## Appendix A

Letter of Intent Template

<<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 is written as a reply to the Round #6 Request for Application for PIPELINE Program Dual Training Grant.

<<Brief summary about applicant>>

<<Description of related instruction as it relates to industry recognized degree, certificate, or credential>>

<<PIPELINE Program Dual Training Competencies associated with related instruction>>

<<Description of on-the-job training (specific tasks, timing of tasks, organizational structure, and structure of supervision)>>

<<PIPELINE Program Dual Training Competencies associated with on-the-job training>>

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

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

Sincerely,

<<Signature>>

<<Printed Name>>

<<Title>>

## Appendix B

|  |  |  |
| --- | --- | --- |
| **Minnesota Dual Training Grant Training Agreement**  **2018**  **(Page 1 of 4)**  (1 Training Agreement per Related Instruction Training Provider) | |  |
| **Industry** | | |
| Occupation(s) | | |
| Degrees, Certificates, and/or Credentials | | |
| **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 qualification for providing related instruction  ❒ Accredited institution under CHEA or the U.S. Department of Education  ❒ Licensed or registered by OHE  ❒ Meet “Standards of Instructors” as defined by Minnesota Administrative Rule [4880.1900](https://www.revisor.mn.gov/rules/?id=4880.1900) | | |

|  |  |  |
| --- | --- | --- |
| **Minnesota Dual Training Grant Training Agreement**  **2018**  **(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 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 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**  **2018**  **(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 granted 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 Student/Employees to successfully complete the training program.  **The Grantee/Employer agrees to the following:**   * Promptly pay the invoiced amount for cost of training per eligible Student/Employee 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 Student/Employees 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. * Notify the Related Instruction Training Provider of any Student/Employee’s ineligibility to participate in the Dual Training Grant due to not meeting grant requirements, including but not limited to the following:   + Student/Employee ceasing employment with the Grantee/Employer, either voluntarily or involuntarily, or   + If the work location of the Student/Employee moved outside the State of Minnesota, as the Student/Employee 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 must be collected from the Student/Employee or Grantee/Employer.   * Work with the Related Instruction Training Provider to ensure curriculum aligns with validated [PIPELINE Program](http://www.dli.mn.gov/Pipeline.asp) competencies.   **Related Instruction Training Provider agrees to the following:**   * Provide related instruction for the identified industry and occupation(s) under the [PIPELINE Program](http://www.dli.mn.gov/Pipeline.asp). * Provide training to the Student/Employees listed in the Grantee/Employer’s Work Plan & Budget. * Notify the Grantee/Employer if a Student/Employee withdraws from the training program, and send any reimbursable portion of the cost of training previously paid back to the Grantee/Employer. (**Cont. Next Page**) * Provide data to the Grantee/Employer on the progress of their Student/Employees. Submit to the Grantee/Employer at the end of the term (or upon request) the following:   + An academic transcript or comparable documentation of each Student/Employee enrolled that is receiving training under the Dual Training Grant;   + A copy of each Student/Employee’s account receivable;   + A list of Students/Employees who satisfactorily completed course work as part of this grant;   + A list of Students/Employees who did not satisfactorily complete the course work, withdrew from a course, program, or institution;   + A list of Students/Employees and the type of program in which they are enrolled;   + A list of Students/Employees 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 Student/Employees 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). | |

## Appendix C

Affidavit of Non-Collusion

The notary public is ***required***.

**I swear (or affirm) under the penalty of perjury:**

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation).

2. That the attached proposal submitted in response to the Dual Training Grant Request for Application has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment, or services described in the Request for Application, designed to limit fair and open competition.

3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals.

4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

**Authorized Signature**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Responder’s firm name: | | Click here to enter text. | | | | |
| Print authorized representative name: | | | Click here to enter text. | | Title: | Click here to enter text. |
| Authorized signature: |  | | | Date (mm/dd/yyyy): | | Click here to enter a date. |

**Notary Public**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this: | | | | |
|  | day of | , |  |  |
|  | | | | |
| Notary Public signature | | | | |
|  | | | | |
| Commission expires (mm/dd/yyyy) | | | | |

## Appendix D

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 Round #6 Request for Application for PIPELINE Program Dual Training Grant.

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

<<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 E

State of Minnesota Affirmative Action Certification

*(For Agency Use Only)* Vendor #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your response to this solicitation is or could be in excess of $100,000**, complete the information requested below to determine whether you are subject to the Minnesota Human Rights Act (Minnesota Statutes 363A.36) certification requirement, and to provide documentation of compliance if necessary**. It is your sole responsibility to provide this information and—if required—to apply for Human Rights certification prior to the due date of the bid or proposal and to obtain Human Rights 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 Human Rights 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 Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)

***–or–***

has submitted an affirmative action plan 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 Certificate of Compliance issued by the MDHR. **Proceed to** **BOX C**. **Include a copy of your certificate with your response.**
* We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). **Proceed to** **BOX C**.
* We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan 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:** Certificates of Compliance 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.

Form continues on 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printer 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