|  |
| --- |
| **DAS Use Only** |
| **Proposal No**. |  |  |
|  |  |  |

|  |
| --- |
| DAS Apprenticeship Expansion, Equity, and Innovation (SAEEI) Grant PY 2021-25 |
| Funding |
| Requested Funding $       Total Project Amount: $       |
| Amount of Match (Optional) - Cash or in/kind match)\*: $ |
| Organization (applicant) Name |       |
| Address |       |
| City & Zip Code |       |
| County |       |
| Designated Contact Person and Title | [ ]  Mr. or [ ]  Ms.       |
| Telephone |       | Fax |       | E-mail |       |
| Type of Organization  | [ ]  Local Workforce Development Board | [ ]  Private for Profit | [ ]  Private Non- Profit |
| (Check One) | [ ]  Education Agency | [ ]  Other (Describe)       |
| IRS Tax ID Number |       | California Tax ID Number |       |
| DUNS Number |       |
| **Proposal Title:**  |       |
| **Regions Served:** |       |
| **Approval of Authorized Representative** (Submit two original signature copies) |
| Name:       | Telephone:       Email:       |
| Title:       | Signature Date |