



Incentive Reimbursement Request

Actualizing BioHealth Career Pathways

Instructions: This application must be completed by Youth Apprenticeship (YA) Consortia and/or Employers seeking reimbursement for incentives available under the Actualizing BioHealth Career Pathways (ABC Pathways) initiative, part of the Wisconsin BioHealth Tech Hub. Submit completed applications with required documentation to Employ Milwaukee, Inc. (EMI). Incomplete applications or missing documentation may delay or prevent reimbursement. All information must comply with DWD Youth Apprenticeship requirements, and *with Department of Commerce/Economic Development Administration (DOC/EDA) grant compliance standards.* Incentives available through September 30, 2029.

EMI reserves the right to request additional documentation to ensure compliance with DOC/EDA grant requirements.

Section 1: Applicant Type (Check One)

Youth Apprenticeship Consortium New Youth Apprenticeship Employer

Section 2: Applicant Information

Organization Name: _____

Primary Contact Name: _____ Title: _____

Email Address: _____

Phone Number: _____

Mailing Address – Street: _____

City: _____ State: _____ ZIP: _____

Section 3A: Employer Incentive Application (Complete if Employer)

Eligibility Confirmation - By completing this section, the employer certifies that it: - Is a new Youth Apprenticeship sponsor or new department sponsor registered through a DWD-recognized YA Consortium - Operates in a BioHealth-related pathway (Health Science, STEM, or Manufacturing) - Is located within the Milwaukee-Waukesha MSA.

Primary YA Consortium Partner: _____

Incentive Requested: \$2,500 New Employer Youth Apprenticeship Sponsor Incentive

Date Employer Became a Registered YA Sponsor: _____

Employer Attestation Signature: I attest that _____

is a new employer sponsor working with YA Consortium in Milwaukee-Waukesha MSA.

Signatory Name (printed): _____

Signature: _____ Date: _____

Required Documentation (attach): YA-08 Employer Report provided by YA Consortium or EMI, or equivalent DWD documentation.

Section 3B: Youth Bridge to RA Incentive Application (Complete if YA Consortium)

YA Consortium Name: _____

DWD Consortium ID (if applicable): _____

Youth Apprentice Information (attach roster if multiple)

Youth Apprentice Name: _____ Completion Date: _____

YA Program: _____ RA Program Entered: _____

Employer Sponsor: _____

Incentive Requested: \$1,000 per youth apprentice who completed a youth apprenticeship program, and signed a registered apprenticeship (RA) contract in a BioHealth Tech Hub-approved pathway.

Total Incentive Amount Requested: \$ _____

Required Documentation (attach):

- DWD BASERS system documentation confirming YA-to-RA bridge provided by EMI or DWD
- YA referral form to enroll youth in the ABC Pathways initiative
- Proof of signed RA contract

Section 4: Occupational Pathway Alignment

Indicate the applicable pathway(s) for this application: STEM Health Science
 Manufacturing

YA Program(s): _____

Registered Apprenticeship Occupation(s) (if applicable): _____

Section 5: Assurances, Certification and Signature

Authorized Representative Name (printed): _____

Signature: _____ Date: _____

Submission Information

Employ Milwaukee, Inc., Attn: ABC Pathways Grant Administration

1322 N. 8th Street, Milwaukee, WI 53205

Email: veronica.murphy-sotelo@employmilwaukee.org

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. If you need this information in an alternate format, or in a different language at no cost to you, please contact us at (414) 270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 711.

Form Date: 01.26.26