Skills Training Grants (STG) User Guide

Applying for Employer Training Grants (ETG)

Last Updated: 15 January 2025

- 1. Log into the <u>Skills Training Grants page</u> with your BCeID.
- 2. Click "Start New B.C. Employer Training Grant Application".

BRITISH Skills	Training Grant	Home User Profile Organization Profile Log Out
Canad		ITISH UMBIA
This program is and the	funded by the Government of Province of British Columbia.	Canada
B C. Employer Traini	ng Grant	
Start New B.C. Employer Training Grant Application	Current grant opportunities are for trai between 2021-09-01 and 2022-03-31, o 2023-04-01 and 2024-03-31, or betwee and 2025-03-31.	ning starting or between n 2024-04-01

3. Click the radial button for the grant stream you want to apply under.

Return			
Start a new applic	ation		
Please fill in each section of this form. This will help us assess your application quickly.			
Before you start: Only employers or the using their Business BCeID. Employers (e.g., training providers, fee-based server For training that starts between April 1	heir authorized employees may submit an application may not share their BCeID user login ID. Other people rice providers) cannot apply on an employer's behalf. , 2023 and March 31, 2024		
 B.C. Employer Training Grant Show description 			
Cancel	Continue		

4. Select the Delivery Start & End Dates for your program. Answer the question about the forest sector, then click "Continue".



5. Click "Edit" beside "Training Program".

Grant application				
Fill in each of the following sections by clicking "Edit". When a section is finished, click "Done". You must fill in each field marked with a star (*).				
When every section is complete, you can r	eview the application and su	ıbmit it.		
Grant selection	COMPLETE	Edit v		
Training program	NOT STARTED	Edit		
Training provider	NOT STARTED	Edit		
Training costs	NOT STARTED	Edit		
Participant information	NOT STARTED	Edit		
		Review and submit		

6. Go through the form, filling out all fields. Once you're finished, click "Done".



	1
Primary delivery method *	
Class Room	
☐ Workplace	
Online	
Total training hours *	
Skill level *	
< Select value >	
Main focus of training skills *	
< Select value >	
Certificates, gualifications or credentials the student will have if they pass the training *	
()	
< Select value >	
Have you offered this type of training to employees in the past? *	
○ Yes ○ No	
Have you received or requested any other government or third-party funding for this	
training? *	Click "Done"
○Yes ○No	Click Dolle .
Cancel Done 🧭	

7. Click "Edit" beside "Training Provider".

Grant application				
Fill in each of the following sections by clicking "Edit". When a section is finished, click "Done". You must fill in each field marked with a star (*).				
When every section is complete, you can r	eview the application and sub	mit it.		
Grant selection	COMPLETE	Edit		
Training program	COMPLETE	Edit		
Training provider	NOT STARTED	Edit		
Training costs	NOT STARTED	Edit		
Participant information	NOT STARTED	Edit		
		Review and submit		

]

8. Go through the form, filling out all fields. Once you're finished, click "Done".

Training provider	
Training provider name *	
Type of training provider *	
< Select value >	
Address of training provider	
Canada Other Country	
Address line 1 *	
Address line 2	
City *	If the training provider is located outside of British Columbia,
	the box below will appear. Write your response to the
Province *	question in the space provided.
British Columbia	The ETG may consider training delivered by training providers not based in B.C. under exceptional circumstances only. Please explain why you have selected a training provider
Postal code *	not based in B.C. *
Iraining provider contact Enter the contact information for your training provider.	
Contact first name *	
Contact last name *	
Contact email *	
Contact phone number *	
- Ext	

Alternative training options	
Please describe any other B.Cbased training providers and/or courses that you looked into, and provide links to the training. This will help us decide if the costs are reasonable and if the training offers high value for money. If you don't provide this information, we may compare the training you chose with similar training that we find online, although it may not be exactly the same. For more details about how we determine value for money, please see our FAQs.	
File Edit View Insert Format Tools	
Alternate Provider 1	
Training provider: Fill in the prepopulated text and any	
Program or course: additional information needed.	
Total cost per participant:	
Duration:	
Outcome (e.g. name of certificate, if applicable):	
Alternate Provider 2	
Training provider:	
Program or course:	
Total cost per participant:	
Duration:	
Outcome (e.g. name of certificate, if applicable):	
Web link to program or course:	
P POWERED BY TINY	
Choice of training provider	
Why did you choose your trainer and not one of the others you listed? Describe why the training provider you chose is the best one to meet the needs of your business and improve the job-related skills of participants.	
File Edit View Insert Format Tools	
$5 \rightarrow B I$ Paragraph $\vee \equiv \equiv \equiv \equiv \equiv \equiv = \vee \cdots$ Copy and paste from another document or format text up to 200	חר
characters.	,0
P POWERED BY TINY	
Cancel	

9. Click "Edit" next to "Training Costs".

Grant application	Grant application			
Fill in each of the following sections by clicking "Edit". When a section is finished, click "Done". You must fill in each field marked with a star (*).				
When every section is complete, you o	an review the application and	d submit it.		
Grant selection	COMPLETE	Edit		
Training program	COMPLETE	Edit		
Training provider	COMPLETE	Edit		
Training costs	NOT STARTED	Edit		
Participant information	NOT STARTED	Edit		
		Review and submit		

10. Enter the number of expected participants, then click "Add New Expense Type".

Training costs	Training costs			
Ø Grants will be calculated based	on the reimbursem	ent amount outlin	ed in the Eligibility Criteria.	
Enter Number of Participants in the Training Program*				
Expense type	Number of participants	Cost per participant	Total expense	
Totals	\$0.00			
Employer Contribution	\$0.00			
Requested Government Contribution	\$0.00			
Add new expense type Your maximum amount per participant is \$10,000.00				
Cancel				Done

11. Choose an expense type from the drop-down list, then fill out the rest of the fields. Once you're finished, click "Save Expense".

Add or Edit Expense			
Expense type	Enter the number of participants to which this expense will apply	Enter the total expense for all participants	Cost per Participant (calculated)
Tuition fees	3	\$3,000.00	\$1,000.00
Cancel			Save Expense

12. Please note that if you add travel related expenses you will be asked to upload required documents.

13. Add more expense types as needed. If you need to make any changes, click "Edit" or "Delete" beside the expense. Once you're finished entering your expenses, click "Done".

Training Costs				
Expense type	Number of participants	Cost per participant	Total expense	
Examination fees	1	\$111.00	\$111.00	Edit Delete
Travel - Meals	1	\$111.00	\$111.00	Edit Delete
Totals	\$222.00			
Employer Contribution	\$44.40			
Requested Government Contribut	ion \$177.60			
Add new expense type Yo	ur maximum amount	per participant i	s \$10,000.00	
Documents required for Travel Expenses				
When claiming Travel Costs, you are required to provide a filled out claim form with your application. Please download the ETG Travel Expense Claim Form, fill it out, and attach it below.				
Supporting documentation for Travel Expenses * One file of the following type may be attached: DOC, DOCX, PDF, JPG, JPEG, PNG, GIF. Maximum file size is 5MB.				
Knoll - GIF.gif				Change
Cancel				Done

14. You can complete participant reporting by selecting "Edit" beside "Participant Information". All participant information forms (PIFs) must be completed before you can submit the application.

Grant application Fill in each of the following sections by clicking "Edit". When a section is finished, click "Done". You must fill in each field marked with a star (*). When every section is complete, you can review the application and submit it. Grant selection COMPLETE Edit Training program COMPLETE Edit Training provider COMPLETE Edit Training costs COMPLETE Edit Participant information NOT STARTED			
Fill in each of the following sections by clicking "Edit". When a section is finished, click "Done". You must fill in each field marked with a star (*). When every section is complete, you can review the application and submit it. Grant selection COMPLETE Edit Training program COMPLETE Edit Training provider COMPLETE Edit Training costs COMPLETE Edit Participant information NOT STARTED	Grant application		
When every section is complete, you can review the application and submit it. Grant selection COMPLETE Training program COMPLETE Edit Training provider COMPLETE Training costs COMPLETE Participant information NOT STARTED	Fill in each of the following sections You must fill in each field marked wi	by clicking "Edit". When a section ith a star (*).	n is finished, click "Done".
Grant selection COMPLETE Edit ▼ Training program COMPLETE Edit ▼ Training provider COMPLETE Edit ▼ Training costs COMPLETE Edit ▼ Participant information NOT STARTED Edit ▼	When every section is complete, you	u can review the application and	submit it.
Training program COMPLETE Edit ▼ Training provider COMPLETE Edit ▼ Training costs COMPLETE Edit ▼ Participant information NOT STARTED Edit ▼	Grant selection	COMPLETE	Edit 🔻
Training provider COMPLETE Training costs COMPLETE Participant information NOT STARTED	Training program	COMPLETE	Edit 🔻
Training costs COMPLETE Edit Participant information NOT STARTED Edit	Training provider	COMPLETE	Edit 🔻
Participant information NOT STARTED Edit	Training costs	COMPLETE	Edit 🔻
	Participant information	NOT STARTED	Edit

15. Click "Add participant details". Here, you will be able to enter details such as first name, last name, email, and expected job outcome. Once you're finished entering participant details, click "Save".

Participant information						
You have indicated that there will be 5 participants. To chapplication.						
Please enter participant details below. By clicking "Send", participants will receive an email invitation to complete a Participant Information Form (PIF). Please note: Participants must complete their own PIFs. Employers who complete PIFs on behalf of participants will have their applications denied.						
Temporary foreign workers, international students,	Temporary foreign workers, international students, people on working holiday visas, or other temporary residents are ineligible.					
Last First Email Expe	ected outcome PIF Status	Action				
1 Add participant details	Add Participant Invitation Enter the details for your participant and click Save. First Name: Last Name: Email: Expected Job outcome: Please select expected training outcome	•	×			
	Cancel		Save			

16. Once participant details have been entered you can click "Send", participants will receive an email invitation to complete a Participant Information Form (PIF). To remove a participant that was entered by mistake click "Remove".

	Last	First	Email	Expected outcome	PIF Status	Action
1	Test	Tester	Tester@testing.com	Increased job security	Not Sent	Send Remove
c	ancel			lf you n participa	need to remove a nt, click "Remove".	Done

17. If not all PIFs have been completed the status will show "In Progress" along with a message stating that not all PIFs are submitted. Click "Edit" in the Participant Information section to continue sending out email invitations for remaining participants to complete.

18. Once all PIFs are submitted you will be able to review and submit your application. **NOTE:** The status of the application states, "**Not Submitted**". Click "Review and submit".

test program (start date 2024-02-06)				Application status
B.C. Employer Training Grant				NOT SUBMITTED
Grant application				Created on 2024-02-06
Grant selection	COMPLETE	Edit	•	
Training program	COMPLETE	Edit	•	
Training provider	COMPLETE	Edit	•	
Training costs	COMPLETE	Edit	▼	
Participant information	COMPLETE	Edit	•	
		Review and	submit	

19. Go through Step 1 of the form and review your details. Click the "Edit [...]" buttons to make any changes, then click "Continue" to go to the next page.

20. Once you've reached Step 2, click the "By checking this box I make this declaration" checkbox, then click "Submit application".

Submit your application

Step 2 of 2: Applicant declaration

When you submit this application, we will assess it against the criteria of the B.C. Employer Training Grant to make sure it is eligible. We will notify you by email once we decide if your application will be approved. We may contact you by email or telephone to discuss the information you provided or to ask for more information. Please respond to these requests as soon as possible. If we cannot reach you after several tries, we may cancel your application.

By checking the box below and submitting this application for funding ("Application") under the B.C. Employer Training Grant program ("ETG"):

- I certify that I am authorized to submit this Application and to make this declaration on behalf of the applicant referred to in this Application (the "Applicant");
- I acknowledge that I have read and understand the B.C. Employer Training Grant criteria applicable to this Application, including the sample B.C. Employer Training Grant Agreement, consisting of the Approval Letter, Schedule A and Schedule B (and the Program Requirements referred to therein), as made available by the Province of British Columbia at the link below;
- I acknowledge that, as the terms and conditions of the B.C. Employer Training Grant Agreement are subject to change from time to time, should this Application be approved, the B.C. Employer Training Grant Agreement that will be sent to the Applicant for signature may materially differ from the sample B.C. Employer Training Grant Agreement that was posted at the time this Application was submitted and I acknowledge that I (or another individual authorized by the Applicant) will be responsible for reviewing, understanding and agreeing to the terms and conditions as they appear at the time the Applicant enters into a B.C. Employer Training Grant Agreement with the Province;
- I certify that all of the information provided on this Application is true and correct to the best of my knowledge and belief;
- I acknowledge and agree that checking the box below has the same legal effect as making this declaration under a hand-written signature; and
- I do hereby make this declaration on my own behalf and on behalf of the Applicant as of the date that this Application is submitted.

By checking this box I make this declaration.*	
Download Sample Agreement	
Cancel	Submit application

21. Your application is now submitted. You will see the application in a "**Complete**" status on the home page. The program area will review it and send you an email with your next steps.

Your application has been submitted.

2450013 Test Training Program (start date 2023-07-26)

B.C. Employer Training Grant

Date submitted: 2023-07-26

COMPLETE

View