



WORK EXPERIENCE PEI

Application for Organizations

Please ensure all sections of the application are completed, including all supporting documentation, before submitting to SkillsPEI for assessment.

Application Received By
SkillsPEI

Office Use Only

| A - APPLICANT INFORMATION | | |
|---|--|--------------------------------|
| LEGAL BUSINESS NAME | FILE NUMBER (OFFICE USE ONLY) | |
| OPERATING NAME | | |
| PROVINCIAL CORPORATE REGISTRY NUMBER | BUSINESS NUMBER/HST NUMBER | |
| HST REBATE NUMBER (%) | WORKERS COMPENSATION FIRM NUMBER | |
| ORGANIZATION TYPE Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> Public <input type="checkbox"/> | Is the Applicant an Educational Institution? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| DATE BUSINESS ESTABLISHED (DD/MM/YYYY) | MAJOR PRODUCT/SERVICE | |
| NUMBER OF EMPLOYEES | PREFERRED LANGUAGE OF SERVICE English <input type="checkbox"/> French <input type="checkbox"/> | |
| CONTACT INFORMATION | | |
| ADDRESS (STREET ADDRESS, PO BOX, APT.#) | | |
| MUNICIPALITY | PROVINCE | POSTAL CODE |
| (AREA CODE) & PHONE NUMBER | TOLL FREE NUMBER | (AREA CODE) & FACSIMILE NUMBER |
| EMAIL ADDRESS | | |
| PRIMARY CONTACT | | |
| PRIMARY CONTACT PERSON | | POSITION OF CONTACT PERSON |
| (AREA CODE) & PHONE NUMBER | (AREA CODE) & CELLULAR NUMBER | (AREA CODE) & FACSIMILE NUMBER |
| EMAIL ADDRESS | | |

| 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 |



B - LEGAL SIGNING OFFICERS (Cont.)

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 |
|------------|--------|------------------|-----------------|-----------|
| | | | | |
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C – INSURANCE COVERAGE

Approved Applicants will be required to enter into a Contribution Agreement with SkillsPEI. This agreement includes, but is not limited to, the following insurance requirements.

Do you, the applicant, have the required insurance noted below to participate in the program? Yes No

Commercial General Liability insurance in an amount not less than minimum Two Million (\$2,000,000.00 CAD) Dollars inclusive per occurrence; against bodily injury and property damages. SkillsPEI and Government of Prince Edward Island are to be added as an additional insured under this policy. Such insurance shall include, but not be limited to:

- Products and Completed Operations Liability;
- Owner's and Contractor's Protective Liability;
- Blanket Written Contractual Liability;
- Personal Injury Liability;
- Non-Owned Automobile Liability;
- Cross Liability;
- Employees as additional Insureds;
- Broad Form Property Damage.

Professional Liability insurance in an amount not less than Two Million (\$2,000,000.00 CAD) Dollars on a claims-made basis, subject to an annual aggregate limit of Two Million (\$2,000,000.00 CAD) Dollars insuring the Applicant's liability resulting from errors and omissions in the performance of professional services under the Contribution Agreement. Such insurance shall continue for a term of three (3) years following completion of the Work.

Note: Professional Liability insurance is required for all services providing formal training, program development, consulting and research.

D – 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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E – AMOUNTS OWING TO GOVERNMENT OF PRINCE EDWARD ISLAND

Does the applicant owe any amounts, which are 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 – JOB DESCRIPTION & PROJECT DETAILS

| NUMBER OF PARTICIPANTS | DURATION OF ACTIVITY (# OF WEEKS) | HOURS PER WEEK | WAGE RATE | FROM (DD/MM/YYYY) | TO (DD/ MM/YYYY) |
|------------------------|-----------------------------------|----------------|-----------|-------------------|------------------|
| | | | | | |

The following supplemental information must accompany your application. Please note, the information requested below is required prior to the assessment of your application.

1. Job title for the position
2. Detailed job description including the following:
 - a. Job duties and other activities to be performed by the participant(s);
 - b. Educational Requirements;
 - c. Participant (s) name, phone number and email.
3. Description of the Applicant’s mandate including:
 - a. Background and expertise of the applicant to oversee the proposed project;
 - b. Describe past projects and related achievements with the Government of Prince Edward Island and the Government of Canada
4. Detailed Project Proposal including the following:
 - a. Proposed activities and timelines;
 - b. Expected results;
 - c. Location of Activity;
 - d. Name/position of the employee providing supervision to the participant.
5. List all partner organizations:
 - a. Identify their role and responsibilities as it relates to the project;
 - b. Identify their financial contributions (monetary or in-kind);
 - c. Verify if these contributions have been confirmed at the time of the submission of the application.
6. Describe the evaluation mechanisms that will be used to assess the project upon completion.
7. Describe the environmental impact assessment of the proposed activities (if applicable).

G- BUDGET

| ITEM | REQUESTED SKILLSPEI CONTRIBUTION (HOURLY WAGE RATE & MERC’S) | APPLICANT CONTRIBUTION (HOURLY RATE & MERC’S) | | TOTAL COST |
|---|--|---|---------|------------|
| | | Cash | In-Kind | |
| PARTICIPANT WAGES | \$ | \$ | \$ | \$ |
| OTHER PROJECT RELATED COSTS (ie. Insurance) | \$ | \$ | \$ | \$ |
| TOTAL COSTS | \$ | \$ | \$ | \$ |

Please outline the contributions of other funding partners for this project, if applicable

| Other Sources of Funding (Partners) | Contribution |
|-------------------------------------|--------------|
| | |
| | |



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 *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.

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) |
|---------------------------|----------|-----------|-----------------------|
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| | | | |

Updated August 2019