

# GRADUATE MENTORSHIP PROGRAM

## 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

<b>A - APPLICANT INFORMATION</b>		
LEGAL BUSINESS NAME	FILE NUMBER (OFFICE USE ONLY)	
OPERATING NAME		
PROVINCIAL CORPORATE REGISTRY NUMBER	BUSINESS NUMBER/HST 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"/>		
<b>CONTACT INFORMATION</b>		
ADDRESS (STREET ADDRESS, PO BOX, APT.#)		
MUNICIPALITY	PROVINCE	POSTAL CODE
(AREA CODE) & PHONE NUMBER	TOLL FREE NUMBER	(AREA CODE) & FACSIMILE NUMBER
EMAIL ADDRESS		
<b>PRIMARY CONTACT</b>		
PRIMARY CONTACT PERSON		POSITION OF CONTACT PERSON
(AREA CODE) & PHONE NUMBER	(AREA CODE) & CELLULAR NUMBER	(AREA CODE) & FACSIMILE NUMBER
EMAIL ADDRESS		

<b>B - ADDITIONAL INFORMATION</b>	
Is the proposed position full-time year round?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the proposed position full-time seasonal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any employees on layoff and/or waiting for notice of recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>B - ADDITIONAL INFORMATION (Continued)</b>	
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 union concurrence with this proposed subsidy (if applicable)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a reasonable opportunity that the proposed graduate(s) will be retained as part of the applicant's regular workforce after the subsidy ends?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>C - 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 claim form or other report submitted to SkillsPEI?	NUMBER			
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

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

<b>E – AMOUNTS OWING TO GOVERNMENT OF PRINCE EDWARD ISLAND</b>		
Does the applicant owe any amounts, which are 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

## F – JOB DESCRIPTION & MENTORSHIP PLAN

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
2. Detailed job description including the following:
  - a. Job duties;
  - b. Other activities to be performed by the graduate and related timelines;
  - c. Educational Requirements;
  - d. Graduate's name, phone number and email.
3. Description of your business (company profile)
4. Location of Activity
5. Detailed Mentorship Plan including:
  - a. Name and position of the employee within your business who will be mentoring the graduate;
  - b. Process to provide the graduate with feedback related to their performance;
  - c. Description of opportunities for the graduate to participate in such as educational and/or professional development activities (i.e. courses or conferences) ;
  - d. 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 – 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 *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.

## I – INDEMNIFICATION AND ASSUMPTION OF LIABILITY

The Applicant shall indemnify and hold harmless SkillsPEI and the Government of Prince Edward Island, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of work (herein called the "claims"), provided that any such claim is caused in whole or in part of any act, error or omission, including but not limited to those of negligence of the Applicant, or anyone directly or indirectly employed by the Applicant or anyone for whom the Applicant may be liable.

## J – 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 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 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 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 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 Workforce, Advanced Learning and Population 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 Workforce, Advanced Learning and Population all information relevant to such debts solely for the purpose of the administration of this Application for funding in connection with the Program.

## K - ORGANIZATION SIGNATURES

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

May 2023