

**Minnesota Dual Training Grant  
Training Agreement 2020**

(Page 1 of 4)

(1 Training Agreement per Related Instruction Training Provider)



**MN Dual Training Pipeline Industry** (check all that apply to this Related Instruction Training Provider)

Advanced Manufacturing    Agriculture    Health Care Services    Information Technology

MN Dual Training 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)

**Employer** (or Organization of Employers) **Name**

Employer Address (Street, City, State, Zip)

Authorized Representative Name

Title	Telephone Number	Email Address
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**Related Instruction Training Provider Name**

Related Instruction Training Provider Address (Street, City, State, Zip)

Authorized Representative Name

Title	Telephone Number	Email Address
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Please check the box next to the type of qualified related instruction training provider

- Registered by Minnesota Office of Higher Education (<http://www.ohe.state.mn.us/sPages/PIRInsts.cfm>)
- Licensed by Minnesota Office of Higher Education (<http://www.ohe.state.mn.us/sPages/141Insts.cfm>)
- Exempt by Minnesota Office of Higher Education
  - Valid exemption on file    Will submit for exemption    Minnesota public institution

**Minnesota Dual Training Grant  
Training Agreement 2020**  
(Page 2 of 4)



**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 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 2020**

(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 Employer and Related Instruction Training Provider, listed above, enter into this agreement establishing the Employer and Related Instruction Training Provider's responsibilities to deliver training under the Dual Training Grant program, as authorized by Minn. Stat. § 136A.246. This agreement will become active upon execution of the Employer grant contract with the Minnesota Office of Higher Education and will end at the conclusion of the grant contract. Any amendment to the expiration date of the grant contract will extend the expiration date of this agreement.

The 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 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 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 ceased employment with the Employer, either voluntarily or involuntarily
- Work location of the Dual Trainee moved outside the State of Minnesota

If either of these events occur, any balance due to the Related Instruction Training Provider may be collected from the Dual Trainee or Employer.

- Work with the Related Instruction Training Provider to ensure curriculum aligns with validated MN Dual-Training 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 MN Dual-Training Pipeline.
- Provide training to the Dual Trainees listed in the Employer's Work Plan & Budget. Notify the 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 Employer. **(Cont. Next Page)**

- Provide data to the Employer on the progress of their Dual Trainees. Submit to the Employer at the end of the term (or upon request) all of 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
  - Any other related data on the Dual Trainees that will allow the Employer to complete reports required of the Minnesota Office of Higher Education
- Allow access to the training site by the Employer, representatives from the Minnesota Office of Higher Education, and/or Department of Labor and Industry for possible monitoring visits required of the Employer under the Minnesota Office of Grant's Management's Policy 08-10.
- Shall not use the Dual Training Grant as a primary incentive in advertisement.