



Human Resources and Skills Development Canada

Ressources humaines et Développement des compétences Canada

# Funding Application for Training Centre Infrastructure Fund (TCIF) 2005-06

Human Resources and Skill Development Canada (HRSDC)

Official Use Only
Date Received:
File Number:

## Section 1: Applicant Information

Name of organization/consortium		Web site address (if available)	
Legal name of organization/consortium (if different)			
Mailing address		City / Town	Province
Postal Code	Area Code / Telephone number ( )	Area Code / Fax number ( )	
Address of union training centre (if different from mailing address above)			
Name, title, e-mail of contact person			
Language of Correspondence <input type="checkbox"/> English <input type="checkbox"/> French	Area Code / Telephone number (if different from organization/consortium) ( )	Area Code / Fax number (if different from organization/consortium) ( )	
Is your organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No (see further notes in Application Guidelines) <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit		Federal Number:	Provincial Number:
Date the organization/consortium was established:			
Business number (Canada Customs and Revenue Agency):			

GST/HST rebate number: \_\_\_\_\_

GST/HST rebate %: \_\_\_\_\_

**Do you currently have an active project with HRSDC?**

Yes  No If yes, specify the HRSDC program and amount of funding.

Program \_\_\_\_\_ Amount \$ \_\_\_\_\_

If yes, specify the name and title of the contact person at HRSDC for this active project

Mr.  Mrs.  Ms. \_\_\_\_\_ Title \_\_\_\_\_

**Legal signing officers for the organization (According to Letters Patent /incorporating documents)**

Title	Name	Specimen signature

How many of the above signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement? \_\_\_\_\_

What combination of signatures is required to bind your organization into a legal agreement?

**Signing officer(s) for payment claims or other reports submitted to HRSDC**

Title	Name	Specimen signature

How many signatures are required to sign payment claims or other reports submitted to HRSDC? \_\_\_\_\_

What combination of signatures is required to sign a payment claim form or other reports?

**Lobbyist Registration**

Does an individual within your organization or a third party lobbying HRSDC on your behalf with respect to the funding requested in this application meet the definition of a lobbyist as defined in the Lobbyist Registration Act?

Yes  No

If yes, is your organization or the third party acting on your behalf registered as a lobbyist with the Lobbyist Registration Branch at Industry Canada?

Yes  No  (Please refer to instructions above for guidance in taking the steps necessary to Register.)

## Section 2: TCIF Project Description

Please attach the following information and refer to Appendix B - *Guidelines on How to Complete Your TCIF Application (Step #2)* for instructions when completing this section and ensure that you have answered all relevant questions.

### Part 1: Description of Consortium

1. Name of applicant organization /consortium.
2. Identify which of the following best describes your consortium.
  - Partnership established as a result of a joint training trust fund.
  - New/unique union-employer partnership formed specifically for TCIF funding
  - Other (please describe) \_\_\_\_\_
3. Describe the structure and composition of your consortium.

### Part 2: Equipment to be purchased

**As TCIF funding is limited, applicants are encouraged to list the requested equipment by order of priority and to identify if specific pieces of equipment need to be purchased jointly.**

4. Describe the piece(s) of equipment you are planning to purchase.
5. Where will the equipment be housed/used?
6. How will the consortium fund their contribution to purchase the equipment and support the ongoing maintenance of the equipment?

### Part 3: Skill Acquisition

7. Outline your training plan for the first year following the acquisition of the equipment.

### Part 4: Anticipated benefits of New Skills Developed

8. What are the anticipated benefits to industry of having people trained on this equipment?
9. What are the anticipated benefits for individuals of receiving training on this equipment?

## Section 3: Detailed Budget

Name of applicant/consortium:	
Anticipated Date Equipment Needed	
Total Estimated Cost of Equipment to be purchased	\$

**Cash Contributions shared by TCIF and Consortium**

*(Please note that although these costs are estimates, TCIF reimbursement will be based on 50% of the actual costs). When using federal funds to purchase goods and services of \$25,000 or more such as equipment, recipients will be required to ensure a fair and accountable process (i.e. obtain a minimum of three bids in order to select the bid offering the lowest cost or best value).*

**Please note that TCIF will not reimburse costs for equipment which has been purchased or ordered prior to having a finalized contribution agreement in place.**

<b>Expenditure Item</b>	<b>TCIF Contribution</b>	<b>Total Consortium Contribution</b>	<b>Total</b>
<i><b>EQUIPMENT:</b> Name each piece of equipment separately and the corresponding estimated price (include PST)</i>			
<i><b>EQUIPMENT SHIPPING/ DELIVERY:</b> List estimated cost associated with the shipping and delivery of the equipment named above</i>			
<i><b>GST:</b> List the estimated GST for the purchase of the equipment and shipping /delivery costs</i>			
<b>TOTAL</b>			

**Summary of Consortium Member’s Cash Contributions**

*Please list all funding sources, including each consortium member’s contribution, HRSDC and any other sources related to the purchase of this equipment. If your project is receiving funding from other federal, provincial or municipal sources please provide the name of the department(s) and the funding program(s).*

<b>Name of Organization(s)</b>	<b>TOTAL</b>
Human Resources and Skills Development Canada (TCIF funding)	\$
	\$
	\$
	\$
	\$
<b>TOTAL</b>	\$

## Your Declaration

I/We certify that I/we:

- have read and understood the information provided in the application, and the accompanying documents, *General Guidelines for TCIF funding 2005* and *Guidelines on How to Complete your Training Centre Infrastructure Fund (TCIF) Application (Step #2)*;
- declare that the information provided to HRSDC in this application and supporting documentation is true, accurate and complete in every respect;
- declare that I/we understand that if the information described above is false or misleading, the organization/consortium may be required to repay some or all of the financial assistance received;
- declare that I/we are duly authorized to make this application on behalf of the organization/consortium named in this application, and
- declare that the consortium has available the cash contribution required for the purchase of the equipment.

Name	Title
Authorized signature(s)	Date

Any personal information provided in this application will be administered in accordance with the *Privacy Act*. In addition, information provided in this application is subject to the *Access to Information Act* and is subject to disclosure in accordance with that Act. Instructions for making formal requests pursuant to the *Privacy Act* and *Access to Information Act* are outlined in the government publication entitled *Info Source*, copies of which are located at all Human Resources Centres of Canada or at the following internet address: <http://infosource.gc.ca>

## Section 4: Declaration – Amounts Owing in Default to the Government of Canada

**Note: Completion of this form is required only if the amount of funding requested from HRDC is \$25,000 or more.**

Name of applicant:	
Name(s) and title(s) of contact person(s):	Area code/Telephone number:
Name(s) and title(s) of contact person(s):	Area code/Telephone number:

- The information you provide below is collected in accordance with the Treasury Board Policy on Transfer Payments (pursuant to section 7 of the *Financial Administration Act*).
- While the completion of this form is optional, failure to do so may result in denial of funding.
- The information provided will be administered in accordance with *the Privacy Act* and/or *the Access to Information Act*. The information will be stored in the Personal Information Bank HRDC PPU 293 and/or the Program Record HRDC HRI 293. Instructions for making requests pursuant to the *Privacy Act* and the *Access to Information Act* are given in *Info Source*, publications which are found in federal government offices, including all Human Resources Centres of Canada on the Internet, at: [http://www.tbs-sct.gc.ca/gos-sog/infosource/info1/Info\\_7/info2000.pdf](http://www.tbs-sct.gc.ca/gos-sog/infosource/info1/Info_7/info2000.pdf)

**Do you, the applicant, owe any amounts that are in default to the Government of Canada under legislation or contribution agreements?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, please sign this declaration and submit it with your application.**

**If yes, please complete the following chart:**

Amounts owing in default	Nature of the amount owing in default (taxes, penalties, overpayments)	Name of government department or agency to which the amount in default is owed

**I/we certify that I/we have read and understood the information provided above. I/we declare that I/we have provided the Government of Canada with a true and accurate list of all amounts owing to the federal government which are past due and in arrears as of the time of this application to Canada for funding. I/we recognize that amounts payable to me/us under this agreement may be deducted from, or set-off against, any such amounts owing in default to the Government of Canada.**

**I/we authorize:**

- (a) the Minister to disclose to the institution concerned all information contained in this declaration concerning an amount owing in default to a government institution listed above for the purpose of verifying the amount and status of the debt; and
- (b) the government institution concerned to disclose to the Minister all particulars and information relevant to the debt solely for the purpose of the administration of my/our application for funding in connection with my/our declaration.

**I/We declare that the information in this form is accurate.**

Name (please print): \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 5: An Act respecting the Ministère du Conseil exécutif, R.S.Q., c. M-30.**

Any agency in Quebec funded with public money cannot receive federal grant or contribution funding without prior authorization of the provincial government. This form must be completed by the person representing the organization, **if the organization is located in Quebec**. It must be used for all funding applications pertaining to Human Resources and Skills Development Canada (HRSDC) programs and initiatives, except those exempted by an order under *An Act respecting the Ministère du Conseil exécutif*, namely *Summer Career Placements* and *Partners in Promoting Summer Employment*.

Under sections 3.11 and 3.12 of *An Act respecting the Ministère du Conseil exécutif* (hereinafter referred to as Act) certain Quebec entities, as defined in the meaning of the Act, such **municipal body, school body or public agency**, must obtain an authorization, as prescribed by the Act, before signing any agreement with the Government of Canada, its departments or agencies, or a federal public agency.

Consequently, any **entity that is subject to the Act is responsible for obtaining such authorization** before signing any agreement with HRSDC. This requirement does not apply to programs and initiatives exempt by order of the Quebec government, namely Summer Career Placements (SCP) and Partners in Promoting Summer Employment (PPSE). The Supporting Communities Partnership Initiative (SCPI) is also exempt by such an order, but only with respect to entities covered by section 3.12 of the Act.

Please review the relevant provisions of the Act, complete and sign this form, and return it to us along with all the required supporting documents.

*Please complete:*

- |  |     |     |    |     |
|--|-----|-----|----|-----|
| 1) Under section 3.11, is the applicant (proposed payee) a <i>municipal body</i> or <i>school body</i> within the meaning of 3.6.2 of the Act?   | Yes | ___ | No | ___ |
| 2) Under section 3.12, is the applicant (proposed payee) a <i>public agency</i> within the meaning of section 3.6.2 of the Act?  | Yes | ___ | No | ___ |
| 3) If an agreement is signed between applicant and HRSDC, will the agreement affect a <i>government agency, municipal body, school body</i> or <i>public agency</i> within the meaning of the Act? | Yes | ___ | No | ___ |

**If you answered “No” to all three questions, please sign below.**

**If you answered “Yes” to any question, you must do the following:**

- Contact HRSDC’s Training Center Infrastructure Fund office at: [nc-tcif-ficf-gd@hrsdc-rhdcc.gc.ca](mailto:nc-tcif-ficf-gd@hrsdc-rhdcc.gc.ca) for advice on how to proceed.
- Obtain the authorization from the Quebec government or the Minister of Canadian Intergovernmental Affairs (as the case may be) before signing the contribution agreement.
- Provide a copy of this authorization.

**I certify that I have read and understood all the information above, and that the information I have supplied is accurate.**

Name and title of representative:

Signature:

Date: