



# APPRENTICESHIP INNOVATION FUNDING SUPPORT (AIF-S)

## Submission for Reimbursement Cover Sheet



### SECTION 1. PROGRAM INFORMATION

AIF-S PY 2024-25

Program Name:	DAS File Number:
Address (Street, City, State, Zip Code):	
Contact Person:	Email:
Phone:	

### SECTION 2. FISCAL ENTITY INFORMATION

JATC or UATC and Single Employer with an established committee in their standards must include a signed letter designating the fiscal entity for the program.

Name:	Authorized Representative (Print Name):
Mailing Address (Street, City, State, Zip Code):	
Phone:	Email:

### SECTION 3. OCCUPATION INFORMATION

Enter all occupations, and corresponding information and summarize all funding requested in the table below.

Occupation	# of Unique Apprentices	# of Apprentices Completed	Funding Requested

Total Funding Requested

\$

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

## 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.

<b>Name (Print):</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

### Submission Checklist:

Cover Sheet

AIF-CAS Report

Fiscal Entity Designation Letter from Committee (if applicable)

AIF-Support Expense Report

AIF-Support Expense Narrative

Completed Standard Form 204

Completed Standard [Form 205](#) (Optional)

Submit all of the above to [AIF@dir.ca.gov](mailto:AIF@dir.ca.gov) by April 17, 2025 at 12:00pm PST