

CANADA-SASKATCHEWAN JOB GRANT TRAINING QUOTE

This form may be completed by the Training Provider or the Applicant/Employer.
Training Quote must accompany the Canada-Saskatchewan Job Grant Application

TRAINING PROVIDER: Please complete this form or provide all the information below in a document with your company letterhead and signature.
Employer: Please complete this form and sign. Please ensure that this training information has been validated by the Training Provider.

TRAINING PROVIDER INFORMATION

Training Provider Name

Mailing address

City/Town Province Postal Code

Training Provider Contact

Phone Ext Fax Email

Training Provider Website

TRAINING PROVIDER TYPE (choose only one)

- Federated or Affiliated College Private Training Agency Regional College Union
 Saskatchewan Polytechnic Private Vocational School University Other

TRAINING ACTIVITIES

Name of Program

Training Program Website

Is this training a customized program based on unique training needs? Yes No

Training Start Date (DD/MMM/YYYY) Training End Date (DD/MMM/YYYY)

Credential (choose only one)

- Certificate Diploma Bachelor Degree Certificate of Completion Certificate of Participation Safety Certificate
 Course Credit License Masters Degree Pre-Professional Program Professional Designation

Program Length (number of training hours per trainee/participant) Total Number of Trainees

Program Description

TRAINING COSTS

CSJG Eligible Training Costs (cost per trainee/participant)

Tuition fees or fees charged by a training provider

Textbooks, software and other required materials

Mandatory student fees

Examination fees

Total CSJG Eligible Training Costs

Other Training Costs

This form has been completed by the:

- Training Provider
 Employer and validated by the Training Provider

Date (dd/mmm/yyyy) _____

Signature _____

Position Title _____

Applicant/Employer Name _____

Printed Name _____