

OPERATION INTERN GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE
WORKFORCE DEVELOPMENT DIVISION
SFN XXXXXXXX (1/2023)

FOR OFFICE USE ONLY

Agreement Number

Name of Company			
Primary Contact-First Name	Last Name	County	
Mailing Address	City	State	ZIP Code
Telephone Number		Email Address	
Type of Targeted Industry (check only one)			
In-Demand	Technology-Based	Value-Added Agriculture	Tourism
Energy	Advanced Manufacturing		Other

Company Background

Year Company was Founded	Total Number of Employees	Year Internship/Apprenticeship(s) was Created
Brief Background of your Company		
Company Website		
Define in detail 3 learning objectives to be met for each position you are applying for. Please state the objective and how it will be measured in regards to a desired learned skill or project to be completed.		
Applying for Internships Apprenticeships Both		Total Number of Positions Applying for
Internship/Apprenticeship Position Title (s)		

Location(s) of Internship/Apprenticeship		
Are any interns/apprentices working remotely No Yes		Indicate where they are working remotely from
Proposed Start Date	Proposed End Date	Internship/Apprenticeship Supervisor Name
Anticipated Compensation		
Wage - Hourly Rate	Equipment	Training Tuition Reimbursement
Other - Specify		

Certification:

I, certify that to the best of my knowledge the information in the application is true and correct. I shall maintain accurate accounting records. I further certify that I represent an Operation Internship Program within the state of North Dakota and I am in compliance with all local, state and federal laws and regulations. I certify that the program is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans.

I have read and agreed to the program guidelines of the Operation Internship Grant Program.

Name	Title
Authorized Signature	Date

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<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount of Grant
Authorized Signature	Date