All text in italics is informational and should be deleted.

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| --- |
| DAS Apprenticeship Expansion, Equity, and Innovation Grants |
| **Applicant / Organization Name:** |  |
| **Applicant Entity Type:** |  |
| **Applicant City and State:** |  |
| **Project Title:** |
| **Funding Amount Requested:** |
| **Total Number of new apprentices under the SAEEI grant enrolled in RAPs during the life of the grant:**(see the chart in SFP describes the number of registered apprentices that must be enrolled for the per funding level) |
| **Total Number of new RAPS approved under the SAEEI grant during the life of the grant:** |
| **Populations to be Served:** |
| List the name of the **Required Partners:** |
| List the name(s) of **Optional Partners**, as applicable: |
| Insert name(s) | Insert type of organization |
| [add additional lines as needed] |  |
| **Targeted Industry(ies) and/or Occupation(s):** |
| Summary of **program activities:** |
| List of **credential(s**) to be awarded: |
| Targeted Regions |
| **Public Contact Information**Name:Title: Address:Phone Number: Email Address. |