## Skills Training Grants (STG) User Guide

## Submitting CWRG Training Provider Change Requests

Last Updated: February 20, 2025

1. Log into the <u>Skills Training Grants page</u> with your BCeID.

Due: 2023-10-26

**Completion Report** 

2. Scroll down the page to your approved Community Workforce Response Grant (CWRG) application, then click "Continue."

our application	is and claims				
st of your grant applica	ation files and th <mark>eir</mark> s	status is shown below.			
2450017 test (start da	ate 2023-09-26)				
Community Workford	e Response Grant	1383 W			
APPROVED			Continue		
3. Click "View Agr	eement."			_	
2450017 test (training	g start date 2023-09	)-26)		Status	
Community Workforc	e Response Grant –	(		APPROVED	
Participant an	d Claim Repo	rting		Approved on	You <b>cannot</b> change servi
Get started with r	eporting participant	s below and when all yo	our participants have	2023-09-26	providers if you've alread
reported you can	prepare and submit	a claim for reimbursem	ent.	Links	
0 out of 5 particip who have not sub claim.	oants have submitted omitted their Particip	their Participant Inform ant Information Form v	nation Form. Participants vill not be eligible in your	View Application View Agreement	
				Alternate Contac	t
Participant Report	Due: 2023-09-30	0 OF 5 REPORTED	Report Participants		
Reimbursement Claim	ľ	NOT STARTED	Begin Reimbursement Claim		
Proof of Payment	Due: 2023-10-26	NOT STARTED	Submit Proof of Payment		
Participant Financial Supports Attestation	Due: 2023-10-26	NOT STARTED	Begin Attestation		

**Report Completion** 

NOT STARTED

4. Click on "Schedule A – Grant Services", then click on the name of the training provider you wish to change.

View Grant Agreeme	nt	Approved on
You may view your grant agreem	ent below by expanding each part.	2023-09-26
Approval Letter		Links
Schedule A - Grant Services		Reporting View Application Alternate Contact
Schedule B - Definitions and Gen	eral Terms	
If you have cancelled your training reimbursement claim then please cancel your agreement, your fi Cancel Agreement	g and are certain that you will not be submitting a e cancel your agreement using the button below. <b>V</b> le is closed and cannot be reopened.	Vhen you
Agreement Term		
Term Start Date:	2023-09-26	
Term End Date:	2023-11-25	
Agreement Fiscal Year:	2023-04-01 to 2024-03-31	
Claim submission deadline:	2024-03-01	
Delivery Plan		

Click on provider links to enter one or more provider changes. Enter all the provider changes you are requesting then click Submit Change Request to submit them all in one request to the Ministry for assessment. You will not be able to submit another request until assessment is complete.

Skills Training Course Title	Training Provider	Start Date	End Date
odie bread baking	odie bakery	2023-09-22	2023-09-22
Service Component	Service Provider	In-Scope Services	
Employment Support Services			
Participant Financial Supports			
Participant Reporting Due Date:	2023-09-17		
Number of Participants in Program:	5		

5. The Request Change to Training Provider form will open in a pop-up window. Fill out all required fields, then click "Save".

hange Training Provider	1
Change request reason *	-
Training provider name *	l
Type of training provider *	
Address of Training Provider	
● Canada O Other Country	
Address line 1 *	_
Address line 2	-
	-
Cancel Remove Request	iave

## **6.** Click the "Submit Change Request" button.

Delivery Plan	Cancel Change Request	Submit Ch	ange Request
Click on provider links to entropy of the changes you are requesting request to the Ministry for as until assessment is complete	ter one or more provider ch then click Submit Change ssessment. You will not be 2.	anges. Enter all the Requst to submit th able to submit anot	provider em all in one her request
Skills Training Course Title	Training Provider	Start Date	End Date
Skills Training Course Title REQUEST CHANGE TO:	Training Provider	Start Date	End Date