



<b>DAS Use Only</b>
<b>Proposal No.</b> _____

<b>DAS Apprenticeship Expansion, Equity, and Innovation (SAEEI) Grant PY 2021-25</b>					
<b>Funding</b>					
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			<input type="checkbox"/> Mr. or <input type="checkbox"/> Ms.		
Telephone		Fax		E-mail	
Type of Organization (Check One)	<input type="checkbox"/> Local Workforce Development Board		<input type="checkbox"/> Private for Profit		<input type="checkbox"/> Private Non- Profit
	<input type="checkbox"/> Education Agency		<input type="checkbox"/> Other (Describe)		
IRS Tax ID Number	California Tax ID Number				
DUNS Number					
<b>Proposal Title:</b>					
<b>Regions Served:</b>					
<b>Approval of Authorized Representative (Submit two original signature copies)</b>					
Name:					
Title:	Signature			Date	