



**APPRENTICESHIP INNOVATION FUNDING
SUPPORT (AIF-S)
Submission for Reimbursement Cover Sheet**



SECTION 1. PROGRAM INFORMATION		AIF-S PY 2023-24
Program Name:	DAS File Number:	
Address (Street, City, State, Zip Code):		
Contact Person:	Email:	Phone:
FISCAL ENTITY INFORMATION - JATC or UATC and Single Employer with an established committee in their standards must include signed letter designating fiscal entity for the program		
Name:		
Mailing Address (Street, City, State, Zip Code):		
Authorized Representative (Print Name):	Email:	Phone:

SECTION 2. PROGRAM INFORMATION			
Enter all occupations, corresponding information and summarize all funding requested here.			
Occupation	# of Unique Apprentices	# of Apprentices Completed	Funding Requested
Total Funding Requested			\$

(If additional rows are needed, please provide an additional sheet with all columns of information for additional occupations)

SECTION 3. CERTIFICATION

I certify that all information in the submission is true and correct to the best of my knowledge. I understand falsification of information may be cause for funding revocation, ineligibility for future funding, withdrawal of state approval of the associated apprenticeship program, and other consequences as authorized by law. If awarded, I agree to comply with the terms and provisions of this funding.

Name (Print):

Title:

Signature:

Date:

Submission Checklist:

- Cover Sheet
- AIF-CAS Report
- Fiscal Entity Designation Letter from Committee (if applicable)
- AIF-Support Expense Report
- AIF-Support Expense Narrative
- Completed Standard Form 204
- Completed Standard [Form 205](#) (Optional)

Submit all of the above to AIF@dir.ca.gov by May 15, 2024 at 12:00pm PST