

## Description

This form is to be completed and submitted to be considered for the Training Grant.

The Training Grant is designed to support local organizations' participation in education and training initiatives that enhance knowledge and/or skills applicable to their operations or trainees' role within the organization.

Eligible applicants may receive a grant equal to 25% of Registration Costs for owner and/or employee Training and Education Initiatives over \$300 per person to a maximum grant amount of \$2,500 per business; OR a grant equal to 50% of Registration Costs for owner and/or employee Training and Education Initiatives \$300 or less per person to a maximum grant amount of \$1,250 per business.

**To be eligible for reimbursement, no work is to be performed until a Reimbursement Agreement is entered into with the City. Work that has commenced prior to City approval is not eligible for reimbursement.**

## Deadlines

Applications will remain open until funding sources have been allocated.

## Submission Information & Questions

Completed applications should be submitted to the program coordinator at [economicrecovery@cityofgp.com](mailto:economicrecovery@cityofgp.com).

Any inquiries can also be made to the program coordinator at [economicrecovery@cityofgp.com](mailto:economicrecovery@cityofgp.com).

## FOIP Act Policy

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25, as amended from time to time, and will be used to administer the applications brought forward for consideration for the Training Grant. Basic information such as your business name may be used in materials that may either be distributed to the public or posted on our social media pages for promotional purposes. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP Act). If you have any questions about the collection, use or disclosure of this information, contact the Manager, Economic Development at **780-357-4969** or [ecdevinfo@cityofgp.com](mailto:ecdevinfo@cityofgp.com).

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**General Information**

Organization Name		Date	
Applicant Name			
Mailing Address			
Phone		Email	
Name of Education and Training Initiative			
Estimated Start Date		Estimated Completion Date	
Estimated Cost of Initiative		Requested Grant Amount	

**Other Funding Sources (including business's contribution):**

Source	Amount
<b>Total</b>	

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**Eligibility**

Organization Name  Length of Time in Business

Number of employees participating in proposed education/training initiative:

Names of employees that will be participating in education/training:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of education/training initiative

Training type (Please select the category that is most applicable to the proposed training):

- |   |   |
|---|---|
| <input type="checkbox"/> Business/Office Administration | <input type="checkbox"/> Human Resources              |
| <input type="checkbox"/> Computer & Technology          | <input type="checkbox"/> Marketing                    |
| <input type="checkbox"/> Finance                        | <input type="checkbox"/> Skilled-Trade Development    |
| <input type="checkbox"/> Health Care                    | <input type="checkbox"/> Other (please specify) _____ |

Learning Format (in-person or virtual)

Name of education/training provider (institution/business)

How many weeks does this education/training initiative take to complete?

Time commitment each week (hours/days):

Does this education/training initiative result in, or provide a certificate, grade, record of completion, or other proof of completion?

Yes     No    If yes, please state type:

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**Eligibility Con't**

Please list the skills that will be gained through this education/training initiative:

Provide a brief description of the education/training initiative and how it is applicable to your organization's operations or the trainees' duties within your organization:

**Applicant Declaration**

I understand that my submission of an application does not constitute a guarantee for funding under the Economic Recovery Program. I certify that all information is true and accurate to the best of my knowledge, and if approved, work will be completed in accordance with the terms and conditions of the Reimbursement Agreement entered into with the City of Grande Prairie.

Applicant Signature

Date

Applicant Name

**Completed applications and inquiries should be submitted to the program coordinator.**

Email: [economicrecovery@cityofgp.com](mailto:economicrecovery@cityofgp.com) | Phone: 780-513-5240

**For Office Use Only**

Date / Time Received

Application Complete

Yes

No

Details

Date of Application Review

Decision

Approve

Approve with Conditions

Refuse

Amount of Grant