### **Online Application Screenshots**

### **SCREEN 1**

# Dual Training Grant Application

This application MUST be completed in entirety prior to submission. Partial applications cannot be saved and returned to at a later date. Prior to completing the application, carefully read the 9th Round Request for Application.

Applicant Information
MN Dual-Training Pipeline Industry:
O Advanced Manufacturing
Health Care Services
O Information Technology
Applicant (Employer/Organization) Name
Are you an Employer or Organization of Employers?
O Employer
O Organization of Employers
Street Address
City, State
MN V
Zip Code
(format: 55406 or 554061234)

Name of Authorized Representative [more info]					
Phone					
Email Address					
Organizational Type of Applicant [more info]					
Select ~					
<ul> <li>Will the applicant be paying a match of 25% for costs of related instruction?</li> <li>Yes</li> <li>No, applicant will provide financial documents reflecting less than \$25,000,000 in 2019 revenue.</li> </ul>					

Continue

SCREEN 2

# Dual Training Grant Application

5 11		
Dual Trainee Information Total number of dual trainees to be trained through the Dual Training Grant during this grant cycle (Est. August 2020 - August 2021)		
Of the total number of dual trainees, how many have participated in a prior Dual Training Grant cycle?		
Is the permanent work location for the dual trainees the same as the address listed for the applicant? <ul> <li>Yes</li> <li>No</li> </ul> Total grant request amount Note: The maximum grant request amount is \$150,000 (maximum \$6,000 per employee).		
Continue		

### **SCREEN 3**

# Dual Training Grant Application

Related Instruction Information					
MN Dual-Training Pipe	line Occupation				
Advanced Manufacturin	ng: Computer Numerical Control (CNC) Programmer	$\mathbf{A}$			
Advanced Manufacturin	ng: Coordinate Measuring Machine (CMM) Programmer				
Advanced Manufacturin	ng: Extrusion Molding Technician				
Advanced Manufacturin	ng: Flexo Technician				
Advanced Manufacturin	ng: Injection Molding Technician	$\mathbf{x}$			
NOTE: to select multiple options:					
• Windows: hold down th	se control (ctrf) button				
• Mac: hold down the co	mmandbutton				
Related Instruction Training Providers *Related Instruction Training Providers cannot be added after the application deadline					
1					
2					
3.					
4.					
5.					
a.					
6.					
7.					
8.					
9.					
10.					

**SCREEN 4** 

# Dual Training Grant Application

Related Instruction Information (continued)					
Advanced Manufacturing: Flexo Technician List ALL industry-recognized degree, certificate or credential(s)					
Estimated number of months to obtain each degree, certificate or credential [maximum 48]					
If yes, estimated number of credits to be completed during this grant cycle					
Related Instruction Training Provider [select]					
Instruction Format (check all that apply) Online/Distance Classroom Work Location					

#### **SCREEN 5**

# Dual Training Grant Application

### **Checklist and Certification**

Select the additional documents that you will be submitting by **May 1st** separately to the Office of Higher Education to complete the application:

- Letter of Intent detailing dual-training program applies to ALL applicants (Appendix A of RFA)
- Related Instruction Training Provider Selection applies to ALL applicants (Appendix B of RFA)
- Training Agreement for each Related Instruction Training Provider applies to ALL applicants (Appendix C of RFA)
- Financial Review Match documentation of 2019 revenue below \$25,000,000 to waive requirement of 25% (minimum) employer contribution match applies to APPLICABLE applicants
- Financial Review Non-Profit documentation applies to ONLY non-profits
- Training Provider Licensing or Registration Exemption Request applies to APPLICABLE applicants

As the Authorized Representative, you are certifying the following on behalf of the applicant:							
ree to provide and/or support on-the-job training and related instruction opportunities for dual trainees							
Agree to encourage and support dual trainees to successfully complete the dual-training program.							
Will work with Related Instruction Training Provider(s) to ensure instruction aligns with MN Dual-Training Pipeline competencies.							
Read and understand the 9th Request for Application.							
Understand that the Dual Training Grant is a competitive grant process and subject to the availability of funds.							
Understand and accept that: the grant amount may not be increased, the industry and occupation(s) cannot be changed, and related instruction training provider(s) cannot be added after the application deadline.							
Understand that some or all of the information provided in Dual Training Grant application may be made public.							
Certify that information provided in the application is true and correct, and promise to provide additional documentation if requested. Any false or misleading information may be subject to fine, prison sentence or bot and such action may result in the forfeiture of future participation in this program.							
Authorized Representative Signature							
Print Name							
Title							
03/19/2020 - 07:35 AM							

### **CONFIRMATION SCREEN**

Submit

# **Dual Training Grant Application**

Congratulations, you have successfully submitted an application for the Dual Training Grant.

### Next Step?

Submit all additional documents to jacquelynn.mol.sletten@state.mn.us.

### Questions?

Call Jacquelynn Mol Sletten at (651) 355-0609.