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| **DAS Use Only** |
| **Proposal No**. |  |  |
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| DAS CA Opportunity Youth Apprenticeship (COYA) Grant PY 2024-26 |
| 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 |       |
| Telephone |       | E-mail |       |
| URL: |       |
| Type of Organization (Check all that apply) | [ ]  Private Non-Profit (includes Community Based Organizations)[ ]  Workforce Development Board[ ]  Union[ ]  Local Education Agency (indicate which)[ ]  Community College (includes regional consortiums)[ ]  County office of education[ ]  K-12[ ]  Adult Education [ ]  Regional Occupational Programs [ ]  Private For-Profit[ ]  Apprenticeship Intermediary[ ]  Apprenticeship Program Sponsor |
| IRS Tax ID Number |       | California Tax ID Number |       |
| Proposal Title:  |       |
| Grant Category (Check One) | [ ]  Pre-Apprenticeship Planning Grant (COYA-PP)[ ]  Apprenticeship Planning Grant (COYA-AP)[ ]  Pre-Apprenticeship Implementation Grant (COYA-PI)[ ]  Apprenticeship Implementation Grant (CYOA-AI) |
| Regions Served: |       |
| Sector (s) |       |
| Target Occupation(s) |       |
| Are you already a DAS Registered Program? | [ ]  No[ ]  Yes |
| If yes, indicate | DAS Registered Program Name:       DAS Registered File Number:      [ ]  Registered Apprenticeship [ ]  Registered Pre-Apprenticeship |
| If no, indicate | [ ]  Planning to register through this grant[ ]  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 |