

**TARGETED WAGE SUBSIDIES (TWS)
FUNDING PROPOSAL**

*In order to be considered for a wage subsidy under the **Targeted Wage Subsidies (TWS) Program** we will need you to complete all questions in parts 1 through 3. The information provided on this form will be reviewed to assess your eligibility for funding.*

PART 1: COMPANY INFORMATION

1. Company Name:	
2. Mailing Address:	
3. Location of Business Activities:	
4. Telephone & Fax Number:	
5. Contact Person and Title:	
6. Person Responsible for Payroll	Telephone No:
7. CRA Business Number:	
8. WCB Registration Number:	
9. Type of Business:	
10. Years in Operation:	
11. Current Number of Employees:	

12. Other related information you would like noted: _____

13. I, _____, confirm that this employer will not be laying off current employees should this Funding Proposal be approved nor have any current employees been laid off.

PART 2: EMPLOYMENT INFORMATION

1. Please identify the position for which you are requesting a subsidy through this project:

Employer Name: _____

2. What current skills do you expect the participant to have?

3. What new skills will the participant learn?

4. What is the probability of keeping this position after the subsidy period?

5. Will you be providing any special/specific training or certification required for this position?

6. What are the characteristics of this type of work (e.g. part-time, seasonal, subject to lay-offs)?

7. What are the opportunities for advancement? _____

8. Will the work experience you provide allow participants to work in other companies/industries?

9. Does your company meet WCB standards for your industry? YES NO

10. Will your company be providing all safety gear? YES NO

11. What safety equipment will the participant have to provide? _____

Note: Based on the information you provide us, PESL will provide you with a list of eligible participants. It is up to you to decide which participant (if any) you wish to hire.

Employer Name: _____

PART 3: ACTIVITY SUMMARY

1. Describe the specific duties that the participant will have and the time needed to complete each duty:

	Duties	Hours Per Week
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total Hours Per Week:		
EMPLOYER TO ADD ROWS 1 – 10 and enter here →		

2. Please specify desired subsidy dates: *Start Date:* _____ *End Date* _____

3. What are the names of the supervisors?

4. Please complete the participant's proposed work schedule by placing a checkmark under the days of the week that will be worked.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. Hourly rate of pay _____

The total duration and rate of the subsidy will be determined by Progressive Employment Services Ltd. in conjunction with the successful client's Employment Counsellor. Statutory holidays are reimbursed if an employee actually works on the day of the holiday. Overtime hours worked are reimbursed by PESL at the same subsidy rate as regular hours. Vacation pay, union dues, extended benefits and any other voluntary employee deductions are ineligible costs under the TWS program.

I confirm that the statements I have made and the information I have provided are true and accurate to the best of my knowledge.

 Employer Signature
 Progressive Employment Services Ltd.
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 Date