

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?*

Yes

No

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



*This Program is funded by the Government of Canada and the
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 prior to disbursement of grant funds.

☐ *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
- Ensure that safe physical distancing practices and WorkSafeBC requirements are adhered to.

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

- Designated under the Employment and Assistance for Persons with Disabilities Act as a person with disabilities; OR
- Qualified to receive assistance under the Employment and Assistance Act as a person with persistent multiple barriers; AND
- Work experience participants cannot be participating in a WorkBC Wage Subsidy.

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

Work Opportunity *Please describe the work experience opportunity (700 characters max.)

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

During the work experience participant(s) will gain: * Please select all that apply

- ☐ Essential Skills such as computer use, communications skills or literacy skills.
- ☐ Life Skills such as time management
- ☐ Training
- ☐ Employment Experience
- ☐ Self Employment Experience
- ☐ Other

If other, please specify

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

Financial Information

☐* I confirm that the minimum amount provided to the work experience participant will be equal to, or greater than, \$3,600 for the duration of the project (i.e. minimum 30 hours per 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 fields are required to allow the Provincial Government to release the Grant payment.

Classification Please select

Tax Number

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
