



## APPLICATION FOR FUNDING - ORGANIZATION

- WORK EXPERIENCE PEI  
 EMPLOYMENT ASSISTANCE SERVICES  
 LABOUR MARKET PARTNERSHIP

### Section A - Applicant Information

Application Received By Skills PEI
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"/>	

### 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			

**Insurance Coverage**

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) → \_\_\_\_\_

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Firm Number \_\_\_\_\_ Account Number \_\_\_\_\_

**Section B - Proposal Description and Budget**

<b>Project Title</b>			
<b>Number of Participants</b>	<b>Duration of Activity (# of weeks)</b>	<b>From: (YYYY/MM/DD)</b>	<b>To: (YYYY/MM/DD)</b>

**Proposal Description: Please attach the following information:**  
(Also submit an electronic version if possible)

- Project objectives
- Location
- Proposed activities, time lines, and expected results
- Description of the project positions and respective duties
- List all partner organizations, identify their roles and responsibilities and financial contributions (monetary or in-kind)
- Please specify whether these contributions have been confirmed at the time of submission of this application
- Means by which success will be measured. (Evaluation mechanism by which to assess/evaluate the project)
- Applicant's background, mandate and expertise to oversee the proposed project
- Past projects with Government of PEI/ Human Resources and Skills Development Canada and their achievements
- Environmental impact of proposed activities (if any)
- Budget Template form that has been provided by SkillsPEI

**Budget:**

	SkillsPEI Contribution	Applicant/Other Contribution		Total Cost
		Cash	In-kind	
<b>Total Project Cost (1.A+1.B+1.C+2)</b>	\$	\$	\$	\$

Please provide the following information about the other funders of this project, if applicable:

Other Sources of Funding	Amount of Contribution
	\$
	\$
	\$
	\$
	\$

**Section C - Amounts Owing 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 of Default Owing (taxes, penalties, overpayments, etc.)	Name of Government Department or Agency to which the Amount in Default is Owed



\$		
\$		
\$		

**Section D - 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 Work Experience PEI, Employment Assistance Services or Labour Market Partnership 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 E - 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)

<b>Official Use Only</b>	
DATE (YYYY/MM/DD)	SIGNATURE

