

YOUTH APPRENTICESHIP READINESS GRANT PROGRAM	
Lead Applicant Organization's Name:	
Lead Applicant Entity Type:	
Lead Applicant City/State:	

YOUTH APPRENTICESHIP PARTNERSHIP

Required Partner/s:	
i.	
• IF one or more national industry/trade associations	
Name of the national industry/trade association(s):	Industry Sector

Optional Partner/s:		
Organization Names of Optional Partners:	Entity Type	Industry Sector
Proposed Geographic Scope: (local/regional, state-wide, National) Service Areas: (where apprentices will be served)		
Total Funding Requested:		
Total Leveraged Funds: (25% of funds requested)		
Project Title/Name:		
Summary of Youth Apprenticeship Program Activities and List of Credential(s) to be Awarded:		

Targeted Population(s) to be Served:	
Targeted Industry(ies) and/or occupations(s):	
Public Contact Information:	Name, Title: Address: Phone Number: Email Address: