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| **Application Form for Notice of Grant Availability** | | | | | | |
| **1. Type of Submission:**  New  Continuation | | **2. Type of Project**  Training  Services | | | **3. Applicant: Select Applicant Type:** | |
| 1. **Date Received:**   **(L&I use only)** | | | | 1. **(Select) Local Workforce Development Board:** | | |
| **6.** **Grant/Project Title**: | | | | **7a.** **Targeted industry Cluster**: (if applicable)  **7b.** **Sub-cluster**: | | |
| **8. Counties served by this grant:** | | | | | | |
| **9. Legislative Districts project covers:** | | | | | | |
| **10. List all Local Workforce Investment Areas (LWIA) affected by this grant:**   Statewide  Specific Local Areas: | | | | | | |
| **11. Is your business a Pennsylvania Qualified Small Business as described in** *4 Pa. Code 2.32****.* Yes**  **No** | | | | | | |
| **12. APPLICANT INFORMATION:** | | | | | | |
| a. **Applicant Name:** | | | | | | |
| b. **Address:** \*Street 1:       \*Street 2: | | | | | | |
| \*City:       \*State:       \*Zip / Postal Code: | | | | | | |
| **13. Name and contact information of primary person to be contacted on matters involving this application:** | | | | | | |
| First Name:       Last Name: | | | | | | |
| Title:       Telephone Number:       Email: | | | | | | |
| **14. Funding Proposal Request ($):** | | |  | | | |
| Labor & Industry |  | |  | | | |
| Matching Funds |  | |
| **15. Authorized Representative Printed Name:** | | | | | | |
| \*Signature of Applicant: | | | | | | \*Date Signed: |

**Application Instructions**

**Labor & Industry (L&I) Workforce Development Grant**

1. **Type of Submission**: Indicate whether this is a new request for funds for a new project or if this is a continuation of a project that was previously funded.
2. **Type of Project**: Indicate whether this grant is for training or services.
3. **Applicant**: Select Applicant type from drop down menu.
4. **Date Received**: To be completed by L&I.
5. **Local Workforce Development Board (LWDB)**: Select the name of the LWDB with whom this project will be affiliated from the drop down menu.
6. **Grant/Project Title**: Enter the name of the project.
7. **7a/7b Target Industry Cluster/Sub Cluster**: Select the name of the Industry Cluster and, if applicable, the sub-cluster from the drop down menu.
8. **Counties Served** – Include all counties that will be served by the grant.
9. **Legislative Districts** – Enter state legislative districts covered by the grant.
10. **LWIA’s affected** – List all LWIA’s involved in the grant.
11. **Small Business** – Check if your business is a Pennsylvania Qualified Small Business.
12. **Applicant Information**:
    1. Enter the applicant’s name
    2. Enter the applicant’s address
13. **Contact Information**: Enter contact information.
14. **Funding Proposal Requests**: Enter the amount requested for the project and include the amount of matching funds (if applicable).
15. **Authorized Representative**: Enter the name of the authorized representative. Sign and date the form.