**EARN Maryland Winter 2021 Solicitation for Implementation Grant Proposals**

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| **APPENDIX A– COVER PAGE TEMPLATE** | | |
| **Proposed Name of Partnership** | [Insert Name of Partnership] | |
| **Target Industry** | Bioscience  Business Services  Construction  Cyber Security/Information Technology  Finance and Insurance | Green/Clean  Energy  Healthcare  Hospitality  Manufacturing  Retail  Transportation and Logistics  Other: \_\_\_\_\_\_\_\_\_ |
| **Targeted Region** | [Insert Region of Focus] | |
| **Lead Applicant Organization**  **1. Main Program Contact**  **2. Fiscal Agent** | [Insert Organization Name]  [Insert Individual Point of Contact]  [Insert Federal Tax ID #]  123 Any Street  Anywhere, MD 21000  (410) 555-5555; LeadApplicantEmail@email.org  [Insert Individual Point of Contact]  [email address and telephone numbers]  [Insert Individual Point of Contact]  [email address and telephone numbers] | |
| **Industry/Employer Partner Organizations** | 1. [Name of Industry Partner Organization]  2. [Name of Industry Partner Organization]  3. [*Insert as many fields as needed…*] | |
| **Other Partner Organizations (Diverse Entities)** | 1. [Name of Organization]  2. [Name of Organization]  3. [*Insert as many fields as needed…*] | |
| **Subgrantees**  (*Any entity that will receive EARN funding from Lead Applicant*) | 1. [Name of Individual or Organization  2. [*Insert as many fields as needed…*] | |
| **Amount of EARN Funding Requested** | $ | |
| **Total Leveraged Resources (In Kind & Cash)** | $ | |
| **Total Project Budget (Amount of Funding Requested + Total Leveraged Resources)** | $ | |
| **Number of Participants to be Trained** |  | |
| **Proposal Abstract** | [100 word limit describing partnership and proposed training activities] | |
| **Signature of Authorized Authority from Lead Applicant Entity** |  | |
| **Date** |  | |
| **Printed Name and Title** |  | |