



APPLICATION FORM

Type of Submission: _____ Type of Project: _____ Applicant Type: _____

Local Workforce Development Board: _____

Grant/Project Title: _____

Targeted Industry Cluster: _____ Sub-Cluster: _____

Counties served by this grant:

<input type="checkbox"/> Adams	<input type="checkbox"/> Chester	<input type="checkbox"/> Fulton	<input type="checkbox"/> Mercer	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Allegheny	<input type="checkbox"/> Clarion	<input type="checkbox"/> Greene	<input type="checkbox"/> Mifflin	<input type="checkbox"/> Susquehanna
<input type="checkbox"/> Armstrong	<input type="checkbox"/> Clearfield	<input type="checkbox"/> Huntingdon	<input type="checkbox"/> Monroe	<input type="checkbox"/> Tioga
<input type="checkbox"/> Beaver	<input type="checkbox"/> Clinton	<input type="checkbox"/> Indiana	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Union
<input type="checkbox"/> Bedford	<input type="checkbox"/> Columbia	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Montour	<input type="checkbox"/> Venango
<input type="checkbox"/> Berks	<input type="checkbox"/> Crawford	<input type="checkbox"/> Juniata	<input type="checkbox"/> Northampton	<input type="checkbox"/> Warren
<input type="checkbox"/> Blair	<input type="checkbox"/> Cumberland	<input type="checkbox"/> Lackawanna	<input type="checkbox"/> Northumberland	<input type="checkbox"/> Washington
<input type="checkbox"/> Bradford	<input type="checkbox"/> Dauphin	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Perry	<input type="checkbox"/> Wayne
<input type="checkbox"/> Bucks	<input type="checkbox"/> Delaware	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Westmoreland
<input type="checkbox"/> Butler	<input type="checkbox"/> Elk	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Pike	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Cambria	<input type="checkbox"/> Erie	<input type="checkbox"/> Lehigh	<input type="checkbox"/> Potter	<input type="checkbox"/> York
<input type="checkbox"/> Cameron	<input type="checkbox"/> Fayette	<input type="checkbox"/> Luzerne	<input type="checkbox"/> Schuylkill	<input type="checkbox"/> Statewide
<input type="checkbox"/> Carbon	<input type="checkbox"/> Forest	<input type="checkbox"/> Lycoming	<input type="checkbox"/> Snyder	
<input type="checkbox"/> Centre	<input type="checkbox"/> Franklin	<input type="checkbox"/> McKean	<input type="checkbox"/> Somerset	

Local Workforce Development Areas (LWDA) affected by this grant:

<input type="checkbox"/> Allegheny	<input type="checkbox"/> Lackawanna	<input type="checkbox"/> Pittsburgh	<input type="checkbox"/> West Central
<input type="checkbox"/> Berks	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Southern Alleghenies	<input type="checkbox"/> Southwest Corner
<input type="checkbox"/> Bucks	<input type="checkbox"/> Lehigh Valley	<input type="checkbox"/> Tri-County	<input type="checkbox"/> Northwest
<input type="checkbox"/> Chester	<input type="checkbox"/> Luzerne-Schuylkill	<input type="checkbox"/> North Central	<input type="checkbox"/> Central
<input type="checkbox"/> Delaware	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Northern Tier	<input type="checkbox"/> South Central
<input type="checkbox"/> Westmoreland-Fayette	<input type="checkbox"/> Philadelphia	<input type="checkbox"/> Poconos	<input type="checkbox"/> Statewide

Is your business a Pennsylvania Qualified Small Business as Described in 4 Pa. Code 2.32? _____

Applicant Information

Name: _____

Address 1: _____

Address 2: _____

City: _____

State: PA _____

Zip Code: _____

Name and contact information of primary person to be contacted on matters involving this application

First Name: _____ Last Name: _____ Phone: _____

Title: _____ Email: _____

Funding proposal request (\$): Labor & Industry: \$ _____ Matching Funds: \$ _____

Authorized representative printed name:	_____
Authorized representative signature/date:	_____

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program

APPLICATION FORM

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. **Local Workforce Development Board (LWDB):** Select the name of the LWDB with whom this project will be affiliated from the drop down menu, if applicable.
5. **Grant/Project Title:** Enter the name of the project.
6. **Target Industry Cluster/Sub Cluster:** Enter the name of the Industry Cluster and, if applicable, the sub-cluster. Pennsylvania defined industry clusters can be found here: [Industry Clusters \(pa.gov\)](https://www.pa.gov/government/industry-clusters).
7. **Counties Served** — Include all counties that will be served by the grant.
8. **Local Workforce Development Areas (LWDA) affected** — List all LWDAs involved in the grant. Pennsylvania LWDAs can be found here: [LWDA Map \(pa.gov\)](https://www.pa.gov/government/lwda-map).
9. **Small Business** — Select whether your business is a Pennsylvania Qualified Small Business.
10. **Applicant Information:** Enter the applicant's name and address.
11. **Contact Information:** Enter contact information.
12. **Funding Proposal Requests:** Enter the amount requested for the project and include the amount of matching funds (if applicable)
13. **Authorized Representative:** Enter the name of the authorized representative. Sign and date the form.