 2. ❒ Is your institution substantially owned, operated, or supported by a church or religious organization?    1. ❒ If yes, sub question: Are your programs primarily designed for, aimed at, or attended by persons who sincerely hold or seek to learn the religious faith or beliefs of that church or religious organization?       1. ❒ If yes, sub question: Are the programs are intended to prepare students to enter into becoming a minister (or equivalent vocation) or conduct their lives in consonance with a particular faith.          1. If yes, sub question: Does the degree conferred includes descriptive language to make the religious nature of the award clear?             1. ❒ If yes, sub question: Are any of your institution’s programs being offered to Minnesota residents substantially equivalent to general educational programs offered by other institutions registered under Minn. Stat. 136A.61 to 136A.71 or licensed under Minn. Stat. 136A.82 to 136A.834?   ❒ If yes, “Your institution must receive licensure under Minn. Stat. 136A.82 to 136A.834.”  ❒ If no, “Your institution does not need to receive licensure and qualifies for an exemption letter under Minn. Stat. 136A.834. In order for this exemption to be valid, you must submit this form and receive a formal acknowledgment from OHE of your exempt status.   * + - * 1. ❒ If no, “Your institution must receive licensure under Minn. Stat. 136A.82 to 136A.834”       1. ❒ If no, “Your institution must receive licensure under Minn. Stat. 136A.82 to 136A.834”     1. ❒ If no, “Your institution must receive licensure under Minn. Stat. 136A.82 to 136A.834”   1. ❒ If no, “Your institution must receive licensure under Minn. Stat. 136A.82 to 136A.834” | | |
| If the Minnesota Office of Higher Education determines training meets an exemption, a formal letter that is valid for two years will be issued to the related instruction training provider. If the Minnesota Office of Higher Education determines training does not meet an exemption, the related instruction training provider will be required to be licensed or registered to be a Dual Training Grant qualified related instruction training provider. | | |
| This form may be submitted with Dual Training Grant application documents. If you have specific questions about the exemption process, please contact **Kate McCartan, Institutional Monitoring Specialist at (651) 259-3912**. | | |