



# WORK EXPERIENCE PEI

## 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"/> Incorporated <input type="checkbox"/> Industry Association <input type="checkbox"/> Sector Council <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 (printed Title/Name) in the table below, indicating appropriate authorization. Also note any specific combination of signatures required.				
AGREEMENTS	CLAIMS	TITLE	NAME	SIGNATURE

C – INSURANCE COVERAGE	
Please indicate type of accident insurance available: N/A <input type="checkbox"/> None <input type="checkbox"/> Private Coverage <input type="checkbox"/> If Private, specify: _____	
Do you have liability insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> 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).

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## E – JOB DESCRIPTION, PROPOSAL OVERVIEW & BUDGET

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

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

- 1) Detailed Job Description (including job duties and educational requirements for the available position)
- 2) Detailed Proposal Overview
- 3) Location
- 4) Proposed activities, timelines and expected results
- 5) List all partner organizations, identify their roles and responsibilities, and financial contributions (monetary or in-kind)
  - a. Please specify as to whether these contributions have been confirmed at the time of submission of this application
- 6) Means by which success will be measured (Evaluation mechanisms to assess and evaluate the project)
- 7) Applicant's background, mandate and expertise to oversee the proposed project
- 8) Past projects and related achievements with the Government of Prince Edward Island and/or Employment and Social Development Canada
- 9) Environmental impact of proposed activities, if applicable

## F- BUDGET

ITEM	REQUESTED SKILLSPEI CONTRIBUTION (HOURLY WAGE RATE & MERCS)	APPLICANT CONTRIBUTION (HOURLY RATE & MERC'S)		TOTAL COST
		Cash	In -Kind	
EMPLOYEE WAGES	\$	\$	\$	\$
Other (e.g. Insurance)	\$	\$	\$	\$
Total Cost	\$	\$	\$	\$

Please provide the following information about the other funding partners for this project, if applicable

Other Sources of Funding	Contribution

## G – 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 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.

**H – 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 any time during this agreement.

**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 PEI 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.

**K - SIGNATURES**

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

**OFFICIAL USE ONLY**

DATE	SIGNATURE

December 2015