



APPLICATION FOR FUNDING

WORKPLACE TRAINING

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"/>
Is there a reasonable opportunity for the individuals hired to be retained as part of your regular workforce after the subsidy ends?	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.

Agreements	Claims	Title/Position	Name	Signature

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 number → _____

Worker's Compensation (If Registered)

Rate (per \$100) → _____

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

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

Section C - Training Description and Budget

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

Attach an in-depth training description outlining the following:

1. Rationale

Why is this training necessary?

How does it meet the program criteria such as; changes in technology, new product lines, new equipment, or new work processes that will be implemented for the company?

What benefit will this training have to your organization? To employees?

2. Training Outline

Provide a detailed outline of the training activities you are proposing.

This should include;

- The skills and/or knowledge to be gained by employees
- Positions occupied by those employees who will receive training
- Location of training
- Identified Trainer/Training Provider. *Please attach a quote for the cost for the external trainer, if applicable.*

3. Portability Of Training

Is the training recognized by a training institution or within your industry? Please elaborate.

Please attach letter(s) from the accrediting organization(s) indicating the type of certification to be awarded.

4. Evaluation

How will the training be evaluated? Who will be responsible for the evaluation?

5. Direct Benefits

Please describe the direct benefits that will be received from this training to the organization and to employees.

Will this training increase the wage rates of employees?

Will this training provide opportunities or advancement for employees?



Budget

Item	SkillsPEI Contribution Requested	Applicant/Other Contribution	Total Cost
Salaries or Participants	\$	\$	\$
Instructor Costs	\$	\$	\$
Books and Materials (please itemize)	\$	\$	\$
Tuition	\$	\$	\$
Other (provide details and itemize)	\$	\$	\$
Total Costs	\$	\$	\$

Section D - Amounts Owing in Default to the Government of PEI

Do you, the applicant, owe any amounts that are in default to the Government of PEI ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details:		
Amounts in Default Owing	Nature of the Amount of Default Owing (taxes, penalties, overpayments, etc.)	Name of Government Department or Agency to which the Amount in Default is Owed
\$		
\$		

Section E - Declaration

<p>I/We declare:</p> <p>a) that the information in this application is accurate;</p> <p>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 of Innovation and Advanced Learning & SkillsPEI;</p> <p>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.</p> <p>I/We agree:</p> <p>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.</p> <p>I/We authorize:</p> <p>(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</p> <p>(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.</p>

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