**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 StreetAnywhere, 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** |  |