Minnesota Apprenticeship Initiative (MAI) Grant Application

The purpose of this application is to demonstrate to the Department of Labor and Industry (DLI) and Department of Employment and Economic Development (DEED) that there is capacity to expand an existing registered apprenticeship program or create a new registered apprenticeship program in the industries of advanced manufacturing, agriculture, health care, information technology or transportation. Please complete as thoroughly as possible.

Employer Information

Company Name: _____

Street Address: _____

City, State, Zip: _____

Primary Contact/Authorized Representative: _____

Phone: _____ Email Address: _____

MAI Industry and Occupations

Industry (select one):

☐ Advanced Manufacturing ☐ Agriculture ☐ Health Care

☐ Information Technology ☐ Transportation

Occupation No. 1: _____

Number of registered apprentices enrolled in this occupation by June 30, 2020: _____

Occupation No. 2 (if applicable): _____

Number of registered apprentices enrolled in this occupation by June 30, 2020: _____

Occupation No. 3 (if applicable): _____

Number of registered apprentices enrolled in this occupation by June 30, 2020: _____

Please fill out all expected related instruction providers on the next page. When applicable, you can include more than one occupation for each related instruction provider.

Related Instruction Provider No. 1

Name: _____

Street Address: _____

City, State, Zip: _____

Primary Contact: _____

Occupation(s): _____

Program(s): _____

Industry-recognized degree, certificate or credential(s):

_____

Related Instruction Provider No. 2

Name: _____

Street Address: _____

City, State, Zip: _____

Primary Contact: _____

Occupation(s): _____

Program(s): _____

Industry-recognized degree, certificate or credential(s):

_____

Related Instruction Provider No. 3

Name: _____

Street Address: _____

City, State, Zip: _____

Primary Contact: _____

Occupation(s): _____

Program(s): _____

Industry-recognized degree, certificate or credential(s):

_____

Program Requirements

What date will you begin working with MAI to develop your registered apprenticeship program?

_____

Can you commit to registering your apprenticeship program within 90 days of your initial program development meeting? _____

How long do you anticipate the registered apprenticeship(s) to last? _____

Are you available to attend a three-hour grantee session in early July? _____

Are you willing to become a State of Minnesota SWIFT vendor to receive reimbursement from MAI (See RFA for more details)? Yes or No: _____

Acknowledgement and Submission

We as the employer agree to the best of our ability, to provide a complete registered apprenticeship program.

For the MAI Grant, _____ *(employer/applicant)* agrees to do the following:

- Provide a progressive wage scale;
- Provide at least 50 hours of safety training during the duration of the registered apprenticeship; and
- Provide at least 144 hours annually of related instruction. (www.dli.mn.gov/APPR/apprfaq.asp)

Signatures of Authorized Representative

I understand that some or all of the information provided in this application may be made public. I certify that all information provided herein is true, correct and reliable for purposes of evaluation for potential grant award, and understand that submission of inaccurate or misleading information may be grounds for disqualification.

_____
Signature

_____
Name

_____
Title

_____
Date

Submit your completed application by 5 p.m., June 14, 2017, via email to MAI.Grants@state.mn.us.

For additional information visit www.dli.mn.gov/aai.asp.