



PEI COVID-19 Workforce Integration Fund (WIF)

Application Received By
SkillsPEI

Office Use Only

Application for Organizations

Please ensure all sections of the application are completed, including all supporting documentation, before submitting to SkillsPEI for assessment.

A –APPLICANT INFORMATION		
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"/>		
CONTACT INFORMATION		
ADDRESS (STREET ADDRESS, PO BOX, APT.#)		
MUNICIPALITY	PROVINCE	POSTAL CODE
(AREA CODE) & PHONE NUMBER	TOLL FREE NUMBER	(AREA CODE) & FACSIMILE NUMBER
EMAIL ADDRESS		
PRIMARY CONTACT		
PRIMARY CONTACT PERSON		POSITION OF CONTACT PERSON
(AREA CODE) & PHONE NUMBER	(AREA CODE) & CELLULAR NUMBER	(AREA CODE) & FACSIMILE NUMBER
EMAIL ADDRESS		



B- LEGAL SIGNING OFFICERS

How many signatures are required to bind your organization into a legal agreement?	NUMBER
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How many signatures are required to sign a payment claim form or other report submitted to SkillsPEI?	NUMBER
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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

C- PREVIOUS EXPERIENCE WITH GOVERNMENT

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

D- AMOUNTS OWING TO GOVERNMENT OF PRINCE EDWARD ISLAND

Does the applicant owe any amounts, which 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

E- 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 PEI COVID-19 Workforce Integration Fund 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.

F- 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.



G – DECLARATION

The Applicant certifies that:

- a) the information provided above has been reviewed and understood; and
- b) the signatories to this Application have the authority to bind the applicant organization.

The Applicant declares that:

- a) the information provided to the Department of Economic Growth, Tourism and Culture & SkillsPEI 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 of Economic Growth, Tourism and Culture & SkillsPEI 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 of Economic Growth, Tourism and Culture & SkillsPEI under the Program;
- c) he/she has the authority to complete the application on behalf of the organization; and
- d) he/she understands and agrees to the disclaimers and privacy statements noted in the application.

K - SIGNATURES

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

Applications may be submitted by email or fax to:

Emma Werner

ecwerner@gov.pe.ca

Phone: (902)620-3625

Fax: (902)368-6144

or in person at any SkillsPEI office.