



**APPRENTICESHIP INNOVATION FUNDING
TRAINING (AIF-T)
Submission for Reimbursement Cover**



| | | | |
|--|--------|--------|------------------|
| SECTION 1. LOCAL EDUCATION AGENCY (LEA) INFORMATION | | | AIF-T PY 2023-24 |
| LEA Name: | | | |
| Address (Street, City, State, Zip Code): | | | |
| Program Contact Person: | Email: | Phone: | |
| FISCAL CONTACT INFORMATION | | | |
| Name of Fiscal Department: | | | |
| Fiscal Representative (Print Name): | Email: | Phone: | |

| SECTION 2. PROGRAM INFORMATION | | | | | |
|---|--------------|------------|-------------------------|----------------|-------------------|
| Enter all of the programs and occupations for which the LEA was the training partner with a summary of apprentices served, RSI hours and funding requested. Summarize all funding requested here. | | | | | |
| DAS File # | Program Name | Occupation | # of Unique Apprentices | # of RSI Hours | Funding Requested |
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| Total Funding Requested | | | | | \$ 0.00 |

(If additional rows are needed, please provide an additional sheet with all columns of information for additional occupations/programs)

SECTION 3. STATEMENT OF ATTESTATION (check the box)

_____ attests that the apprentice training costs being claimed on this Cover Sheet are not being reimbursed one of the sources of funding below (pursuant to Section 8152, 79149.1, or 79149.3 of the Education Code):

- Full Time Equivalent Student (FTES) Apportionment as administered by the CA Community College Chancellor's Office (CCCCO)
- Related and Supplemental Instruction Funding as administered by the CCCCCO

_____ understands that if any claimed apprentice costs are being reimbursed from one of the sources above, then those training costs are *ineligible* for reimbursement under AIF-T.

If the LEA is a CSU or UC, the LEA attests that any tuition charged to any party has been reduced by an amount equal to at least 80% of the amount of AIF-T requested here.

SECTION 4. CERTIFICATION

I certify that all information in the submission is true and correct to the best of my knowledge. I understand falsification of information may be cause for funding revocation, ineligibility for future funding, withdrawal of state approval of the associated apprenticeship program, and other consequences as authorized by law. If awarded, I agree to comply with the terms and provisions of this funding.

Name (Print):

Title:

Signature:

Date:

Submission Checklist:

- Cover Sheet
- AIF-CAS Report from every program for which the LEA is Requesting Funding
- AIF-Training Expense Report
- AIF-Training Expense Narrative
- Completed Standard Form 204
- Completed Standard Form 205 (Optional)

Submit all of the above to AIF@dir.ca.gov by May 15, 2024 at 12:00pm PST