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| --- | --- |
| **Lead Applicant Organization** | Apprenticeship Program Sponsor Name:  Individual Point of Contact:  Federal Tax ID #:  DUNs #:  Street Address:  City, State, Zip:  Phone #:  Email: |
| **Fiscal Contact** | Fiscal Point of Contact:  Fiscal Contact Email:  Fiscal Contact Phone #: |
| **Applicant type** | Single Employer  Employer Consortium  Intermediary |
| **Proposed Service Delivery Model** | Pre-Apprenticeship  Youth Apprenticeship  Registered Apprenticeship |
| **Registered Apprenticeship Program Type** | Newly Registered  Expanded program  Expansion Type: |
| [**Apprenticeable Occupation(s)**](https://www.apprenticeship.gov/apprenticeship-occupations) |  |
| **O\*NET CODE(s)**4**:** |  |
| **Targeted Region** | Cities/Counties of Focus: |
| [**Local Workforce Board**](https://oklahomaworks.gov/local-workforce-development-boards/) | Workforce Board(s): |
| **Employer Partner Organizations,** *if applicable* | 1. [Name of Employer Partner Organization] 2. [Name of Employer Partner Organization]   *[Insert as many fields as needed…]* |

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| **Number of Apprentices to be Trained**6  **Occupation 1:** | **Single Employer**  1 (up to $5,000)  2 (up to $8,000)  3 (up to $11,000)  4 (up to $14,000) | |
| **Number of Apprentices to be Trained**  **Occupation 2:** | **Single Employer**  1 (up to $5,000)  2 (up to $8,000)  3 (up to $11,000)  4 (up to $14,000) | **Employer Consortium**  1 (up to $5,000)  2 (up to $8,000)  3 (up to $11,000)  4 (up to $14,000)  5 (up to $17,000)  6 (up to $20,000)  7 (up to $23,000)  8 (up to $26,000) |

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| --- | --- | --- |
| **Budget Outline** | **Annual Budget Cost** | |
| **Expected expenditures for first year, one apprentice**  **Salary**  **Tools and Equipment**  **Training/Related Instruction**  **Training Materials**  **Supportive Services to Apprentice (day care, gas, etc)**  **Total** | **$**  **$**  **$**  **$**  **$** |  |
| **$** |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Authority from Lead Applicant Entity Date of Submission**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Title**

APPLICATION CHECKLIST

* Name of employer(s) in consortium or intermediary and participating employer(s)
* Proposed apprenticeship occupation.
* Proposed length of program. (Please consult [U.S. DOL’s Available occupations list](https://www.apprenticeship.gov/apprenticeship-occupations) when designing your program at <https://www.apprenticeship.gov/apprenticeship-occupations>
* Post-secondary credential: Please identify whether your program will lead to a degree, certificate, or industry-endorsed credential in addition to the National certification from U.S. DOL for the completion of a registered apprenticeship.
* Budget outline: Outline anticipated total expenditures anticipated for the hiring and training and related costs of an apprentice.
* Submit a current [form W-9](https://www.irs.gov/pub/irs-pdf/fw9.pdf) which can be found at irs.gov/pub/irs-pdf/fw9.pdf

Terms

By submitting this application, the lead applicant agrees to the following Apprenticeship requirements upon funding approval:

1. **APPRENTICES MUST RESIDE IN OKLAHOMA**

Apprentices must reside in Oklahoma to be eligible for funding.

1. **SUPERVISION OF APPRENTICES**

The eligible employer, under the direction of the program sponsor, shall:

* be responsible for assignment of apprentices under the immediate supervision of qualified mentors for instruction
* be responsible for keeping and maintaining progress records on apprentices to include related instruction and ensuring that each apprentice is advanced and rotated through the work processes and skills
* perform or otherwise cause the routine and periodic evaluation of the progress of each apprentice
* provide a safe work environment

1. **EMPLOYMENT AND TRAINING OF APPRENTICES**

The employment and training of apprentices during their apprenticeship shall be without discrimination of political or religious opinion or affiliation, marital status, race, color, creed, national origin, sex, or age, unless sex or age constitutes a bona fide occupational qualification, or the physical or mental disability of a qualified individual with a disability.

1. **TERM OF REGISTERED APPRENTICESHIP**

The term of the apprenticeship shall be a minimum of 2,000 hours of on-the-job learning and 144 hours of related instruction related to the apprenticeable occupation.

1. **RATIO OF APPRENTICE(S) TO MENTOR(S)**

No more apprentices will be employed than can be properly trained and afforded reasonable opportunity for future employment in the occupation. The ratio of apprentice(s) to mentor(s) shall be in accordance with [U.S. Department of Labor Circular 2021-02](https://www.dol.gov/sites/dolgov/files/ETA/apprenticeship/pdfs/Circular%202021-02%20FINAL%201.12.21.doc).

Each apprentice must be assigned a skilled mentor at the workplace. The mentor may assign multiple “trainers” to instruct the apprentice while they rotate among the various workstations.

1. **APPPRENTICESHIP AGREEMENT**

An Apprenticeship Agreement (Appendix B) must be signed by all parties: the apprentice, the sponsor, and the guardian (if minor) for every apprentice enrolled in the Registered Apprenticeship program.  The Apprenticeship Agreement is effective only when signed by all parties.  A signed copy must be on file with the program sponsor and must be submitted to the U.S. Department of Labor.

1. **CANCELLATION OR TERMINATION OF APPRENTICESHIP AGREEMENTS**

The program sponsor shall notify the U.S. Department of Labor via the RAPIDS system within 45 days of termination. Additionally, the sponsor must notify the Oklahoma Office of Workforce Development (OOWD)- OK Department of Commerce, Work-Based Learning team, in writing at [wbl@okcommerce.gov](mailto:wbl@okcommerce.gov) , the reason for the termination of the Apprenticeship Agreement within 30 days of termination.

1. **ACCIDENT PREVENTION AND SAFETY**

Safety and Health Training: The program sponsor shall certify that participating employers instruct the apprentice in safe and healthful work practices and shall ensure that the apprentice is trained in facilities and other environments that comply with occupational safety and health.  Such instruction shall be coordinated with the actual work performed on the job and will include the appropriate tools and equipment. The employer must not be in violation of any industry safety regulations (e.g. OSHA).

1. **COLLOBORATE WITH LOCAL WORKFORCE BOARD**

The applicant must partner with the local workforce board. To [find your local workforce board](https://oklahomaworks.gov/local-workforce-development-boards/), visit: <https://oklahomaworks.gov/local-workforce-development-boards>

1. **RIGHT TO VISIT**

Oklahoma Works shall have the right to visit any job site where apprentices are employed and where apprentices’ related instruction classes are in session in order to determine compliance with the Apprenticeship Standards.

1. **LIST APPRENTICESHIP OPENINGS**

The program sponsor will notify [wbl@okcommerce.gov](mailto:wbl@okcommerce.gov) of any apprenticeship openings to ensure they are listed on the State’s labor market exchange system, [OkJobMatch](https://okjobmatch.com/employer) (<https://okjobmatch.com/employer>). The program sponsor will also list apprenticeship openings on The [U.S. Department of Labor’s Apprenticeship Finder System](https://www.apprenticeship.gov/list-your-apprenticeship-jobs): <https://www.apprenticeship.gov/list-your-apprenticeship-jobs>.

1. **ENROLL APPRENTICES IN OKJOBMATCH**

The program sponsor shall coordinate with OOWD’s WBL team to ensure that all apprentices receiving incentive funds are enrolled in [OKJobMatch](https://okjobmatch.com/jobseeker/registrations/new) (<https://okjobmatch.com/jobseeker/registrations/new>).

1. **Form Completion for Payments**

In order to process grant payments you must register at [**Supplierportal.ok.gov**](file:///C:\Users\150429\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\EE1DR6JS\Supplierportal.ok.gov)

Once the supplier has submitted the registration and it has been approved, you will receive an approval email with their new supplier ID. Please provide our office with the ID number once received. Registrants with questions or issues should email [**supplier.registration@omes.ok.gov**](mailto:supplier.registration@omes.ok.gov)

1. **EXPENSES AND INVOICES**
   1. The lead applicant (program sponsor) shall submit monthly or quarterly invoices to [John.Woods@okcommerce.gov](mailto:John.Woods@okcommerce.gov) or [Joe.Cox@okcommerce.gov](mailto:Joe.Cox@okcommerce.gov)
      1. Awardee will assure that all costs billed are based on actual costs incurred and is supported by required documentation (check stub, receipts, etc.)
      2. Funds made available shall be used for expenses incurred during the award period for the purposes and activities approved.
      3. No OOWD funds will be used for expenses incurred PRIOR to the award date.
      4. No OOWD funds will be used for expenses incurred AFTER the award period.
2. **RIGHT TO AUDIT/MONITOR**

Oklahoma Works shall have the right to audit/monitor Awardee and participating employers to ensure billed expenses adhere to the terms and conditions outlined above.

* 1. In the event an audit/monitoring results in determination that the awardee has expended awarded funds on unallowable costs, the Awardee shall reimburse OOWD in full for such costs.
  2. In the event the Awardee does not carry our or meet the requirements of the terms and conditions of this award, the Awardee shall reimburse OOWD in full for all costs.