Solicitation for Grant Proposals



*Issue Date: May 29, 2025*

This application is for organizations seeking funding from the Maryland Department of Labor under the Public Safety Apprenticeship Program (PSAP) Start-Up Grant. This grant is an annual, competitive grant opportunity.

Please complete all fields of this application and submit it with the program budget. Prior to submission, review the required and optional documents table below to ensure a complete application. Incomplete applications will not be considered.

Applicants should carefully review the *Public Safety Apprenticeship Program* policy (which can be found here: <https://labor.maryland.gov/employment/mpi/>) prior to completing this application. The Policy provides details on required program components and key terminology.

**Public Safety Apprenticeship Program Start-Up Grant Initial Application Submission Checklist**

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| **REQUIRED DOCUMENTS** | **OPTIONAL DOCUMENTS** |
| * **PSAP Start-Up Grant Application** | * **Letters of Support** * **Copy of 501(c)(3), (4), or (6) IRS determination letter (if you answer yes to question 9 below)** |
| * **PSAP Start-Up Grant Program Budget (.xlxs)** |

**Submission Instructions**

Completed applications should be submitted via email to Wayne Salter at [wayne.salter@maryland.gov](mailto:wayne.salter@maryland.gov). Submissions must include all required documents listed above and should be submitted as a file transfer or as attachments to a single email.

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| **SECTION 1: APPLICANT INFORMATION** | | |
| **1** | **Organization Name** |  |
| **2** | **Employer Identification Number** (FEIN) |  |
| **3** | **Point of Contact Name** |  |
| **4** | **Point of Contact Title** |  |
| **5** | **Point of Contact Email Address** |  |
| **6** | **Point of Contact Phone Number** |  |
| **7** | **Organization Street Address** |  |
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| **SECTION 2: PROGRAM AND PROJECT INFORMATION** | |
| **8** | **Provide a brief overview of the organization and the organization's experience with Registered Apprenticeship.** |
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| **9** | **Is your organization tax exempt pursuant to I.R.C. Code 501(c)(3), (4), Or (6)? If you answer yes, you must attach a copy of your IRS determination letter to this application** |
|  | |
| **10** | **State the proposed occupation(s) to be supported through this project, including the relevant O’NET code. O’NET Codes can be found here:** [**https://www.onetcodeconnector.org/**](https://www.onetcodeconnector.org/)**.** |
|  | |
| **11** | **Provide an overview of the staff composition of the organization within the proposed occupation(s), including:**   1. **Current number of active staff in the proposed occupation(s);** 2. **Current number of vacancies in the proposed occupation(s);** |
|  | |
| **12** | **Provide an overview of the proposed project, including:**   1. **Which allowable activities the project intends to provide (see Policy for details); and,** 2. **Will the applicant subaward funds to any partners? If so, identify any partners and what activities they will perform.** |
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| **13** | **Describe the outreach activities that will be used to recruit potential Apprentices.** |
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| **14** | **Provide a sustainability plan for how the project will continue beyond the completion of the grant period.** |
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| **15** | **All applicants creating a new Registered Apprenticeship program must discuss with the relevant collective bargaining unit prior to receiving funds through this Program.**  **Please: 1) Identify the bargaining unit; 2) Verify that these discussions have occurred, if applicable; and 3) Provide a description of these conversations.** |
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| **SECTION 3: PROGRAM EVALUATION AND REPORTING TARGETS** | | |
| **16** | **Complete the chart below to identify the program’s targeted key performance outcomes.** | |
| **A** | Number of Registered Apprentices enrolled |  |
| **B** | Number of Registered Apprentices that complete their Apprenticeship |  |
| **17** | **Describe how the applicant will track and evaluate each of the performance outcomes identified above.** | |
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**Instructions for Section 4: Program Financial Information**

Complete this section and provide financial information for the PSAP Start-Up Grant requested. Information in this section **must** be consistent with an itemized PSAP Start-Up Grant Program Budget. The Program Budget should be completed and submitted as an Excel document (.xlsx) along with this application. Please reconcile Section 4 of this application with the associated Program Budget prior to submission.

Cost per participant (Question 18C) should be calculated as total amount requested (Question 18A) divided by total number of participants served (Question 18B).

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| **SECTION 4: PROGRAM FINANCIAL INFORMATION** | | |
| **18** | **Provide the following financial information about the funding requested.** | |
| **A** | Total grant amount requested | $ |
| **B** | Anticipated Number of Apprentices Served |  |
| **C** | Cost per participant | $ |

Prior to signing below, review all sections of this application for completion and accuracy. Review the Public Safety Apprenticeship Program Policy for any additional requirements associated with this program. Ensure that all required attachments and any desired optional attachments are included in the final submission.

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|  | **AFFIRMED** |
| The undersigned affirms that the applicant organization and any prospective subawardees are in good standing with the Comptroller of Maryland and the Maryland Department of Labor. | |  | | --- | |  | |
| The undersigned affirms that the contents of this application are true and verifiable.  The undersigned agrees to all the requirements put forth in the program policy (<https://labor.maryland.gov/employment/mpi/>). | |  | | --- | |  |  |  | | --- | |  | |

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| **Applicant Full Name** |  |
| **Applicant Title** |  |
| **Applicant Email** |  |
| **Applicant Phone Number** |  |

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| --- | --- |
| **Applicant Signature** | **Date** |
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|  |

Completed Applications should be submitted via email to:

Wayne Salter at [wayne.salter@maryland.gov](mailto:wayne.salter@maryland.gov)**.**