All text in italics is informational and should be deleted.

|  |  |  |
| --- | --- | --- |
| 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. | | |