Skills Training Grants (STG) User Guide

Applying for Community Workforce Response Grants (CWRG)

Last Updated: 15 June 2022

1. Log into the [Skills Training Grants page](#) with your BCeID.
2. Confirm your "NAICS Code" has been saved. You will not be able to submit an application if the NAICS Code has not been saved. Please see "NAICS Code" User Guide if you have not set it up in the Organization Profile yet.
3. Click "Start New Community Workforce Response Grant Application".

4. Click the radial button for the grant stream you want to apply under. Click "Show Description" for more details about a grant stream.

5. Scroll down the page to the Delivery Dates section and enter the Delivery Start & End Dates for your program. NOTE: Your start date cannot be before your application submission date.

Delivery Dates

Delivery Start Date: *

Delivery and training must start in the period 2022-04-01 to 2022-08-31 for the grant you have selected and your start date may not be before your application submission date.

| Month ▼ | Day ▼ | Year ▼ |

Delivery End Date:*

| Month ▼ | Day ▼ | Year ▼ |

* Projects cannot exceed 52 weeks in length.

> The end date must be within 1 year of the start date.

6. Depending on the grant stream selection, you will see different eligibility requirements. Please select your Yes or No answers. If selecting Yes for the Secondary Contact Person, please note: There is no BCeID associated with this contact, therefore the Secondary Contact Person cannot take ownership of the application. Click "Continue".

Emerging Priorities Stream Eligibility Requirements:

The Emerging Priorities Stream supports communities undergoing a significant shift in the local labour market. Some reasons for the shift may be an industry closure or expansion, a natural disaster such as a forest fire or a flood, or other conditions that have impacted employment in the community.

Will the proposed program train and employ people affected by an urgent labour market challenge or opportunity?*

○ Yes   ○ No

As the applicant, does your organization have the appropriate liability insurance to cover the skills-training project?*

○ Yes   ○ No

Are you completing this application as a grant writer, contractor, or someone external to the applicant organization?*

○ Yes   ○ No

Are you a WorkBC contractor?*

○ Yes   ○ No

Does your institution/organization supply employment support services?*

○ Yes   ○ No

Have you received or requested any other government or third-party funding for this training? *

○ Yes   ○ No

Do you want to add a secondary contact person from your organization?

○ Yes   ○ No

| Cancel | Continue |

Do you want to add a secondary contact person ?
◉ Yes   ○ No

Alternate Contact

First Name:*

Last Name:*

Email:*

Position/Title:*

Preferred phone:*

| Cancel | Continue |

7. Click "Edit" beside "Project Description."

Home

Training Project Title
(start date 2022-04-01)
Community Workforce Response Grant – Emerging Priorities

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	NOT STARTED	Edit	

8. Go through the form, filling out all fields as necessary. Once you're finished, click "Done"

◄ Return

Edit Project Description

Enter the information about your project below. When you have completed the form, click Done to move to the next step.

* INFORMATION MUST BE PROVIDED

Project Description *
Provide a short, high-level description of your project (300 characters maximum)

Applicant Type *

< Select value > ▼

Number of Participants *
Employment of participants at the end of training is a requirement of this project. Enter the number of participants to be employed at the end of the project.

Employment status of participants for whom this project is intended *
☐ Unemployed
☐ Employed part-time, seasonally, or casually
☐ Precariously employed
☐ None of the above
Depending on the stream, participants employed full-time may be eligible. Check stream criteria carefully.

Vulnerable or Underrepresented Populations

If the project is intended to support vulnerable or underrepresented groups, please identify which ones from the list below. Select all that apply.

Note: Participant Information Forms will be collected and used to verify the following information.

Vulnerable
☐ Individuals facing barriers to employment such as former inmates, chronically unemployed, etc.
☐ Older Workers 55+
☐ Persons with disabilities
☐ Refugees and protected persons
☐ Youth at risk including youth in care or former youth in care (aged 16 to 29)

Underrepresented

9. Click "Edit" beside "Supporting Project Documents"

Complete Grant Application

ℹ️ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	NOT STARTED	Edit	

10. Click "Add Attachment." Click "Select File" to choose a document from your computer. Enter a description for the document in the box below, then click "Save."

Edit Supporting Project Documents

ℹ️

1. Detailed Training Project Description:

Detailed description of the project (1000 words or 2 pages max.), including the following:

- Description of how the community or sector identified the skilled labour needs that the proposed project intends to address. This should be determined through a needs assessment, surveys conducted by consultants, local or sector labour market data or other means.
- If training was to be provided and competed, how would it benefit the community and/or industry or sector? Sector labour market data/research can be referenced.
- Description of the type of certification the training project will provide, indicating whether the certification is for regulated or non-regulated occupations.
- Give a brief rationale why a certain skills training provider was chosen over others (was the decision based on, for example, cost, qualification, availability, etc.?).
- Description of the participant recruitment selection process (you must demonstrate that there are participants available for the project).
- A list of key activities and timelines from the beginning of the project to the end.
- For projects resulting in employment:
  - Description and list of employers supporting and benefitting from this project.
- For projects resulting in self-employment:
  - Specify the goal of self-employment as one or more of the following:
    - Self-employment to sell services
    - Self-employment to sell products
    - Self-employment to sell others' products
    - Self-employment to provide consulting
  - Indicate upon what basis the community determined the need for a certain number of self-employed members in the community and if the community has the capacity to support the number of self-employed individuals.
  - Description of how participants will be supported to enter self-employment once the training is completed.

2. Detailed Cohort-based Employment Support Services Description (if applicable):

- Give a rationale why employment support services are being offered in this skills training project.
- Describe the employment support services being offered to the cohort and the duration of instruction.
- Give a brief rationale why a certain employment support service provider was chosen over others.
- Cost of employment support services should be accompanied by a written quote from the provider.

3. Letters of Support:

Letters of support should be original to the application. Use of templated letters should be avoided.

- Letters of support are a mandatory requirement for applications to be evaluated for potential funding. Such letters can be from a number of community stakeholders, including, but not limited to, local governments, Chambers of Commerce, Band Offices, Tribal Councils, sector associations and other community organizations. Letters from potential employers, however, are very important and significant weight is given to them during application evaluation to demonstrate that there is a need for such training.
- For projects resulting in employment: letters of support should demonstrate that the employer is familiar with the training course and the type of certification or credential being offered and whether there is a commitment from an employer or group or employers to interview and/or hire participants at the end of the project.
- For projects resulting in self-employment: letters of support should demonstrate support or recommendation from the community and indicate an awareness of the goal for self-employment, that is, whether it is to sell services, sell products, sell products of others, or to provide consulting.
- Letters should be on letterhead and dated no later than four (4) months prior to application submission.
- Support letters should be original and the use of letter templates where only the letterhead and signatures are replaced should be avoided.

4. Certificate of Insurance:

- Applicants must show evidence that they provide, maintain and pay for insurance as would normally be carried by a reasonably prudent service provider operating in British Columbia providing services similar to skills training, Employment Support Services and Participant Financial Supports.
  - Such evidence could be in the form of a Certificate of Insurance indicating adequate Commercial General Liability insurance.
  - A FIN173 form is required for institutions not covered under the Schools Protection Program, Health Care Protection Program, the Canadian Universities Reciprocal Insurance Exchange, or organizations belonging to University, College and Institute Protection Program.
  - Institutions requiring a FIN173 form must have their insurance broker fill out Part 2 and sign the FIN173 form. The insurance broker must review Section 8 of Schedule B prior to filling out the form.
  - Minimum $2 million in Commercial General Liability coverage required.

5. Supporting Documentation Summary:

For applications to be considered complete, upload the following documents application:

- Detailed Program Description
- Letters of Support
- Certificate of Insurance (FIN173)
- Budget Template
- Skills Training Provider Quote (original quote preferred; use Quote Templat necessary)
- Employment Support Services Provider Quote (original quote preferred; us Template if necessary)

Add Attachment ✕

Name:
No file selected   **Choose File**

Description:

500 chars left

Cancel   Ok

Use Add Attachment below and enter a description to identify each attach _____ attach up to 10 attachments.

Accepted file types: PDF, JPG, JPEG, PNG, GIF.

Add attachment

Note the file type requirements. You may need to convert files to acceptable formats.

Cancel   **Done**

11. You can change or removed attached files as needed. Once you're done attaching documents, click "Done."

Use Add Attachment below and enter a description to identify each attachment. You may attach up to 10 attachments.

Accepted file types: PDF, JPG, JPEG, PNG, GIF.

1   Test DOC - PDF.pdf
        Sample Document

Remove

Change

The "Change" and "Remove" buttons let you manage the attachments you've already uploaded.

Add attachment

Cancel   **Done**

12. Click "Add New" beside "Skills Training." **(If you are applying under the Skills Training for Economic Recovery stream only, please refer to Appendix A for steps 12 to 19).**

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	NOT STARTED	Add New	

13. Go through the form, filling out all fields as necessary. Once you're finished, click "Done."

Add Skills Training

Enter the information about your skills training and skills training provider below. When you have completed the form, click Done to move to the next step.

* INFORMATION MUST BE PROVIDED

Skills Training Course Title *

Training start date

Month ▼ Day ▼ Year ▼

Training end date

Month ▼ Day ▼ Year ▼

Primary Delivery Method *
☐ Class Room
☐ Workplace
☐ Online

Total Training Hours *

Skills Training Focus *
○ Occupational skills training
○ Apprenticeship Foundation Program

Will your training project include Short-term Occupational Certificates (STOC)? *
○ Yes ○ No

Will your training project include on-the-job training? *
○ Yes ○ No

Expected certificates, qualifications or credentials *ⓘ

< Select one > ▼

Total Cost *

Enter the total cost for this skills training component for the number of participants you have entered in the Project Description.

$0.00

Add Skills Training Provider

Enter the information about the training provider you have selected below. When you have completed the form, click Done to move to the next step.

If your training provider is not registered with the BC Private Training Institutions Branch then you will need to attached proof of instructor qualifications and course outline.

Training provider name *

[   ]

Type of training provider *ⓘ

| < Select one >   ▼ |

Address of Training Provider

◉ Canada ○ Other Country

Address line 1 *

[   ]

Address line 2

[   ]

City *

[   ]

Province *

| British Columbia   ▼ |

Postal code *

[   ]

Training Provider Contact

Enter the contact information for your training provider.

Contact first name *

[   ]

Contact last name *

[   ]

Contact email *

[   ]

Contact phone number *

[   ] - [   ] - [   ] Ext [   ]

Does the training take place outside of BC? *
○ Yes ○ No

◉ Online training is considered training in BC

[Cancel]   [Done]

If the training takes place outside of BC, you'll need to provide an explanation. Online training counts as being in BC.

14. If your program has more than one skills training course, click "Add New" again and fill out the Add Skills Training form with the course details. If your program only has one training course, skip this step.

15. Click "Add Provider" next to "Employment Support Services." If your program isn't offering employment support services, skip this step.

16. Go through the form, filling out all fields as necessary. Once you're finished, click "Done." If your program isn't offering employment support services, skip this step.

Edit Employment Support Services

Enter the information about the Employment Support Service Provider you have selected below.

Service Provider Name *

| Service Provider Name #1 |

Type of training provider *

| B.C. Public Post-Secondary Institution | ▼ |

Address line 1 *

| 321 Spring St. |

Address line 2

| |

City *

| City |

Province *

| British Columbia | ▼ |

Postal code *

| V0V0V0 |

Service Provider Contact

Enter the contact information for your service provider.

Contact first name *

| Firstname |

Contact last name *

| Lastname |

Contact email *

| FL@mail.com |

Contact phone number *

| 123 | - | 456 | - | 7890 | Ext | |

| Cancel | | **Done** |

17. If you have more than one employment support service provider, click "Add Provider" again. Otherwise, click "Edit" next to "Employment Support Services." If your program isn't offering employment support services, skip this step.

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	COMPLETE	Add New	▲

▶ Course Title Goes Here #1	COMPLETE	Delete · Edit	

Employment Support Services	INCOMPLETE	Add Provider · Edit	▲

▶ Service Provider Name #1	COMPLETE	Delete · Edit	

18. Tick the checkboxes for any employment support services you're offering. If your program isn't offering employment support services, skip this step.

Edit Employment Support Services

Taught as a cohort, services that support individuals as they prepare to enter or re-enter the workforce or assist them to find a better job. Examples include job search techniques, interview skills and résumé writing assistance.

Identify the Employment Support Services you will be delivering in your project by checking the boxes that apply below.

Services to be delivered*

Service	Description
☐ Basic Employment Support Services	Job readiness skills such as job search, resume writing, and interview skills. These services are usually provided by employment service providers to prepare participants for entering or re-entering the workforce
☐ Essential Skills	The nine essential skills are reading, writing and numeracy; document use and computer use; oral communication and working with others; thinking and continuous learning. Essential skills comprise only one part of a basic employment support service.

Total Cost *

Enter the total cost for Employment Support Services for the number of participants you have entered in the Project Description

$0.00

Cancel · Done

19. Enter the total cost for the employment support services, then click "Done." If your program isn't offering employment support services, skip this step.

Total Cost *

Enter the total cost for Employment Support Services for the number of participants you have entered in the Project Description

$1,234.00

Cancel   Done

20. Click "Edit" next to "Participant Financial Supports." If your program isn't offering financial supports, skip this step.

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	COMPLETE	Add New	▲
▶ Course Title Goes Here #1	COMPLETE	Delete Edit	
Employment Support Services	COMPLETE	Add Provider Edit	▲
▶ Service Provider Name #1	COMPLETE	Delete Edit	
Participant Financial Supports	OPTIONAL	Edit	

21. Tick the checkboxes for any financial supports you're offering. If your program isn't offering financial supports, skip this step. Enter the total cost for the financial supports, then click "Done." If your program isn't offering financial supports, skip this step.

Edit Participant Financial Supports

Financial supports and benefits for the participant to remove barriers to the participant's success in the program.

Identify the Participant Financial Supports you will be delivering in your project by checking the boxes that apply below.

Services to be delivered*

Service	Description
☐ Childcare	For a participant's child while the participant is attending training or other services.
☐ Transportation	To get to training, services, job interviews or employment. Includes bus passes and mileage.
☐ Other supports	For Example:

For Example:
- Disability supports - provided to persons with disabilities to assist them in participating in training and other services, obtaining and maintaining employment, financial supports and specialized equipment.;
- Accommodations while attending training;
- Equipment or work gear.
- Refreshments: food or light meals provided during training.

Total Cost *

Enter the total cost for Participant Financial Supports for the number of participants you have entered in the Project Description

$0.00

Cancel   **Done**

---

22. Click "Edit" next to "Training Costs."

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	COMPLETE	Add New	▲
► Course Title Goes Here #1	COMPLETE	Delete	Edit
Employment Support Services	COMPLETE	Add Provider	Edit ▲
► Service Provider Name #1	COMPLETE	Delete	Edit
Participant Financial Supports	COMPLETE	Edit	▼
Training Costs	INCOMPLETE	Edit	▼

23. Review the cost estimates. Click "Edit" to make changes to any categories.

Edit Training Costs

The total number of participants in the project is shown below. You may verify and edit your cost estimates below.

The administration fees offset costs associated with project management, outreach and recruitment of participants, claims and reporting.

When you have verified and completed your training costs then click Done.

Number of Participants In the Project *

| 5 |

Training Costs
Training Costs

Expense Type	Number of Participants	Average Cost per Participant	Total Cost	Requested Government Contribution		
Skills Training	5	$1,000.00	$5,000.00	$5,000.00		
> Course Title Goes Here #1			$5,000.00		Edit	Delete
Employment Support Services	5	$246.80	$1,234.00	$1,234.00	Edit	
Participant Financial Supports	5	$24.60	$123.00	$123.00	Edit	
Administration Fees			$0.00	$0.00	Edit	
Totals			**$6,357.00**	**$6,357.00**		

Employment Supports total average cost per participant is

Cancel   Done

> If you're claiming a program administration fee, enter it here by clicking "Edit."

24. Enter your changes to the expense category, then click "Save Expense."

Totals			**$6,357.00**	**$6,357.00**

Employment Supports total average cost per participant is $271.40

Edit Expense

Expense type	Number of participants	Average Cost per participant	Total cost	Requested Government Contribution
Administration Fees	5	$200.00	$1,000.00	$1,000.00

Cancel   Save Expense

25. Click "Done" once you're done reviewing your expenses.

Training Costs

Expense Type	Number of Participants	Average Cost per Participant	Total Cost	Requested Government Contribution		
Skills Training	5	$1,000.00	$5,000.00	$5,000.00		
> Course Title Goes Here #1			$5,000.00		Edit	Delete
Employment Support Services	5	$246.80	$1,234.00	$1,234.00	Edit	
Participant Financial Supports	5	$24.60	$123.00	$123.00	Edit	
Administration Fees			$1,000.00	$1,000.00	Edit	
Totals			$7,357.00	$7,357.00		

Employment Supports total average cost per participant is $271.40

Cancel   **Done**

26. As an Option, you can get started with participant reporting by selecting "Edit" beside Participant Information. If you do not want to start participant reporting, you can choose to skip to step 30: Review and Submit.

Complete Grant Application

ⓘ Your application is complete. Your earliest submission date is shown in the status block.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	COMPLETE	Add New	▲
▶ Course Title Goes Here #1	COMPLETE	Delete Edit	
Employment Support Services	COMPLETE	Add Provider Edit	▲
▶ Service Provider Name #1	COMPLETE	Delete Edit	
Participant Financial Supports	COMPLETE	Edit	▼
Training Costs	COMPLETE	Edit	▼
Participant Information	OPTIONAL	Edit	▼

Review and submit

27. Click "Show participant Invitation" to open a copy of the email or a copy of the link. Choose the options by clicking "Copy Email" or "Copy Link Only" to send to participants. Once copied, click "Return" to the Grant Application and Review and Submit. *NOTE: There is a max amount of participant invites. The max is set to the number of participants in the Program Description.

program description (start date 2021-01-14)

Community Workforce Response Grant – Workforce Shortages

Participant Report

Last	First	Email	Phone	Work Location	Reported on	Action

Show participant invitation

Getting Started with Participant Reporting

ⓘ You have been approved to train 2 participants.

IMPORTANT! Participants on Employment Insurance (EI) or British Columbia Employment Assistance clients in receipt of Income Assistance – Participants who are currently Employment Insurance or Income Assistance Clients must have approval prior to the start of training if they wish to maintain their financial supports. Refer to Appendix A of the CWRG General Criteria for details. EI or IA clients who do not obtain pre-approval before participating in training may become ineligible for continued financial supports under EI or IA. All Participant Information Forms are due no less than 5 business days prior to the start of training. However, if you are applying for Participants who may currently be Employment Insurance or Income Assistance Clients, please send notification to the CWRG@gov.bc.ca.

Each participant must complete and submit a Participant Information Form in order to participate in the Community Workforce Response Grant program. Only participants eligible for the Community Workforce Response Grant should be reported.

For your convenience, you may use the invitation below to provide participants with the link. Please copy and paste it into your own email and send it to your participants. You may revise the email to make it better suited to your business needs.

You will be able to see who has completed their form in your Participant Report as soon as they have reported.

Copy Email

> Dear {{participant}},
>
> You have been identified as a participant for the following training program:
>
> program description
> Start Date: 2021-01-14
> Location:
>
> As this training is being funded through the Community Workforce Response Grant, you must complete a participant information form using the following link:
>
> http://support.skillstraininggrants.gov.bc.ca/Part/Information/364cf4a9-3424-44a5-9c07-b727f9933a13
>
> Please use a current version of Chrome or Firefox to enter participant information.
>
> Please complete your participant information form prior to midnight on 2021-01-09. If you do not

Copy Link Only   http://support.skillstraininggrants.gov.bc.ca/Part/Information/364cf4a9-3424-44a5-9c07-b727f9933a13

28. The page will refresh, all required sections will show "Complete". Your application will also show "Not Submitted"

Status

NOT SUBMITTED

Created on

2022-03-25

Earliest Submission

2022-03-22

29. To Submit the application, click "Review and Submit."

Complete Grant Application

ⓘ Your application is complete. Your earliest submission date is shown in the status block.

Grant Selection	COMPLETE	Edit ▼
Project Description	COMPLETE	Edit ▼
Supporting Project Documents	COMPLETE	Edit ▼
Skills Training	COMPLETE	Add New ▲
▶ Course Title Goes Here #1	COMPLETE	Delete Edit
Employment Support Services	COMPLETE	Add Provider Edit ▲
▶ Service Provider Name #1	COMPLETE	Delete Edit
Participant Financial Supports	COMPLETE	Edit ▼
Training Costs	COMPLETE	Edit ▼
Participant Information	IN PROGRESS	Edit ▼

Review and submit

30. Go through each page of the form and review your details. Click the "Edit […]" buttons to make any changes, then click "Continue" to go to the next page.

31. Once you've reached Step 6, tick the "By checking this box I make this declaration" checkbox, then click "Submit Application."

Submit Application

STEP 6 OF 6

Applicant Declaration

ⓘ Once your application has been submitted, the Ministry will assess it against Community Workforce Response Grant criteria to determine whether it qualifies for a grant. The Ministry will send an email notification to you once a decision has been reached.

As part of the assessment process, a CWRG Program Manager will contact you by both email and telephone to verify contact information and request any additional information that may be required to assist in the evaluation process. **Please respond to these requests as soon as possible.** If a Program Manager is not able to reach you by email or telephone within five (5) days, your application will be considered withdrawn and will not be processed.

By checking the box below and submitting this application for funding ("Application") under the Community Workforce Response Grant program ("CWRG"):

- I certify that I am authorized to submit this Application and to make this declaration on behalf of the applicant referred to in this Application (the "Applicant");
- I acknowledge that I have read and understand the Community Workforce Response Grant criteria applicable to this Application, including the sample Community Workforce Response Grant Agreement, consisting of the Approval Letter, Schedule A and Schedule B (and the Program Requirements referred to therein), as made available by the Province of British Columbia at the link below;
- I acknowledge that, as the terms and conditions of the Community Workforce Response Grant Agreement are subject to change from time to time, should this Application be approved, the Community Workforce Response Grant Agreement that will be sent to the Applicant for signature may materially differ from the sample Community Workforce Response Grant Agreement that was posted at the time this Application was submitted and I acknowledge that I (or another individual authorized by the Applicant) will be responsible for reviewing, understanding and agreeing to the terms and conditions as they appear at the time the Applicant enters into a Community Workforce Response Grant Agreement with the Province;
- I certify that all of the information provided on this Application is true and correct to the best of my knowledge and belief;
- I acknowledge and agree that checking the box below has the same legal effect as making this declaration under a hand-written signature; and
- I do hereby make this declaration on my own behalf and on behalf of the Applicant as of the date that this Application is submitted.

☑ By checking this box I make this declaration.*

Download Sample Agreement

| Cancel | **Submit application** |

32. Your application is now submitted. You will see the application in a "Complete" status on your home page. The program area will review it and send you an email with your next steps.

Your applications and claims

A list of your grant application files and their status is shown below.

2350006 test (start date 2022-04-03)

Community Workforce Response Grant – Emerging Priorities
Date submitted: 2022-03-25

COMPLETE

View

Appendix A

For applicants applying under the **Skills Training for Economic Recovery** stream, please replace steps 12 to 19 above with the following:

12. Click "Add New" beside "Skills Training."

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	NOT STARTED	Add New	

13. Go through the form, filling out all fields as necessary
14. State the total cost for the **skills training component only**

Add Skills Training

Enter the information about your skills training and skills training provider below. When you have completed the form, click Done to move to the next step.

* INFORMATION MUST BE PROVIDED

Skills Training Course Title *

Training start date

Month ▼   Day ▼   Year ▼

Training end date

Month ▼   Day ▼   Year ▼

Primary Delivery Method *
☐ Class Room
☐ Workplace
☐ Online

Total Training Hours *

Skills Training Focus *
◯ Occupational skills training
◯ Apprenticeship Foundation Program

Will your training project include Short-term Occupational Certificates (STOC)? *
◯ Yes ◯ No

Will your training project include on-the-job training? *
◯ Yes ◯ No

Expected certificates, qualifications or credentials *ⓘ

< Select one > ▼

Total Cost *

Enter the total cost for this skills training component for the number of participants you have entered in the Project Description.

$0.00

15. **Under the STER stream, the applicant can provide the skills training component. If you are the applicant and your organization will provide the skills training component, please enter your organization's name as the Skills Training Provider along with address and contact information.**

Add Skills Training Provider

Enter the information about the training provider you have selected below. When you have completed the form, click Done to move to the next step.

If your training provider is not registered with the BC Private Training Institutions Branch then you will need to attached proof of instructor qualifications and course outline.

Training provider name *

[   ]

Type of training provider *ⓘ

[< Select one >   ▼]

Address of Training Provider

◉ Canada ○ Other Country

Address line 1 *

[   ]

Address line 2

[   ]

City *

[   ]

Province *

[British Columbia   ▼]

Postal code *

[   ]

Training Provider Contact

Enter the contact information for your training provider.

Contact first name *

[   ]

Contact last name *

[   ]

Contact email *

[   ]

Contact phone number *

[   ] - [   ] - [   ] Ext [   ]

Does the training take place outside of BC? *
○ Yes ○ No
◉ Online training is considered training in BC

[Cancel]   [**Done**]

16. If your project has more than one skills training course, click "Add New" again and fill out the Add Skills Training form with the details. **Skills training providers other than the applicant, must be third-party to the applicant.**
17. Once complete, click "Done."
18. If your project is offering Employment Support Services, click "Add Provider" next to "Employment Support Services."

Complete Grant Application

ⓘ Complete the following information. Once complete, you can review and submit the application on or after the earliest submission date.

Grant Selection	COMPLETE	Edit	▼
Project Description	COMPLETE	Edit	▼
Supporting Project Documents	COMPLETE	Edit	▼
Skills Training	COMPLETE	Add New	▲

▶ Course Title Goes Here #1 COMPLETE Delete Edit

Employment Support Services	INCOMPLETE	Add Provider / Edit	▲

▶ Service Provider Name #1 COMPLETE Delete Edit

19. **For the STER stream, Employment Support Services can be provided by the applicant or a third-party provider.**
20. Go through the form, and tick the checkboxes for any employment support services you're offering.

Edit Employment Support Services

Taught as a cohort, services that support individuals as they prepare to enter or re-enter the workforce or assist them to find a better job. Examples include job search techniques, interview skills and résumé writing assistance.

Identify the Employment Support Services you will be delivering in your project by checking the boxes that apply below.

Services to be delivered*

Service	Description
☐ Basic Employment Support Services	Job readiness skills such as job search, resume writing, and interview skills. These services are usually provided by employment service providers to prepare participants for entering or re-entering the workforce
☐ Essential Skills	The nine essential skills are reading, writing and numeracy; document use and computer use; oral communication and working with others; thinking and continuous learning. Essential skills comprise only one part of a basic employment support service.

Total Cost *

Enter the total cost for Employment Support Services for the number of participants you have entered in the Project Description

$0.00

Cancel   Done

21. Under total cost, enter cost for employment support services only. Once complete, click "Done."

Total Cost *

Enter the total cost for Employment Support Services for the number of participants you have entered in the Project Description

$1,234.00

Cancel   Done