



Application Received By
SkillsPEI

Office Use Only

WORKFORCE DEVELOPMENT AGREEMENT (WDA) PROJECTS

Application for Organizations

A - APPLICANT INFORMATION		
NAME		FILE NUMBER (Office Use Only)
LEGAL NAME IF BUSINESS		
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"/> Industry Association <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 reimbursement form (claim)?	NUMBER			
Please provide those signatures (with printed Title / Name) in the table below, indicating what they are authorized to sign. Also note any specific combination of signatures is required.				
AGREEMENTS	CLAIMS	TITLE	NAME	SIGNATURE



C - INSURANCE COVERAGE

Do you have liability insurance?

Yes No If Yes, specify policy number: _____

Workers Compensation Account Number: _____

D - PREVIOUS EXPERIENCE WITH GOVERNMENT

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

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E - AMOUNTS OWING GOVERNMENT OF PRINCE EDWARD ISLAND

Are there amounts 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

F - PROJECT DESCRIPTION Provide an attachment describing the following:

1. Name and description of the project including the objective, project activities and location
2. List all partner organizations, identify their roles & responsibilities and financial contributions (state if contributions confirmed)
3. Describe expected outcomes of the project and how success will be measured
4. List any potential environmental impacts (if any)

G - BUDGET DETAILS

NUMBER OF PARTICIPANTS	DURATION OF ACTIVITY (# OF WEEKS)	FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)
REQUESTED CONTRIBUTION	APPLICANT	OTHER CONTRIBUTION	FROM (YYYY/MM/DD)
	\$	\$	\$

*** Include a separate document listing individualized costs for consideration.**

H - 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 Workforce Development Agreement. 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.



I - DECLARATION

I/We certify:

- 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 Workforce and Advanced Learning & SkillsPEI 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 of Workforce and Advanced Learning & SkillsPEI;
- 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 anytime during the assessment of my application or during my participation in the program.

I/We authorize:

- (a) the Minister of Workforce 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 Prince Edward Island to disclose to the Minister of Workforce 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.

J – SIGNATURE(S)

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

OFFICIAL USE ONLY

Signature	Date

April 2018