

Exhibit A – Cover Sheet

DAS Use Only
Proposal No. _____

DAS CA Opportunity Youth Apprenticeship (COYA) Grant PY 2024-26

Funding

Requested Funding \$ _____	Total Project Amount: \$ _____
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Amount of Match (Optional) - Cash or in/kind match)*: \$ _____

Organization (applicant) Name	_____
Address, City & Zip Code	_____
County	_____
Designated Contact Person and Title	_____

Telephone	E-mail
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URL: _____

Type of Organization (Check all that apply)	<input type="checkbox"/> Private Non-Profit (includes Community Based Organizations) <input type="checkbox"/> Workforce Development Board <input type="checkbox"/> Union <input type="checkbox"/> Local Education Agency (indicate which) <ul style="list-style-type: none"> <input type="checkbox"/> Community College (includes regional consortiums) <input type="checkbox"/> County office of education <input type="checkbox"/> K-12 <input type="checkbox"/> Adult Education <input type="checkbox"/> Regional Occupational Programs <input type="checkbox"/> Private For-Profit <input type="checkbox"/> Apprenticeship Intermediary <input type="checkbox"/> Apprenticeship Program Sponsor
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IRS Tax ID Number	_____	California Tax ID Number	_____
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Proposal Title: _____

Grant Category (Check One)	<input type="checkbox"/> Pre-Apprenticeship Planning Grant (COYA-PP) <input type="checkbox"/> Apprenticeship Planning Grant (COYA-AP) <input type="checkbox"/> Pre-Apprenticeship Implementation Grant (COYA-PI) <input type="checkbox"/> Apprenticeship Implementation Grant (CYOA-AI)
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COYA Grant
 PY 2024-2026
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Regions Served:	
Sector (s)	
Target Occupation(s)	
Are you already a DAS Registered Program?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, indicate	DAS Registered Program Name: DAS Registered File Number: <input type="checkbox"/> Registered Apprenticeship <input type="checkbox"/> Registered Pre-Apprenticeship
If no, indicate	<input type="checkbox"/> Planning to register through this grant <input type="checkbox"/> Already have an MOU in place with a Registered Apprenticeship Program – if so, include the MOU in your application, and provide: DAS Registered Program Name: DAS Registered File Number:
Which employers are you working with? (Validate with letter from employer)	
Partner Organizations (List organizations and provide partnership letters to validate)	
Short Proposal Description (If awarded, this will be used publicly to describe the project)	
Approval of Authorized Representative	
Name:	
Title:	Telephone:
	Email:
	Signature
	Date