

AUTOMATION TRAINING INCENTIVE PILOT PROGRAM ELIGIBILITY CHECKLIST

This form is intended to serve as a general guideline to help you determine if you should complete a grant application on behalf of the business. Meeting the following conditions does not guarantee eligibility or a grant award.

Business Eligibility

The business must meet all of the following conditions to apply for an ATIPP grant.

- 1. The business is an existing business located in Minnesota.
- 2. The business is in a manufacturing or skilled assembly production industry.
- 3. The business has 100 or fewer full-time employees company-wide.
- 4. Those to be trained are in full-time, permanent positions that provide at least 32 hours of work per week for a minimum of nine months per year and will be retained for at least one year after training is completed.
- 5. Those to be trained are paid wages of at least 120% of the federal poverty guidelines (currently \$30,900 per year).

Project Eligibility

The training project must meet all of the following conditions to be eligible for funding.

- 1. The business has invested in new automation technology within the past six months or plans to invest in new automation technology within the project timeframe.
- 2. The business has discussed the project with MN Job Skills Partnership (MJSP) staff and can demonstrate that its training needs cannot be met through an MJSP grant.
- 3. The training is in an eligible topic area.
- 4. A minimum of two employees will be trained with a minimum request of \$10,000.
- 5. The positions that will receive training are in place on the date of application.
- 6. Training will begin within six months of award and will be completed by December 31, 2020.
- 7. The application identifies the training to be provided for each job category, projected costs, expected outcomes and a timeline for training.
- 8. The automation related to the project will not result in the dislocation of workers.

AUTOMATION TRAINING INCENTIVE PILOT PROGRAM APPLICATION

Section 1. Business Applicant Information

Business Legal Name:	Parent Company Name (if applicable):
Project Location Street Address:	Primary Business Contact Name:
Project Location Street Address Line 2:	Business Contact Title:
Project Location City/State/Zip:	Business Contact E-mail:
Mailing Street Address (if different):	Business Contact Telephone:
Mailing Street Address Line 2:	Minnesota Tax ID:
Mailing Address City/State/Zip:	FEIN:
Website:	Primary NAICS Code for Project Location:

The business is (check any that apply):	<input type="checkbox"/> Minority-Owned <input type="checkbox"/> Woman-Owned <input type="checkbox"/> Veteran-Owned
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Does the business have any outstanding local, state or federal tax liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____	
Are there current or unsatisfied judgments or injunctions against the business or owners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe: _____	
Is there current or pending litigation involving the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, attach summary and disposition.</i>	
Within the past five years, has there been any violation(s), citation(s), or complaint(s) of discrimination filed against the company in a state or federal court or before any state, federal or local government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, attach copy of the violation(s), citation(s), or complaint(s) and the disposition of each.</i>	

Section 2. Project Overview

Part A. Job Information	
Current number of employees company-wide:	
Current number of permanent, full-time employees in Minnesota:	
Current number of permanent, full-time employees at proposed project site: <i>Provide the most recent payroll report to document current employment levels. Social Security numbers and other sensitive information should be redacted.</i>	
Will any jobs be relocated from another MN site to the proposed training site:	
If yes, which location(s) will the employees be relocated from:	
Projected number of existing workers in eligible jobs to be trained at proposed project site: <i>Eligible jobs are defined as existing jobs that provide at least 32 hours of work per week for a minimum of nine months per year with no planned termination date.</i>	

Part B. Project Timeframe	
Date new automation technology/equipment purchased: <i>If already purchased, provide documentation indicating date of purchase.</i>	
Date training to begin:	
Date training to be completed:	

Section 3. Project Narrative

Part A. Business/Project Description
Describe the business and its major activities.
Describe the businesses' recent or planned investment in new automation technology/equipment (be as specific as possible in describing the automation), and the need for training.
Describe the impact automation/training is expected to have on the businesses workforce/staffing patterns. Specifically, address whether or not the automation/training is expected to result in a dislocation of workers.
In order to be eligible for ATIPP funding, it must first be determined that this project is not more suitable for funding under the MN Job Skills Partnership (MJSP) program. Please indicate why an MJSP grant is not a more suitable source of funding for this project.

Part B. Detailed Job and Wage Information						
Complete the following table for existing, permanent, full-time positions to be trained. For the purposes of the ATIP program, eligible jobs are defined as jobs that provide at least 32 hours of work per week for a minimum of nine months per year and are permanent with no planned termination date. Eligible jobs must also pay wages of at least 120% of the federal poverty guidelines for a family of four (currently \$30,900/year). Hourly benefits include non-mandated benefits to the employee. Social security tax, unemployment insurance, workers compensation insurance and other benefits mandated by law are not to be included.						
Job Title (list eligible positions only based on definition provided above)	Number to be Trained	Hourly Wages w/o Benefits	Hourly Value of Benefits	Hourly Wages w/o Benefits at End of Training	Average Hours Per Week	Months Worked Per Year
Total to be Trained:						

Part C. Trainee Demographics	
Of those who will be trained, how many are women:	
Of those who will be trained, how many are individuals with a disability:	

Of those who will be trained, how many are minorities:

Part D. Recruitment & Retention Strategy

Does the business utilize a recruitment and retention strategy for hiring individuals with a disability, minorities, long-term unemployed and/or other disadvantaged job seekers? If yes, please describe.

Part E. Training Plan

In the table below, indicate the course titles or training topics to be provided through the project. For each course or training topic, indicate the number to be trained, the job positions of those to be trained and the training provider.

Course Title or Training Topic	Number of Trainees	Positions of Trainees	Training Provider

Provide a description of each training topic. The description should include an approximate timeline for training, whether the training is an existing course or customized, the delivery method (i.e. on-line, classroom, lab, on-the-job, etc.), and any certifications that will be provided.

If an accredited, Minnesota educational institution will not be providing the training, please explain the reason.

Part F. Expected Outcomes

Describe the expected outcomes/impact of the new automation technology being implemented and the proposed training for the business. Include any expected measurable outcomes.

Describe the expected outcomes/impact of the training for the workers. Include information on any certifications, wage increases or retention of jobs at risk expected as a result of training.

Section 4. Project Budget

Provide a breakdown of the projected training-related costs. The budget item description must include the course or training topic the cost is associated with, the type of cost (i.e. delivery of training, curriculum development, materials or supplies, travel, training equipment, trainee or trainer wages, etc.), and any formula used to determine the cost (i.e. \$50/hour x 25 hours). For each budget item, specify the amount to

be covered by ATIPP grant funds, contributions by the applicant business, and/or funds leveraged from other sources.

Budget Item Description	ATIPP Grant Funds	Applicant Business Contributions	Other Leveraged Funds	Total Cost
Total				

Section 5. Business Acknowledgement and Certification

Data Privacy Acknowledgement:

Tennessee Warning Notice: per MN Statutes 13.04, Subd.2, this data is being requested from you to determine if you are eligible for an award under the Job Training Incentive program. You are not required to provide the requested information, but failure to do so may result in DEED’s inability to determine your eligibility for an award. The data you provide is classified as private or non-public and cannot be shared without your permission except as specified in statute.

Data Privacy Notice: per MN Statutes 13.591, Subdivision 1, certain data provided in this application is private or non-public data; this includes financial information about the business, including credit reports, financial statements, net worth calculations, business plans; income and expense projections; balance sheets; customer lists; income tax returns; and design, market, and feasibility studies not paid for with public funds.

Business Certification:

I have read the above statements and agree to supply the information requested to the MN Department of Employment and Economic Development with full knowledge of the information provided herein. I certify that all information provided herein is true and accurate and that the official signing this form has authorization to do so.

Name of Business Official: _____

Title: _____

Signature: _____

Date: _____

Section 5. Conflict of Interest Disclosure Form for Grant Application

Grant applicants must be familiar with the Office of Grants Management (OGM) [Policy 08-01. Conflict of Interest Policy for State Grant-Making](#) and must disclose any conflicts of interest that may exist during a grant review process. All applicants must complete and sign this conflict of interest disclosure form.

Definitions

Please read the definitions of conflict of interest below and mark the appropriate boxes on the next page that pertain to you and your status.

Organizational conflicts of interest occur when:

- An applicant is or will be unable or potentially unable to render impartial assistance or advice to the Department due to competing duties or loyalties.
- An applicant's objectivity in carrying out the grant is or might be otherwise impaired due to competing duties or loyalties.
- A grantee or applicant has an unfair competitive advantage through obtaining unauthorized proprietary information or source selection information that is not available to all competitors.

Organizational conflicts include acts of any individual or group within the applicant organization.

Individual conflicts of interest occur when:

- A state employee or grant reviewer receives or accepts money or anything else of value from a grant applicant or has equity or a financial interest in, or partial or whole ownership of, an applicant organization.
- A state employee or a grant reviewer is an employee or board member of a grant applicant, or is an immediate family member of an owner, employee or board member of the applicant.
- A grant applicant offers or gives a state employee or grant reviewer special advantage, benefit, or access to time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.

Conflicts of interest should be reported even if they are only potential or perceived. A potential conflict of interest may exist if a relationship, affiliation, or other interest exists between an applicant and member of the selection committee, whether state employee or external reviewer, that could create an inappropriate influence if the person is called on to make a decision or recommendation. A perceived conflict of interest exists when a reasonable third party would conclude that conflicting duties or loyalties exist.

As the authorized representative of my organization, I certify that I have read and understand the description of conflict of interests explained above and in OGM Policy_08-01 and (check one of the two boxes below):

- To the best of my knowledge, neither I nor my grant organization has an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest with anyone involved in review or management of this grant.
- My grant organization does have an ACTUAL, POTENTIAL, or PERCEIVED conflict of interest. (*Please describe below*):

If at any time after submission of this form, I or anyone in my organization discovers any conflict of interest(s) not reported here, we will disclose that conflict immediately to the appropriate agency or grant program

personnel by updating this form and submitting it to MN Department of Employment and Economic Development, MN Job Skills Partnership, 332 Minnesota Street, Suite E200, St. Paul, MN 55101 or deed.mjsp@state.mn.us.

Authorized representative's printed name: _____

Signature: _____

Organization: _____

Date: _____