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 Prov | vince | Postal Code | |
| Training Provider Contact | | | |
| Phone Ext Fa | ж | Email | |
| Training Provider Website | | | |
| TRAINING PROVIDER TYPE (choose only one) | | | |
| Federated or Affiliated College Pri | ivate Training Agency | Regional College Union | |
| Saskatchewan Polytechnic Pri | vate 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/partic | ipant) | Total Number of Trainees | |
| Program Description | | | |
| | | | |
| TRAINING COSTS | | | |
| CSJG Eligible Training Costs (cost per trainee/participant) | (| Other Training Costs | |
| Tuition fees or fees charged by a training provider | | 3 ****** | |
| Textbooks, software and other required materials | | | |
| Mandatory student fees | Th | nis form has been completed by the: | |
| Examination fees | | Training Provider Employer and validated by the Training Provider | |
| Total CSJG Eligible Training Costs | | <u>-</u> | |
| Date (dd/mmm/yyyy) | | Signature | |
| Position Title Applie | cant/Employer Name | Printed Name | |

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