

POST SECONDARY PROGRAM

Application for Organizations

Application Received Date
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	ORGANIZATION TYPE	
English <input type="checkbox"/> French <input type="checkbox"/>	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 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

Please indicate type of accident insurance available:

N/A None Private Coverage If Private, specify: _____

Do you have liability insurance?

Yes No If Yes, specify policy number _____

Worker's Compensation (if registered)

Rate per \$100: _____

FIRM NUMBER:

ACCOUNT NUMBER:

D – PREVIOUS EXPERIENCE WITH GOVERNMENT

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

E – 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	

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 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

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 Post Secondary Program. If you have any questions about this collection of personal information, you may contact the Executive Director at your nearest office, or call 1 (877) 407-0187.

H – DECLARATION

I/We certify:

- a) that the proposed projects 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 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 offset against, any amounts owing to the Government of PEI.

I/We agree:

- a) that the information I/we have provided in this application can be subject to a proof of evidence request at any time 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.

I - SIGNATURES

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

OFFICIAL USE ONLY

DATE	SIGNATURE