



**Application Received By  
SkillsPEI**

# CANADA JOB GRANT

## Application for Employers

<b>A - APPLICANT INFORMATION</b>		
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"/> Industry Association <input type="checkbox"/> Sector Council <input type="checkbox"/>	

<b>B - LEGAL SIGNING OFFICERS</b>				
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



<b>C – INSURANCE COVERAGE</b>
Do you have liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify policy number: _____
Workers Compensation Firm & Account Number (if registered): _____ Rate per \$100: _____

<b>D – PREVIOUS EXPERIENCE WITH GOVERNMENT</b>
Please describe past and current agreements with the government of Prince Edward Island and/or Federal Government (if applicable).

<b>E – AMOUNTS OWING GOVERNMENT OF PRINCE EDWARD ISLAND</b>		
Are there amounts in default to the government of Prince Edward Island ? Yes <input type="checkbox"/> No <input type="checkbox"/> 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

<b>F - ADDITIONAL INFORMATION</b>	
Is there a labour stoppage or labour management dispute in progress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a union concurrence with this proposed subsidy (if applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this proposed request result in the displacement of existing employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
As a result of this grant, will the individual(s) participating in this program to be hired/retained by your/the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>G - BUDGET DETAILS</b>	
Eligible Costs	Amounts
Tuition Fees/Training Fees	
Mandatory Student Fees	
Textbooks, software and or required materials	
Examination Fees	

Requested Contributions	Applicant/Other Contributions	Total Project Value

<b>H - TRAINING DESCRIPTION: Provide an attachment describing the following:</b>
1. Are you applying on behalf of another organization (if yes: list the business(s) name and location)
2. Name and description of the training including the objective/purpose
3. Identify the training institution/trainer and attach quote for all costs listed above
4. How will training be delivered (including the training location)
5. The start and end date of the training including the number of hours per week per participant
6. Participant name(s) including their current employment status and position with the/your organization (if applicable)
7. Are the participants:    unemployed <input type="checkbox"/> employed <input type="checkbox"/> underemployed <input type="checkbox"/>
8. What is the anticipated position of the participant(s) with the/your organization at the conclusion of the proposed training
9. If the participant(s) is/are an existing employee, will they continue to work while receiving the proposed training

<b>I - PRIVACY</b>
Personal information on this form is collected under section 31(c) of the <i>Freedom of Information and Protection of Privacy Act</i> R.S.P.E.I. 1988, Cap. F-15.01, as it relates directly to and is necessary for the programs administered under the Canada-Prince Edward Island Job Fund. 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.

<b>J – DECLARATION</b>
<b>I/We certify:</b>
<ul style="list-style-type: none"> <li>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 &amp; SkillsPEI and the agreement start date established;</li> <li>b) that I/we have read and understood the information provided above.</li> </ul>
<b>I/We declare:</b>
<ul style="list-style-type: none"> <li>a) that the information in this application is accurate;</li> <li>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 &amp; SkillsPEI;</li> <li>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.</li> </ul>
<b>I/We agree:</b>
<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>I/We authorize:</b>
<ul style="list-style-type: none"> <li>(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;</li> <li>(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.</li> <li>(c) the Government of Prince Edward Island to disclose to the Government of Canada, the following information, including personal information: name and contact information of the business or organization benefitting from the Grant, the training institution and the type of job for which training is being provided.</li> </ul>
<b>I/We understand</b> that some personal information, collected on this application form, may be shared with Employment and Social Development Canada.

<b>K – SIGNATURE(S)</b>			
<b>APPLICANT NAME (PRINT)</b>	<b>POSITION</b>	<b>SIGNATURE</b>	<b>DATE (YYYY/MM/DD)</b>
<b>OFFICIAL USE ONLY</b>			
<b>Signature</b>		<b>Date</b>	