

Application Form Special Projects

Date Received: _____

Program# _____
Sector# _____
Application# _____
Region# _____
NAIC# _____

Please read the guidelines before completing this application. If possible, please type. This application is also available in electronic form.

The personal information contained on this form is collected for the purpose of evaluating eligibility for Program assistance under the legal authority of section 32(2) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c.F-15.01. If you have any questions about the collection of this personal information, you may contact the Manager, Employment Development Agency, 1st Floor Sullivan, 16 Fitzroy Street, Charlottetown, P.E.I. Telephone: (902) 368-5805.

Above line for office use.

PART I – APPLICANT INFORMATION

Organization Name _____

Civic Address _____

Mailing Address _____

Postal Code _____ E-mail Address _____

Telephone _____ Facsimile _____

Contact Name (Primary) _____ Working Title _____ Telephone _____

Contact Name (Alternate) _____ Working Title _____ Telephone _____

PART II – PROJECT DESCRIPTION

A. State the name of your project. (40 characters maximum)

B. State the objective(s) or anticipated results of your proposal.

C. Outline the activities planned to meet the objective(s).

D. When will your project operate. Start Date: _____ mm/dd/yy Finish Date: _____ mm/dd/yy*

*Payroll generally operates from Sunday to Saturday. Normally you would start on Monday and finish on Friday.

E. List position(s) required to carry out the project by position title, start and finish dates and duration.

For Office Use Only	Position Title	Start Date mm/dd/yy	Finish Date mm/dd/yy	Weeks
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
Total Number of Position Weeks				

F. State the preferred education / skill / work experience for each position above.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

G. Is your project a new initiative? If not, explain why the project is being revived.

H. Was your project proposal previously funded through a government program? If so, indicate the name of the program and attach a project summary of activities carried out.

I. What long-term benefits will be derived from your proposed project?

J. Please calculate the amount of funds your project will require.

Total Number of Position Weeks _____ X _____ \$7.44 X _____ 40 = _____
(From Section E) (Hourly Rate) (Hours/Week)

Total Number of Position Weeks _____ X _____ \$7.86 X _____ 40 = _____
(Supervisors) (From Section E) (Hourly Rate) (Hours/Week)

Subtotal =

Add: Workers Compensation and Employer's share of wage expenses (10.5% of Subtotal) + _____

Total Funding Requested =

PART III – DECLARATION

I have read and fully understand the conditions of this application under the Special Projects Program. I certify that the statements contained in this application and any attachments are to the best of my knowledge true and correct.

 Employer's Signature Name (please print) Position Date