

The Canada-Saskatchewan Job Grant (CSJG) 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. Ensure that this training information has been validated by the Training Provider. All details and information contained in this application are collected, used and disclosed in the evaluation, approval and administration of the Canada-Saskatchewan Job Grant. Please ensure all fields have been fully completed prior to submitting an application.

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 _____