



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:	
<i>(see the chart in SFP describes the number of registered apprentices that must be enrolled for the per funding level)</i>	
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:	
<i>Insert name(s)</i>	<i>Insert type of organization</i>
<i>[add additional lines as needed]</i>	
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:	