



APPLICATION FOR FUNDING

IMMIGRANT WORK EXPERIENCE - ORGANIZATION

Section A - Applicant Information

Application Received By SkillsPEI
Office Use Only

NAME OF APPLICANT (BUSINESS NAME):		FILE NUMBER (Official use only)
LEGAL BUSINESS NAME (IF DIFFERENT)		
MAILING ADDRESS		
COMMUNITY/CITY	PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO. () -	AREA CODE & FAX NUMBER () -	E-MAIL ADDRESS
LOCATION OF ACTIVITY (if different from mailing address)		
BUSINESS NUMBER (Canada Revenue Agency)		DATE BUSINESS WAS ESTABLISHED
GST, HST or REBATE NUMBER		REBATE % (if applicable)
NAME CONTACT PERSON		POSITION OF CONTACT PERSON
AREA CODE & TELEPHONE NO. () -	AREA CODE & FAX NUMBER () -	E-MAIL ADDRESS
MAJOR PRODUCT/SERVICE	NUMBER OF EMPLOYEES	SECTOR
PREFERRED LANGUAGE OF SERVICE English <input type="checkbox"/> French <input type="checkbox"/>	ORGANIZATION TYPE Private <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Public Organization <input type="checkbox"/>	

Are there any employees on layoff and/or waiting for notice of recall?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will this proposed subsidy result in the displacement of existing employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a labour stoppage or labour-management dispute in progress?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there Union concurrence with this proposed subsidy (if applicable)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Legal Signing Officers

Agreements: How many signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement? _____

Payment Claims: How many signatures are required to sign a payment claim form or other report submitted to SkillsPEI? _____

Please provide those signatures (with printed title/position and name) in the table below, indicating what they are authorized to sign. Also note if any specific combination of signatures is required.

		Title/Position	Name	Signature
	Claims			
	Agreements			

What accident insurance do you have for employees? (Check appropriate item)

N/A None Private Coverage (specify) → _____

Do you have liability insurance?

Yes No If yes, please specify Policy # → _____

Worker's Compensation (If Registered)

Rate (per \$100) → _____

Firm _____ Account # _____

Section B - Previous Experience with the Government of Prince Edward Island/Human Resources and Skills Development Canada

Please describe past agreements with the Government of Prince Edward Island/HRSDC (if applicable).

Section C - Job Description and Budget

Number of Participants	Duration of Activity (# of weeks)	From: (YYYY/MM/DD)	To: (YYYY/MM/DD)

Job Description: Please provide the following information below or in an attachment to this application, about each employee to be hired:

- Name and Social Insurance Number of unemployed worker to be hired
- Wage rate and hours per week
- Position title and detailed description of the job duties
- Duration of job and expected results
- Description of how this Work Experience will benefit the individual in making the transition into the Prince Edward Island Labour Force as an Immigrant/Newcomer?

Job Description

Name of Employee: _____ Social Insurance Number: _____

Position Title: _____ Phone Number: _____

Hourly Wage: _____ Number of hours per week: _____

Job Description: Provide a detailed listing of employment-related activities the employee (listed above) will participate in during the period of funding through the Immigrant Work Experience PEI program. This detailed listing should be in a format that breaks down the training period week-by-week.

Example: Weeks 1-2: Employee will be provided with an orientation to the organization. This will include policies and procedures to be followed; organization structure; and meeting all staff.

Week(s) _____:



Week(s) _____:

Week(s) _____:

Week(s) _____:

Week(s) _____:

Week(s) _____:

Please indicate the expected results of the position for the employee:

Budget

Item	SkillsPEI Contribution Requested	Applicant/Other Contribution	Total Cost
Participant Wages	\$	\$	\$
Participant MERCs	\$	\$	\$
Other Participant Related Project Costs	\$	\$	\$
Total Costs	\$	\$	\$

Section D Declaration Amounts Owning in Default to the Government of Prince Edward Island

Do you, the applicant, owe any amounts that are in default to the Government of PEI ?

Yes No

If yes, please provide details:

Amounts in default owing	Nature of the amount in default owed (taxes, penalties, overpayments, etc.)	Name of government department or agency to which the amount in default is owed
\$		
\$		
\$		

Section E - Privacy

Personal information on this form is collected under section 31 of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap.F-15.01, as it relates directly to and is necessary for the provision of the Immigrant Work Experience PEI program. If you have any questions about this collection of personal information, you may contact the Manager at your nearest SkillsPEI office, or call 1-877-491-4766.

Section F - Declaration

Declaration:

I/We certify:

a) that any proposed participants are not currently employed with the business. The hiring of these participants will not commence until an agreement has been signed with the Government of PEI as represented by the Department of Innovation and Advanced Learning and the agreement start date established;

b) that I/we have read and understood the information provided above.

I/We declare:

a) that the information in this application is accurate;

b) that if the information described above is false or misleading, I may be required to repay some or all of the financial assistance that may be approved by the Department;

c) that the information provided, with respect to amounts owing in default to the Government of PEI, is true and accurate. I recognize that amounts payable to me under any future agreement may be deducted from, or set-off against, any such amounts owing to the Government of PEI.

I/We agree:

a) the information I/we have provided in this application can be subject to a proof of evidence request at any time during this agreement.

I/We authorize:

(a) the Minister of Innovation and Advanced Learning to disclose all information contained in this application, concerning an amount in default owing to the Government of PEI for the purpose of verifying the amounts and status of debt, and

(b) the Government of PEI to disclose to the Minister of Innovation and Advanced Learning all particulars and information relevant to the debt, solely for the purposes of the administration of my/our application for funding in connection with my/our declaration.

APPLICANT NAME (print)	POSITION	SIGNATURE	DATE (YYYY/MM/DD)
APPLICANT NAME (print)	POSITION	SIGNATURE	DATE (YYYY/MM/DD)

Official Use Only	
DATE (YYYY/MM/DD)	SIGNATURE