

**PAsmart Industry Partnerships Grants**

**Application Form**

**Grant Overview**

Up to $4 million of Pennsylvania Industry Partnership funds are available to support the convening of partnerships and the implementation of business-driven priorities and action plans. Grant applications will be accepted until September 29, 2023 at 4:00 PM EST and should be sent via email to [RA-LI-PAWDB-IP@pa.gov](mailto:RA-LI-PAWDB-IP@pa.gov). Additional rounds may be announced, based on the availability of funds. Any questions should be directed to: [RA-LI-PAWDB-IP@pa.gov](mailto:RA-LI-PAWDB-IP@pa.gov)

**Before You Start the Application**

Applicants should review relevant grant information, including the Notice of Grant Availability (NGA), and corresponding documents:

<https://www.dli.pa.gov/Businesses/Workforce-Development/grants/Pages/default.aspx>

Applicants must complete all questions on this form and upload all required documents, including budget forms and other supplemental materials, for an application to be considered complete, submitted, and ready for review by the Industry Partnership Grant Review Team. Applicants should ensure the final application narrative is no longer than 10 pages, not including the required attachments.

Application Checklist

Before submitting this application, Applicants are encouraged to ensure all required materials are included:

Application Narrative (10 pp. Max)

Application Form

Grant Financial Reporting Package (GFRP)- tabs include Budget Summary, Budget & Exp Details, and Budget Justification

Partnership Membership Form

Training Plan (If Applicable)

Letters of Support: Economic Development

Letters of Support: Education

Letters of Support: Workforce Development

**Partnership Summary**

* **1. Partnership Name**

**Click or tap here to enter text.**

* **2. Applicant Name (Organization)**

**Click or tap here to enter text.**

* **3. Fiscal Agent (Organization)**

**Click or tap here to enter text.**

* **4. Has the Partnership previously received PAsmart Industry Partnership Funds?**

**Yes**

**No**

* **5. Amount of Funding Requested**

Click or tap here to enter text.

**\*6. What activities will these funds be used towards? (check all that apply)**

Training

Career Exploration

Business to Business Connections

Pipeline Development/ Career Pathways Activities

Outreach and Industry Promoting

Diversity, Equity, and Inclusion Initiatives

Other: Click or tap here to enter text.

\*7. **Primary Contact for Application**

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Address 2:** Click or tap here to enter text.

**City/Town:** Click or tap here to enter text.

**State/Providence:** Click or tap here to enter text.

**Zip/Postal Code:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**\*8. Partnership Convener Contact** (if different from Primary Contact for Application)

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Address 2:** Click or tap here to enter text.

**City/Town:** Click or tap here to enter text.

**State/Providence:** Click or tap here to enter text.

**Zip/Postal Code:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

\*9. **Fiscal Agent Contact** (if different from Primary Contact for Application)

**Name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Address 2:** Click or tap here to enter text.

**City/Town:** Click or tap here to enter text.

**State/Providence:** Click or tap here to enter text.

**Zip/Postal Code:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone Number:** Click or tap here to enter text.

**\*10. Counties Served by the Partnership** (Check all that apply)

Adams

Allegheny

Armstrong

Beaver

Bedford

Berks

Blair

Bradford

Bucks

Butler

Cambria

Cameron

Carbon

Centre

Chester

Clarion

Clearfield

Clinton

Columbia

Crawford

Cumberland

Dauphin

Delaware

Elk

Erie

Fayette

Forest

Franklin

Fulton

Greene

Huntingdon

Indiana

Jefferson

Juniata

Lackawanna

Lancaster

Lawrence

Lebanon

Lehigh

Luzerne

Lycoming

McKean

Mercer

Mifflin

Monroe

Montgomery

Montour

Northampton

Northumberland

Perry

Philadelphia

Pike

Potter

Schuylkill

Snyder

Somerset

Sullivan

Susquehanna

Tioga

Union

Venango

Warren

Washington

Wayne

Westmoreland

Wyoming

York

**Other Application Items and Assurances**

Compliance Obligations - All grantees will be required to sign a grant agreement with the Pennsylvania Department of Labor and Industry. All grant funds must be committed, and services performed by June 30, 2025. The Pennsylvania Department of Labor and Industry shall seek repayment of funds if it determines that funds were not utilized for the original stated and approved purpose. Throughout the grant and upon completion of the grant, grantees will be required to submit regular reports as required by the Pennsylvania Department of Labor and Industry. Grantees must also comply with all requirements outlined in the solicitation document.

Are you able to meet all compliance obligations?

Yes

No

**Submission and Signature of Authorized Representative**

**Signature of Authorized Representative- Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Authorized Representative- Fiscal Agent (if different than applicant)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_