


Minnesota Dual Training Grant
Training Agreement

Minnesota Dual Training Grant Training Agreement 2023	
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Must submit one Training Agreement per training provider prior to executing a grant contract. This is not a contractual document. The purpose of the agreement is to acknowledge discussions in relation to a Dual Training Grant partnership.

Minnesota Dual Training Pipeline Industry(s), Occupation(s) & Degrees, Certificates, and/or Credentials:
 *List all that will be sought by dual trainees with this training provider during this grant period

Industry:	Occupation:	Degree, Certificate, or Credential:
Industry:	Occupation:	Degree, Certificate, or Credential:
Industry:	Occupation:	Degree, Certificate, or Credential:

Grantee Name:

Grantee Address (Street, City, State, Zip):

Authorized Representative Name:

Title:	Telephone Number:	Email Address:

Related Instruction Training Provider Name:

Training Provider Address (Street, City, State, Zip):

Authorized Representative Name:

Title:	Telephone Number:	Email Address:

Please check ONE box next to the standard for operating legally in Minnesota as a training provider:


Operated by the Board of Trustees of the Minnesota State Colleges and Universities or the Board of Regents of the University of Minnesota.

[Registered](#)¹ as a postsecondary institution by the Minnesota Office of Higher Education

[Licensed](#)² as a postsecondary institution by the Minnesota Office of Higher Education

Certified as exempt by the Minnesota Office of Higher Education

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Acknowledgement of Dual Training Grant Partnership: By selecting each box, both the grantee and training provider are acknowledging the given statement.

- We have read and understand current materials associated with the Minnesota Dual Training Grant
- We have thoroughly discussed the type, format, scheduling, and availability of the related instruction program
- We have reviewed and discussed policies and procedures related to billing of related instruction
- We have reviewed and discussed policies and procedures related to student rights, responsibilities, and privacy, including the Family Educational Rights and Privacy Act (FERPA), if applicable
- We understand that participation in the Minnesota Dual Training Grant is subject to the availability of funds
- We certify that the information on this training agreement is true and correct. If we purposely give false or misleading information on this agreement, we may be subject to forfeiting future participation in this grant program.

Grantee Authorized Representative Signature	Date (month, day, year)
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Related Instruction Training Provider Authorized Representative Signature	Date (month, day, year)
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This document can be made available in an alternative format to individuals by calling (651) 355-0609.

References

¹ <http://www.ohe.state.mn.us/sPages/PIRInsts.cfm>

² <http://www.ohe.state.mn.us/sPages/141Insts.cfm>