

## PBLMT Online Application Questions

### **Section 1 – Organization:**

**Have you completed the online Self-Assessment Questionnaire at the WorkBC website?**

- Yes
- No

### **Funding Stream**

- Job Creation Partnership (JCP)
- Labour Market Partnership (LMP)
- Research and Innovation (R&I)
- Project-Based Labour Market Training (PBLMT)

**The following organizations are eligible to apply for funding. Select the category which applies to your organization.**

NOTE: a selection must be made to continue with your application.

Private sector organizations are eligible for CEP funding consideration under certain conditions.

Funding cannot be used to improve any business' position in the competitive marketplace.

- Businesses
- Non-profit Organizations
- Crown Corporations
- Municipalities or Agencies
- Bands/Tribal Councils/First Nations Governments
- Public Health and Educational Institutions

**Has your organization held a Community and Employer Partnership agreement in the past?**

- Yes
- No

Past Agreement

Provide Contract # (i.e. CJCP46G901800999) \*

Past Agreement 1 End Date

Day Month Year

If your organization legal name or contact information has changed, please update.

**Applicant (Organization) Legal Name \***

**Applicant (Organization) Mailing Address**

Unit Number

Address Line 1 \*

Address Line 2

City \*

Province \*

Postal Code \*

**Applicant (Organization) Email Address**

Email address \*

Confirm email address \*

Applicant (Organization) Website

***Section 2 – Primary Contact / Accounting***

**Primary Contact for this Application**

Name and Title of Primary Contact \*

Telephone Numbers

Main\*()

Secondary ( )

Email Address

Email address \*

Confirm email address \*

**Name of Bookkeeper\***

Bookkeeper Email

Email address

Confirm email address

If requested by the Province, can you provide the qualifications and experience of the individual or company performing payroll and bookkeeping for this project?

- Yes
- No

**Canada Revenue Agency Business Number and GST account**

For Business Number, please enter your 9 digit main number.

For GST Account, RT, please enter your 4 digit reference number.

Business Number \*

GST Account, RT \*

GST Tax Rebate % \*

**Do you owe any amounts that are in default to the Governments of British Columbia or Canada under legislation or agreements?**

- Yes
- No

Amount Owing

Government Ministry or Agency\*

Nature of Amount Owing\*

Does your organization have liability insurance?

- Yes
- No

Does your existing policy cover the project activities?

- Yes
- No

Do you have WorkSafe coverage?

- Yes
- No

WorkSafe BC Number \*

WorkSafe BC Rate \*

Will the activities result in the displacement of existing employees or volunteers?

- Yes
- No

Please explain

Max Characters: 500

Does your organization currently deliver any component WorkBC?

- Yes
- No

Please outline the WorkBC services you are contracted or subcontracted to deliver.

Max Characters: 500

How will the project avoid any perception of conflict of interest including recruitment and referral of participants to the project?

Max Characters: 500

**Hint:** *Example: WorkBC would bring in an external group to do selection and interviewing of potential referrals of participants.*

Do you currently receive any other federal or provincial government funding?

- Yes
- No

Please provide the source and what the funding is provided for.

Max Characters: 500

### **Incremental Activities**

For the purposes of Community and Employer Partnership projects, incremental activities are defined as:

- An activity that is distinct (separate) and not part of your organization's day-to-day operations;
- The project activities must be specific to a particular additional undertaking of the organization;
- The activity would not take place without the support of Community and Employer Partnerships and/or other additional funding.

Provide the mandate and primary activities of your day-to-day operations.

Max Characters: 500

Please explain how the project activities avoid any perceived or real appearance of unfair competition and will not result in an unfair competitive advantage.

Max Characters: 500

**Hint:** Demonstrate how you will avoid any perceived or real appearance that will result in an unfair competitive advantage. (i.e. it is important to ensure that the funding will not provide an unfair competitive advantage or result in a profit to a for-profit business)

*Example PBLMT: There are no other similar employment programs offered in the town/city of (your location). This project is specifically designed for (state the targeted population group) clients to resolve a labour market imbalance for (name the occupation) training for this population group who are unemployed and needing skill training in order to succeed in the labour market.*

Is the worksite unionized?

- Yes
- No

List union(s) and local(s) at worksite location(s) where the activities of the project will take place.

Max Characters: 500

Union concurrence is required.

**Hint:** Example: If there is a collective agreement in place, there must be a letter from the union indicating that consent for the project has been obtained. If the activities are outside the scope of the collective agreement, a letter from the union is required confirming support for the project and that the union does not object to the proposed activities.

Attach union concurrence letter. NOTE: maximum upload file size is 20MB

Do any of these situations apply to your organization?

1. Labour stoppage
2. Labour management dispute in progress
3. Layoff
4. Waiting for recall

- Yes
- No

Please explain how the proposed activities are not related to this stoppage and/or labour dispute

Max Characters: 500

Does your project include participants?

- Yes
- No

Total Number of Participants \*

### **Section 3 – Project Information**

Project Title \*

Proposed Project Start and End Dates

Start Date \*

End Date \*

Identify the target priority group and number of participants.

Enter a value in each field. Enter 0 if not applicable.

- Indigenous Peoples \*
- Francophones \*
- Immigrants \*
- Persons with Disabilities \*
- Multi-Barriered \*
- Survivors of Violence and/or Abuse \*
- Youth \*
- Youth at Risk \*
- Other \*

Location(s) of Project Activities if different from mailing address (please include all applicable address sites where participants will conduct proposed project activities)

Max Characters: 500

### **Project Objectives**

Project Based Labour Market Training (PBLMT) projects provide both benefits to the community and to individuals by providing a combination of on and off the job training delivered under a project based training model to assist eligible individuals to obtain the skills they need for employment.

Projects enhance participant's employability skills by providing training and other supports in a supportive, group environment.

This section of the application is specific to the schedule A and for reference there is a sample that can be accessed via the link provided. \*Schedule A

In one or two sentences, describe the objectives of the project.

Max Characters: 700

**Hint:** The project objectives must reflect the description of Project Based Labour Market Training Projects outlined in the PBLMT Applicant Guide. The objectives must include training and reference other supporting activities for participants as well as indicate what impact the projects will have on the local labour market.

## **Section 4 – Project Activities**

### **Timelines and Activities**

Include the list of the key activities and timelines that will happen from the beginning of the project to the end.

Max Characters: 5000

**Hint:** Provide the proposed timelines for each of the key project activities (including the training). Include details for each Client intake.  
Example: Please refer to the PBLMT Applicant Guide

It is strongly recommended that a minimum of 60% of the training should occur in a classroom-type setting and a maximum of 40% of the training should occur during one or more work experience placement(s).

If the ratio is different than recommended, please describe how this project would be successful?

Max Characters: 700

What percentage of participant training will be delivered in the classroom?

%\*

What percentage of participant training will occur during one or more work experience placement(s)?

%\*

Provide the following:

Intake date(s)

Number of intake(s) \*

Number of participants per intake \*

Number of weeks of occupational and essential skills \*

Number of weeks of on-job work experience \*

Number of weeks of follow-up support\*

Max Characters: 500

Describe how this group of participants would benefit from this project.

Max Characters: 700

Briefly list the types of jobs the participants will be prepared to work in upon project completion.

Max Characters: 100

Briefly outline the imbalance between labour market demand and the labour market supply in the community that your proposed project will address.

Max Characters: 700

Provide the outcomes/expected results of the project, including participant completion rates.

Max Characters: 500

**Hint:** Expected results in terms of outcomes for clients and impact to the local labour market.  
Example: Please refer to the PBLMT Applicant Guide

## Participants

You must demonstrate there are participants available for your project. Using the Regional Map locate and contact the WorkBC Employment Service Centre(s) serving the area(s) where your project activities will take place to confirm that they have clients who could benefit from participation in the training and work experiences being offered in this project.

Please select all the locations where your project activities will take place.

Location 1

Location 2

Location 3

Location 4

## Attach any letters received from the WorkBC Employment Service Centre.

NOTE: maximum upload size of all files is 20MB

Describe how participant oversight and progress will be monitored during the project.

Max Characters: 500

Describe how you will evaluate the success of the project.

Max Characters: 500

At the Province's request; for any individuals dedicated to work on the Project can you provide:

- job description(s)?
- resume(s) outlining their qualifications and experience?
- Yes
- No

Stakeholder partnerships are required for projects. List all stakeholders and their role in the project including all cash or in-kind contributions and how it will contribute to the project objectives in the table below. Max Characters: 4000

**Hint:** List all partner organizations and identify their roles and responsibilities with respect to the project activities. Include contact names, telephone numbers, and letters confirming funds from other sources and identify how the funding source will be allocated towards the project activities.

Any cash or in-kind contribution your organization is providing towards the project delivery needs to be identified.



NOTE: Scanned copies of letters confirming partnership contributions must be attached before you submit your application for funding.

**Attach partnership letters.**

**Attach letters of support from community.**

NOTE: maximum upload size of all files is 20MB

### ***Section 5 – Budget***

On the CEP Budget Template in each budget line, provide a detailed rationale to support the requested costs that are specific and necessary to the activities of the project. Identify how the cost was determined and calculated.

In the Other Funding Sources for in-kind and cash contributions include a breakdown of the dollar value for each contribution, how the value was determined, what it will be used for and which cost categories the contribution falls under. (Refer to CEP Budget Guidelines for further details).

**Attach CEP Budget Template**

NOTE: maximum upload file size is 20MB

**Enter in the total amount of the original requested budget**

\$ \_\_\_\_\_ \*

**Attach additional documents**

NOTE: maximum upload size of all files is 20MB

**Hint:** Documents may include job title and job description for participant(s), if applicable, consultation reports, research reports, a list of sources of labour market information, etc.