

Organization Information

Operating Name *

Legal Name *

Mandate * Provide mission statement or purpose of the organization

Website * <https://website.ca>

Business Number*

Is your organization: *

An incorporated non-profit (society) under the BC Societies Act

A charity registered federally under the Income Tax Act

None of the above

Please enter your society registration ID or your charity registration number

Registered non-profit organizations that own, operate or administer a social enterprise are also eligible to apply

What is your non-profit classification? *Please select

Please specify your sub-classification*

☐ *I confirm that my organization is based in or operating in British Columbia.

Organization Contact

Main Contact

Position Title*

First Name *

Last Name *

Email Address* someone@example.com

Phone Number* 250-555-5555

Alternate Contact

Position Title*

First Name *

Last Name *

Email Address* someone@example.com



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Province of British Columbia*



Phone Number* 250-555-5555

Contact Address

☐ My organization's contact address is different than the organization's mailing address. By checking this box if your application is approved, funds will be issued via cheque to the Mailing Address below.

Address 1 * Street address, P.O. box, company name, c/o

Address 2 Apartment, suite, unit, building, floor, etc.

City *

Postal Code * V0R2V5

Mailing Address

Address 1 Street address, P.O. box, company name, c/o

Address 2 Apartment, suite, unit, building, floor, etc.

City

Postal Code V0R2V5

Opportunity Details

How many work experience participants are you applying for? *Please select

Participants must meet all eligibility requirements. Eligibility will be verified by the ministry.

☐ *I have adequate [WorkSafe BC insurance coverage](#) to meet the needs of the placement.

☐ *I commit to:

- Supervise and support the participant for the duration of the project; and
- Adhere to all health and safety guidance from the BC Provincial Health Officer (PHO) to reduce the transmission of COVID-19; and

☐ *I understand that all work experience participants must be eligible to work in British Columbia and that participants must have:

- Designation as a Person with Disabilities (PWD) from the Ministry of Social Development and Poverty Reduction; OR
- Status as a Person with Persistent Multiple Barriers to employment (PPMB) from the Ministry of Social Development; OR
- For Indigenous individuals living on reserve, the equivalent federal PWD designation or PPMB status.

☐ *I understand that the Work Experience Opportunities Grant program is not available to WorkBC Wage Subsidy recipients or current employees in their existing positions.

☐ *I understand that, as the non-profit organization, our organization will hold and administer the grant, provide wraparound supports and services, and ensure that the work experience placement complies with all requirements.

☐ *I confirm that the placement is **12 weeks**.

Work Opportunity *Please describe the work opportunity (2000 characters max.)



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What will the organization provide to support the participant(s) during the work experience? * Please select all that apply

- ☐ Training
- ☐ On the job coaching/supervision
- ☐ Mentorship
- ☐ Flexible working arrangements
- ☐ Wrap around supports, such as personal protective equipment, childcare or transportation
- ☐ Other

If other, please specify

Skill Development: * What essential skills will the participant gain through the work experience?

Additional benefits Please describe any additional benefits to the participant (700 characters max.)

Financial Information

☐* I confirm that the stipend amount provided to work experience participant will be at least \$300/week for 12 weeks.

Does your organization have an existing supplier number? *

If Yes please enter below

Supplier Number This is your BC Government unique vendor ID

If No/I don't know please provide the following. These field is required to allow the Provincial Government to release the Grant payment.

Classification Please select

Organization Signatories

Signing Authority *Please enter the full name of the first organization signatory

Signing Authority *Please enter the full name of the second organization signatory

☐*I certify that the 2 individuals above are signing authority for the organization.



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Consent

I am attaching my signature to this form. I am authorized to act and to enter into this Agreement on behalf of the Organization. On the Organization's behalf, I do hereby accept and agree to the terms and conditions of this Agreement

Signature
