

Registered Apprenticeship Program for Teachers (RAP-T) Wraparound Grant Application

SECTION A: EPP INFORMATION

EPP Name:		
Mailing Address:	Telephone Number:	
City:	State:	Zip Code:
Point of Contact:	Title:	
Email Address:		

SECTION B: BUDGET NARRATIVE (EPP can apply for an amount up to \$8,000. Briefly describe how the funds will be utilized).

SECTION C: BUDGET SUMMARY

Budget Category	Funds Requested
100 - Employee Salary	
200 - Employee Benefits	
300 - Purchased Professional and Technical Services	
500 - Travel	
600 - Supplies & Materials	
800 - Other (Dues and Scholarships)	
TOTALS	

SECTION D: PROJECT PERIOD

Beginning Date: January 1, 2025	Ending Date: May 31, 2025
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SECTION E: SIGNATURE

Signature of Applicant:	Date:
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Submit to: dpiasstsupt@nd.gov

FOR DEPARTMENT OF PUBLIC INSTRUCTION USE ONLY

Date Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount:	Date:
Name/Title of Approver:		Signature of Approver:	