

**All quotes must be on company letterhead. See required information below. Do not submit this sample copy.**

## SAMPLE Quote

Reference Number  
Date:

Company Name

Street Address

City, B.C. Postal Code

Phone: Enter phone

Email: *(of main contact)*

PTIRU # *(for private colleges)*

TO:

Organization Name *(CWRG Applicant)*

Street Address

City, Postal Code

Name of Contact at Organization

### ***Required information for Skills Training Quote:***

#### **Skill Training:**

- Title of training
- Number of instructional hours
- Start and end dates of training
- Number of participants
- Minimum number of required participants
- Whether Instruction is provided in person only, online only or blended
- Training location
- Itemize other service descriptions if required
- Is practicum included? Yes/no
- The length of time the quote is valid
- Cost per participant  
(including costs for textbooks, testing fees, certifications (STOCS)\*, and licensing if applicable)  
\*Short term occupational certifications, for example, First Aid, WHIMIS, FoodSafe, etc.
- **Total Skills Training cost including GST**