

# Application Form Non-profit Sector Employers

Date Received:

Program No. \_\_\_\_\_  
Sector No. \_\_\_\_\_  
Application No. \_\_\_\_\_  
Region No. \_\_\_\_\_  
NAIC No. \_\_\_\_\_

**Please read the guidelines before completing this application. This application can also be completed online or downloaded as a PDF form at [www.gov.pe.ca](http://www.gov.pe.ca).**

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.

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*Above line for office use.*

## PART I – APPLICANT INFORMATION

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Civic Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Revenue Canada Business  
Registration Number \_\_\_\_\_ Workers Compensation Number \_\_\_\_\_

Contact Name (Primary) \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Name (Alternate) \_\_\_\_\_ Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

## 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 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	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. Name the person(s) who will be responsible for maintaining the employee(s) time sheets and providing supervision to the employee(s).

Payroll Supervisor	Title	Telephone
Work Supervisor	Title	Telephone

K. 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 + Vacation Pay)		(Hours/Week)		(Funds Requested)

**PART III – DECLARATION**

I have read and fully understand the conditions of this application under the Jobs for Youth 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
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