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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 | | | |