



GRADUATE MENTORSHIP PROGRAM

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 - ADDITIONAL INFORMATION	
Are there any employees on layoff and/or waiting for notice of recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will this proposed subsidy result in displacement of existing employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
Is there a reasonable opportunity for the individuals hired to be retained as part of your regular workforce after the subsidy ends?	Yes <input type="checkbox"/> No <input type="checkbox"/>

C - 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



D – 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 (Required) Rate per \$100: _____	
FIRM NUMBER:	ACCOUNT NUMBER:

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

F – JOB DESCRIPTION & MENTORSHIP PLAN					
NUMBER OF PARTICIPANTS	DURATION OF ACTIVITY (# OF WEEKS)	HOURS PER WEEK	WAGE RATE	FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)
<p>The following supplemental information must accompany your application. Please note, the information requested below is required prior to the assessment of your application.</p> <p>1) Detailed Job Description (including job duties and educational requirements for the available position)</p> <p>2) Detailed Mentorship Plan including the following elements:</p> <ul style="list-style-type: none"> • Description of your business (company profile) • Name of Employee (if applicable) • Name and Position of the employee within your business who will be mentoring the graduate • Job responsibilities, activities, and related timelines to be performed by the graduate • Process to provide the graduate with feedback related to their performance • Description of any opportunities for the graduate to participate in learning and/or professional development activities (ie. courses, conferences, etc.) • Summary of how the available position will benefit a recent post secondary graduate advance their skills and career opportunity. 					

G- BUDGET			
ITEM	REQUESTED SKILLSPEI CONTRIBUTION (50% HOURLY WAGE RATE)	APPLICANT CONTRIBUTION (50% HOURLY RATE & MERC's)	TOTAL COST
EMPLOYEE WAGES	\$	\$	\$

H – 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 <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

I – PRIVACY
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 Graduate Mentorship 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.

J – 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

September 2015