

**ICCB FISCAL YEAR 2022 SCALING APPRENTICESHIP GRANT
APPLICATION COVER PAGE**

APPLICATION COVER PAGE			
COMMUNITY COLLEGE NAME:			
AMOUNT OF FUNDING REQUESTED:			
PRIMARY CONTACT			
This person serves as the lead contact and is responsible for all communication and reporting to ICCB.			
NAME			
TITLE			
TELEPHONE		EMAIL	
SECONDARY CONTACT			
Secondary Contact(s) are any persons who oversee or have multiple responsibilities related to the grant development and/or process. Cannot be the same contact as above.			
NAME			
TITLE			
TELEPHONE		EMAIL	
GRANT FISCAL CONTACT			
Cannot be either of the individuals listed above.			
NAME			
TITLE			
TELEPHONE		EMAIL	