



POST SECONDARY PROGRAM

Application for Organizations

Application Received By
SkillsPEI

Office Use Only

A - APPLICANT INFORMATION		
BUSINESS NAME		FILE NUMBER (Office Use Only)
LEGAL NAME OF BUSINESS (If different)		
MAILING ADDRESS		
COMMUNITY/CITY	PROVINCE	POSTAL CODE
AREA CODE & TELEPHONE NO.	AREA CODE & FAX NO.	EMAIL ADDRESS
LOCATION OF ACTIVITY (If different than mailing address)		
BUSINESS NUMBER (Canada Revenue Agency)		DATE BUSINESS ESTABLISHED
GST, HST or REBATE NO.		REBATE % (If applicable)
CONTACT PERSON		POSITION OF CONTACT PERSON
TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
MAJOR PRODUCT/SERVICE	NUMBER OF EMPLOYEES	SECTOR
PREFERRED LANGUAGE English <input type="checkbox"/> French <input type="checkbox"/>	ORGANIZATION TYPE Private <input type="checkbox"/> Not for Profit <input type="checkbox"/> Public <input type="checkbox"/>	

B - LEGAL SIGNING OFFICERS				
How many signatures are required to bind your organization into a legal agreement?		NUMBER		
How many signatures are required to sign a payment claim form or other report submitted to SkillsPEI?		NUMBER		
Please provide the names of the legal signing officers in the table below, indicating appropriate authorization. Also note any specific combination of signatures required.				
AGREEMENTS	CLAIMS	TITLE (PRINT)	NAME (PRINT)	SIGNATURE



C – PREVIOUS EXPERIENCE WITH GOVERNMENT

Please describe past agreements with the government of Prince Edward Island and/or Federal Government (if applicable).

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D – JOB DESCRIPTION AND BUDGET

NUMBER OF PARTICIPANTS	DURATION OF ACTIVITY (# OF WEEKS)	FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)
ITEM	SKILLSPEI CONTRIBUTION REQUESTED	APPLICANT CONTRIBUTION	TOTAL COST
	\$	\$	\$
PARTICIPANT WAGES	\$	\$	\$
PARTICIPANT MERCS	\$	\$	\$
TOTAL COSTS	\$	\$	\$
POSITION			
REQUIRED EDUCATIONAL QUALIFICATIONS			
REQUIRED SKILLS/WORK EXPERIENCE			

E- DETAILED JOB DESCRIPTION

Provide a detailed overview of the job related activities to be performed by the new hire during the requested funding period.

Week(s) _____

Week(s) _____

Week(s) _____

F – AMOUNTS OWING GOVERNMENT OF PRINCE EDWARD ISLAND

Do you the applicant owe any amounts that in default to the government of Prince Edward Island?

Yes No If Yes, provide details below.

AMOUNTS OWING IN DEFAULT	NATURE OF AMOUNT OWING (TAXES, OVERPAYMENTS, ETC.)	NAME OF DEPARTMENT OR AGENCY TO WHICH AMOUNT IS OWED



G – PRIVACY

Personal information on this form is collected under section 31(c) 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 programs administered under the *Employ 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.

H – INDEMNIFICATION AND ASSUMPTION OF LIABILITY

The Applicant shall indemnify and hold harmless SkillsPEI and the Government of Prince Edward Island, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of work (herein called the "claims"), provided that any such claim is caused in whole or in part of any act, error or omission, including but not limited to those of negligence of the Applicant, or anyone directly or indirectly employed by the Applicant or anyone for whom the Applicant may be liable.

I – DECLARATION

The Applicant certifies that:

- a) the proposed project(s) will not commence until an agreement has been signed with the Government of Prince Edward Island as represented by the Department of Education and Lifelong Learning & SkillsPEI and an agreement start date has been established;
- b) the information provided above has been reviewed and understood; and
- c) the signatories to this Application have the authority to bind the applicant organization.

The Applicant declares that:

- a) the information provided to the Department of Education and Lifelong Learning & SkillsPEI in this Application and supporting documentation, is true, accurate and complete in every respect.

The Applicant acknowledges that:

- a) it may be required by the Department of Education and Lifelong Learning & SkillsPEI to provide documentation to prove the accuracy of the information contained in this Application at any time, including during the Applicant's participation in the Program;
- b) if the information provided in this Application is false or misleading, the Applicant may be required to repay some or all of the funding that may be approved by the Department of Education and Lifelong Learning & SkillsPEI under the Program; and
- c) any amounts payable to the Applicant under the Program may be set-off against any debts owed to the Government of PEI, which are in default.

The Applicant authorizes:

- a) the Minister of Education and Lifelong Learning to disclose all information contained in this Application concerning any debts owed to the Government of PEI, which are in default, solely for the purpose of verifying the amounts and status of the debt; and
- b) the Government of PEI to disclose to the Minister of Education and Lifelong Learning all information relevant to such debts solely for the purpose of the administration of this Application for funding in connection with the Program.

J - SIGNATURES

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