



(http://ontario.ca)

MINISTRY OF LABOUR, IMMIGRATION, TRAINING AND SKILLS DEVELOPMENT
(HTTPS://WWW.ONTARIO.CA/PAGE/MINISTRY-LABOUR-TRAINING-SKILLS-DEVELOPMENT)

Canada-Ontario Job Grant Employer Application Form

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7. Review Application

Please review the information you have provided for your application. To make changes, click "Edit" to return to the page where changes are needed.

Introduction

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Training Request

This training request is for:

25 or fewer training participants

Eligibility

- ✓ I am licensed to operate my business in Ontario;
- ✓ I am in compliance with the *Occupational Health and Safety Act* and the *Employment Standards Act*;
- ✓ I am in compliance with all applicable federal and provincial human rights legislation, regulations, and any other relevant standards;
- ✓ I am not a federal, provincial or municipal government or agency;
- ✓ I am not an Employment Service or a Canada-Ontario Job Grant service provider;
- ✓ I am not in receipt of other government funds related to the same skills training for the same individual(s);
- ✓ I have adequate third-party liability insurance as advised by my insurance broker;
- ✓ I have Workplace Safety Insurance coverage;
 - WSIB
- ✓ This training request does not displace existing staff or replace staff currently on lay-off;
- ✓ Employees to be trained live in Ontario;
- ✓ Training occurs in Ontario;
- ✓ Jobs are located in Ontario;
- ✓ I am not legally required to provide my employees with the training I am applying COJG funding for;
- ✓ No trainees are business owners or have a controlling interest in the employer submitting the application;
- ✓ I am not a district social services administration board established under the *District Social Services Administration Boards Act*, notwithstanding their exclusion under the *Broader Public Sector Accountability Act*; and;

Your Details

Name

First Last

Title

Mr

Application Start Date

2024/06/19

Employer Information

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General Information

Employer Legal Name

Test

Business Name (hereinafter referred to as the 'Employer')

Test

Preferred Language

English

Canada Revenue Agency Number

123456789

Contact Information

Name

First Last

Title

mr

Phone

613-203-2111

Email

piercecommerford@hotmail.com

Website

N/A

Alternate Contact Information

Name

N/A

Title

N/A

Phone

N/A

Email

N/A

Corporate Address

4454 tranquility lane

Ottawa, ON K0A 3M0

Closest Intersection: Dunrobin road

Business Address (if different than Corporate Address)

Address same as Corporate Address

Business Communication

Phone

613-203-2111

Employer Details

Type of Business

Private

Year Business Registered

1999

Total Number of Employees in Your Company

1

Total Number of Employees in Your Branch/Location

1

Type of Sector

Accommodation and Food Services

Training Details

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Training Questions

Is this company-specific training (i.e. training that is specific to a company's processes and/or equipment, proprietary software, etc.)?

Yes

Which of the following training categories best describes the training you are requesting?

Career or development training: This type of training is designed to enhance the skills, knowledge and ability of employees to support career advancement.

What type of skills will be gained with the training you are requesting?

Essential skills training: This training is offered to help individuals develop skills used in the workplace such as reading, document use, writing, numeracy, oral communication, thinking, digital technology, working with others and continuous learning.

Will new hires be paid during training?

Yes

Will incumbent staff be paid during training?

Yes

What is the expected credential/certificate to be earned upon successful completion of this training?

No credential

Incumbents

Current				Post Training			
Number of Employees being trained	Position Title	Salary \$ (Hourly)	Number of Hours Weekly	Number of Employees being trained	Position Title	Salary \$ (Hourly)	Number of Hours Weekly
1	analyst	\$25	15	1	analyst	\$40	30

New Hires

Post Training			
Number of New Hires	Position Title	Salary \$ (Hourly)	Number of Hours Weekly
N/A			

Impact of Training

How many positions will increase from part-time to full-time employment as a result of the training?

1

How many positions are seasonal?

0

How many existing workers will remain in their current job as a result of the training?

1

How many layoffs will be avoided with this training?

1

How many employees will be in a more advanced occupation as a result of the training?

1

How many employees will see an increase in wages as a result of the training?

1

How many trainees do you intend to hire upon completion of the training?

1

How many full-time positions will be filled by unemployed individuals?

1

How many positions will increase from seasonal to year-round as a result of the training?

1

How many part-time positions will be filled by unemployed individuals?

1

How many individuals will obtain an industry recognized certification as a result of the training?

1

Training Provider

[Edit](#)

1st Choice Training Provider Details

Training Provider Name

yowcanada

Canada Revenue Agency Number

111111111

Contact Name

test test

Contact Phone

613-203-2111

Type

Registered Private Career College

1st Choice Training Provider Address

4454 tranquility lane

Ottawa, ON K0A 3M0

Phone

613-203-2303

Email

pierce@hotmail.com

Location of Training (if different from Institution Address)

Same as Training Provider

Phone

613-203-2303

Email

pierce@hotmail.com

Course Information

Course Title

wah

Description (e.g. describe the course and the associated learning outcomes)

working at heights

Credential to Be Obtained (e.g., Certificate)

certificate

Method of Training (Select all that apply)

Classroom

Total Cost of Training for all Participants (\$)

\$2,000

Training Schedule

Training Start Date (yyyy/mm/dd)	Training End Date (yyyy/mm/dd)	Hours/Week	Breaks in Training Start Date (yyyy/mm/dd)	Breaks in Training End Date (yyyy/mm/dd)
2024/07/16	2024/08/13	30	N/A	N/A

Please provide a rationale in 240 words or less if the chosen training is not the least expensive option.

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Training Costs and Grant Request

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Training Costs

	Number of Trainees (A)	Cost per Trainee (\$) (B)	Total (\$) (A*B)=C
Tuition or other training provider fees	1	\$2,000	\$2,000
Textbooks, software and other required materials	0	\$0	\$0
Mandatory student fees	0	\$0	\$0
Examination fees	0	\$0	\$0
Total			\$2,000

Travel Costs

Incumbents Travel Cost	\$0
New Hires Travel Cost	\$0
Total Travel Cost	\$0
Grand Total	\$2,000

Contribution for Employers with 99 or fewer Employees

Total Cost of Training	Employer Cash Contribution (minimum 1/6 of Total Training Cost)	Employer In Kind Contribution (minimum 1/6 of Total Training Cost if applicable)	Ministry Contribution (maximum 5/6 of Total Training Cost or \$10,000 per trainee, whichever is less)
\$2,000	\$333.34	\$0	\$1,666.66

Service Provider Lookup

[Edit](#)

Service Provider

Provider Name

Intravision - ontrac - Arnprior

Address

120 16 EDWARD ST S

City

ARNPRIOR

Phone Number

613-623-4680

[Proceed to Next Step »](#)**Or**[Save and Resume Later](#)

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