## 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<br>COLUMBIA Skills | Training Grant   | Home   User Profile   Organization Profile   Log Out |
|----------------------------|--|--|
|                            |  |  |
| Canad                      |  | ITISH<br>UMBIA                                       |
|                            | funded by the Government of<br>Province of British Columbia. | Canada   |
|                            |  |  |
| B.C. Employer Trainir      | ng Grant   |  |
| Start New B.C. Employer    | Current grant opportunities are for trair                    | ning starting  |
| Training Grant Application | between 2021-09-01 and 2022-03-31, o                         |  |
|                            | 2023-04-01 and 2024-03-31, or between                        | ם 2024-04-01   |
|                            | and 2025-03-31.  |  |

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

| Return   |  |
|--|--|
| Start a new applica  | tion   |
| Please fill in each section of this form. Thi                              | s will help us assess your application quickly.  |
| using their Business BCeID. Employers ma                                   | r authorized employees may submit an application<br>ay not share their BCeID user login ID. Other people<br>e providers) cannot apply on an employer's behalf.<br>023 and March 31, 2024 |
| <ul> <li>B.C. Employer Training Grant</li> <li>Show description</li> </ul> |  |
| 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 clic<br>You must fill in each field marked with a st | 2                            | s finished, click "Done". |  |
| When every section is complete, you can r  | eview the application and su | ıbmit it.                 |  |
| Grant selection  | COMPLETE                     | Edit <b>v</b>             |  |
| 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, qualifications 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? *   |               |
| ○ Yes ○ No  | Click "Done". |
|   |               |
| Cancel Done   |               |
| 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".<br>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 question in the space provided.   |
| Province *   | question in the space provided.   |
| British Columbia   | The ETG may consider training delivered by training providers not based in B.C. under<br>exceptional circumstances only. Please explain why you have selected a training provider |
| Postal code *  | not based in B.C. *   |
|  |   |
|  |   |
| Training provider contact<br>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<br>into, and provide links to the training. This will help us decide if the costs are reasonable<br>and if the training offers high value for money. If you don't provide this information, we<br>may compare the training you chose with similar training that we find online, although it<br>may not be exactly the same. For more details about how we determine value for money,<br>please see our FAQs. |    |
| File Edit View Insert Format Tools  |    |
|   |    |
| Alternate Provider 1  |    |
| Training provider:<br>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):  |    |
| Web link to program or course:  |    |
| 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  |    |
| $5  ightarrow B$ I Paragraph $\lor \equiv \equiv \equiv \equiv \equiv \equiv \equiv \lor \equiv \lor \cdots$ 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   |                                |                   |  |
|---|--------------------------------|-------------------|--|
| Fill in each of the following sections by clicking "Edit". When a section is finished, click "Done".<br>You must fill in each field marked with a star (*). |                                |                   |  |
| When every section is complete, you o   | can 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* |                           |                         |                                 |      |
| Training Costs<br>Expense type                        | Number of<br>participants | Cost per<br>participant | Total expense                   |      |
| Totals  | \$0.00                    |                         |                                 |      |
| Employer Contribution                                 | \$0.00                    |                         |                                 |      |
| Requested Government Contribution                     | \$0.00                    |                         |                                 |      |
| Add new expense type Your                             | maximum amoun             | t per participant i     | s \$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<br>participants to which<br>this expense will apply | Enter the total expense<br>for all participants | Cost per<br>Participant<br>(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<br>participants | Cost per<br>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 <b>\$177.60</b>       |                         |               |             |
| 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.<br>Please download the ETG Travel Expense Claim Form, fill it out, and attach it below. |                           |                         |               |             |
| Supporting documentation for Travel Expenses *<br>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 |                                     |                                  |                              |
|--|-------------------------------------|----------------------------------|------------------------------|
| You must fill in each field marked with a star (*).<br>When every section is complete, you can review the application and submit it.<br>Grant selection COMPLETE Edit ▼<br>Training program COMPLETE Edit ▼<br>Training provider Edit ▼<br>Training costs COMPLETE Edit ▼  | Grant application                   |                                  |                              |
| Grant selection     COMPLETE     Edit         Training program     COMPLETE     Edit         Training provider     COMPLETE     Edit         Training costs     COMPLETE     Edit  |                                     | , ,                              | n is finished, click "Done". |
| Training program     COMPLETE     Edit     V       Training provider     COMPLETE     Edit     V       Training costs     COMPLETE     Edit     V  | When every section is complete, you | u can review the application and | submit it.                   |
| Training program     COMPLETE     Edit     V       Training costs     COMPLETE     Edit     V  | Grant selection                     | COMPLETE                         | Edit 🗸                       |
| Training provider  Training costs  Edit  | Training program                    | COMPLETE                         | 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<br>Information Form (PIF). <b>Please note:</b> Participants must complete their own PIFs. Employers who complete PIFs on behalf of<br>participants will have their applications denied. |   |                              |      |  |
| Temporary foreign workers, international students,  | , people on working holiday visas, or other tempora   | ry 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 |        |                    |                        | need to remove a<br>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<br>(start date 2024-02-06) |          |            |        | Application status       |
|---|----------|------------|--------|--------------------------|
| B.C. Employer Training Grant            |          |            |        | NOT SUBMITTED            |
| Grant application                       |          |            |        | Created on<br>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