

**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. Additional rounds may be announced, based on the availability of funds. Any questions should be directed to: 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_