



Ironworker-Management Progressive Action Cooperative Trust

**IMPACT Regional Advisory Board
Grant Form**

I. Date _____

II. Region _____

III. Management Chair _____

Labor Chair _____

IV. Grant Request for (Check 1)

_____ Existing Program

_____ New Program

V. Program or Project (Check 1 or More)

_____ Apprenticeship/Training

_____ Safety & Health

_____ Marketing Program

_____ Labor-Management Committee (Circle New or Existing)

_____ Tripartite Committee (Circle New or Existing)

_____ Lobbying/Legislative

_____ Best Value Contracting

_____ Davis Bacon Compliance

_____ Other Describe: _____



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VI. Describe Program or Project

VII. Amount Requested

One-time Grant: _____
Ongoing Grant: _____

VIII. Length of Program _____

IX. Person(s) Who Will Administer Program/Project

X. Other Information

XI. Contact Information for Notification of Request

Name: _____
Company/Union: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

