**Sponsor Apprenticeship Incentive Reimbursement (SAIR)**

**Application**

**Please complete all sections below.**

**Amount of Funds Requested: $ Enter amount requested. Today’s Date: Click or tap to enter a date.**

**Number of Registered Apprentices involved in On-the-Job Learning and/or Related Instruction:**

**Enter number of Registered Apprentices included on this application.**

**Sponsor Profile**

Sponsor Organization Name: Enter Sponsor name. Federal Taxpayer ID#: Enter FEIN #.

Mailing Address: Enter street number and name, include Apt #

 Enter city, state, and zip code.

Name of Contact Person: Enter contact person’s name. Title: Enter contact person’s title.

Telephone Number: Enter phone number. Email Address: Enter email address.

Apprentice Occupation(s) supported by Sponsor: Entered all Registered Apprenticeship occupations included on this application.

Briefly describe the On-the-Job Learning and/or Related Instruction costs to be reimbursed and whether the Sponsor or employer is providing it. Enter a brief description of services and identify the provider.

***Note - Per the terms of this grant, Maryland Department of Labor will consider a maximum of $2,500.00 per apprentice to partially reimburse the initial On-the-Job Learning and/or Related Instruction costs incurred by either the Sponsor or Employer during the first 45 days of Registered Apprenticeship.***

**Registered Apprentice Information**

**Registered Apprentice Name: Enter full name.**

First Day of Training/School: Enter date.

Average OJL and/or RI Hours per Week: Enter average hours.

Estimated Total Hours of OJL and/or Related Instruction over 6 weeks: Enter total hours.

Hourly Wage: $ Enter hourly wage. **Total Reimbursement Requested: $Enter amount.**

**Registered Apprentice Name: Enter full name.**

First Day of Training/School: Enter date.

Average OJL and/or RI Hours per Week: Enter average hours.

Estimated Total Hours of OJL and/or Related Instruction over 6 weeks: Enter total hours.

Hourly Wage: $ Enter hourly wage. **Total Reimbursement Requested: $Enter amount.**

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**Registered Apprentice Name: Enter full name.**

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Estimated Total Hours of OJL and/or Related Instruction over 6 weeks: Enter total hours.

Hourly Wage: $ Enter hourly wage. **Total Reimbursement Requested: $Enter amount.**

**Registered Apprentice Name: Enter full name.**

First Day of Training/School: Enter date.

Average OJL and/or RI Hours per Week: Enter average hours.

Estimated Total Hours of OJL and/or Related Instruction over 6 weeks: Enter total hours.

Hourly Wage: $ Enter hourly wage. **Total Reimbursement Requested: $Enter amount.**

**Registered Apprentice Name: Enter full name.**

First Day of Training/School: Enter date.

Average OJL and/or RI Hours per Week: Enter average hours.

Estimated Total Hours of OJL and/or Related Instruction over 6 weeks: Enter total hours.

Hourly Wage: $ Enter hourly wage. **Total Reimbursement Requested: $Enter amount.**

***To enter additional Registered Apprentices, click any wording above and then click on the “+” that appears in the bottom right of the square. Continue for as many spaces as you need.***

[ ]  After the project is completed, the authorized representative of the sponsor organization agrees to provide follow-up information on all of the apprentices participating in On-the-Job Learning and/or Related Instruction.

**FOR MARYLAND DEPARTMENT OF LABOR OFFICE USE ONLY**

Name of Representative: Click or tap here to enter text. Title: Click or tap here to enter text.

Telephone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Date Submitted to MD DOL: Click or tap to enter a date. Date Approved by MD DOL: Click or tap to enter a date.