

**Application for Federal Assistance SF-424**

Version 02

**\* 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

**\* 2. Type of Application:**

- New
- Continuation
- Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

**\* 3. Date Received:**

Completed by Grants.gov upon submission.

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**\* 5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

04/10/2007

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

\* a. Legal Name: Minnesota Department of Employment and Economic Development

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

41-1681137

**\* c. Organizational DUNS:**

8048326400000

**d. Address:**

**\* Street1:**

332 Minnesota Street, Suite E200

**Street2:**

**\* City:**

St. Paul, MN 55101

**County:**

**\* State:**

MN: Minnesota

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

55101

**e. Organizational Unit:**

**Department Name:**

MN Dept of Emp&Eco Development

**Division Name:**

Workforce Development Division

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

Ms.

**\* First Name:**

Juanita

**Middle Name:**

**\* Last Name:**

Lauritsen

**Suffix:**

**Title:**

Executive Director, SW MN Workforce Council

**Organizational Affiliation:**

Southwest Minnesota Workforce Council

**\* Telephone Number:**

507-537-6987

**Fax Number:**

507-537-6997

**\* Email:**

jlaurits@ngwmail.des.state.mn.us

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**9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Employment and Training Administration

**11. Catalog of Federal Domestic Assistance Number:**

17.268

CFDA Title:

H-1B High Growth Job Training Grants

**\* 12. Funding Opportunity Number:**

SGA-DFA-PY-06-09

\* Title:

Workforce Innovation in Regional Economic Development (WIRED) Initiative ? Third Generation

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

36 counties in western and southern Minnesota, including but not limited to Big Stone, Blue Earth, Brown, Chippewa, Clay, Cottonwood, Douglas, Faribault, Freeborn, Grant, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Martin, McLeod, Meeker, etc.

**\* 15. Descriptive Title of Applicant's Project:**

Ag Innovation Triangle

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

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**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="5,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="5,000,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on  .
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No
- 

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**\*\* I AGREE**

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 4040-0006  
Expiration Date 04/30/2008

<b>SECTION A - BUDGET SUMMARY</b>						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. H-1B High Growth Job Training Grants	17.268	\$	\$	\$ 1,255,457.00	\$	\$ 1,255,457.00
2.						0.00
3.						0.00
4.						0.00
<b>5. Totals</b>		\$ 0.00	\$ 0.00	\$ 1,255,457.00	\$ 0.00	\$ 1,255,457.00

<b>SECTION B - BUDGET CATEGORIES</b>					
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total
	(1)	(2)	(3)	(4)	(5)
	H-1B High Growth Job T				
<b>a. Personnel</b>	\$ 336,644.00	\$	\$	\$	\$ 336,644.00
<b>b. Fringe Benefits</b>	107,255.00				107,255.00
<b>c. Travel</b>	33,664.00				33,664.00
<b>d. Equipment</b>	0.00				0.00
<b>e. Supplies</b>	1,600.00				1,600.00
<b>f. Contractual</b>	4,450,000.00				4,450,000.00
<b>g. Construction</b>					0.00
<b>h. Other</b>	33,063.00				33,063.00
<b>i. Total Direct Charges (sum of 6a-6h)</b>	4,962,226.00	0.00	0.00	0.00	\$ 4,962,226.00
<b>j. Indirect Charges</b>	37,774.00				\$ 37,774.00
<b>k. TOTALS (sum of 6i and 6j)</b>	\$ 5,000,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,000,000.00
<b>7. Program Income</b>	\$	\$	\$	\$	\$ 0.00

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Standard Form 424A (Rev. 7-97)  
Prescribed by OMB (Circular A -102)

**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	H-1B High Growth Job Training Grants	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text" value="0.00"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
<b>12. TOTAL (sum of lines 8-11)</b>		\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>

**SECTION D - FORECASTED CASH NEEDS**

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<b>13. Federal</b>	\$ <input type="text" value="1,300,000.00"/>	\$ <input type="text" value="300,000.00"/>	\$ <input type="text" value="300,000.00"/>	\$ <input type="text" value="350,000.00"/>	\$ <input type="text" value="350,000.00"/>
<b>14. Non-Federal</b>	\$ <input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>15. TOTAL (sum of lines 13 and 14)</b>	\$ <input type="text" value="1,300,000.00"/>	\$ <input type="text" value="300,000.00"/>	\$ <input type="text" value="300,000.00"/>	\$ <input type="text" value="350,000.00"/>	\$ <input type="text" value="350,000.00"/>

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. H-1B High Growth Job Training Grants	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>20. TOTAL (sum of lines 16 - 19)</b>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>

**SECTION F - OTHER BUDGET INFORMATION**

<b>21. Direct Charges:</b>	<input type="text"/>	<input type="text"/>	<b>22. Indirect Charges:</b>	<input type="text"/>
<b>23. Remarks:</b>	<input type="text"/>			<input type="text"/>