

# Partnering with the Apprenticeship Division Minnesota Department of Labor and Industry (DLI)



The Apprenticeship Division receives many requests to partner with various private and public programs to expand and strengthen registered apprenticeship in Minnesota. To be considered, please complete and submit the following information so that your proposal can be properly evaluated and a determination can be made as to how and whether your program aligns with DLI's mission and whether DLI has resources to support that partnership. Please allow a minimum of 10 business days for DLI to complete its evaluation process.

<b>ORGANIZATION NAME:</b>							
<b>STREET ADDRESS:</b>		<b>CITY:</b>		<b>STATE:</b>		<b>ZIP CODE:</b>	
<b>CONTACT NAME:</b>		<b>CONTACT PHONE:</b>					
<b>CONTACT TITLE:</b>		<b>CONTACT EMAIL:</b>					

<b>PROJECT NAME:</b>							
<b>PROJECT PURPOSE:</b>							
<b>PROJECT DESCRIPTION (brief):</b>							
<b>PROJECT TERM:</b>							
<b>PROJECT OUTCOMES:</b>							
<b>OTHER PROJECT PARTNERS:</b>							
<b>GEOGRAPHIC AREA TO BE SERVED:</b>		<b>CLIENT GROUP TO BE SERVED:</b>		<b>ESTIMATED SIZE OF GROUP:</b>			

<b>STATE YOUR REQUEST OF DLI:</b>	<input type="checkbox"/> <b>LETTER OF SUPPORT</b> (ATTACH DRAFT) <input type="checkbox"/> <b>IN-KIND CONTRIBUTION</b> <input type="checkbox"/> <b>GRANT FUNDING</b> (IDENTIFY FUNDING SOURCE)	<input type="checkbox"/> <b>GRANT PARTNER</b> <input type="checkbox"/> <b>APPRENTICESHIP PROGRAM DEVELOPMENT SERVICES</b> <input type="checkbox"/> <b>OTHER (EXPLAIN):</b> _____
<b>DLI DELIVERABLES TO PROJECT PARTNERSHIP:</b>		

<b>PRINT NAME (AUTHORIZED REPRESENTATIVE):</b>			
<b>SIGNATURE:</b>		<b>DATE:</b>	

MAIL TO: MN Department of Labor and Industry, ATTN: John Aiken, 443 Lafayette Road N, St. Paul, MN 55155  
 EMAIL TO: dli.apprenticeship@state.mn.us  
 QUESTIONS? (651) 284-5090