

# Skills Training Grants (STG) User Guide

## Submitting CWRG Training Provider Change Requests

Last Updated: April 4, 2025

1. Log into the [Skills Training Grants page](#) with your BCeID.
2. Scroll down the page to your approved Community Workforce Response Grant (CWRG) application, then click "Continue."

### Your applications and claims

A list of your grant application files and their status is shown below.

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2450017 test (start date 2023-09-26)

Community Workforce Response Grant -

APPROVED

Continue

3. Click "View Agreement."

2450017 test (training start date 2023-09-26)

Community Workforce Response Grant - (

### Participant and Claim Reporting

Get started with reporting participants below and when all your participants have reported you can prepare and submit a claim for reimbursement.

0 out of 5 participants have submitted their Participant Information Form. Participants who have not submitted their Participant Information Form will not be eligible in your claim.

Participant Report

Due: 2023-09-30

0 OF 5 REPORTED

Report Participants

Reimbursement Claim

NOT STARTED

Begin Reimbursement Claim

Proof of Payment

Due: 2023-10-26

NOT STARTED

Submit Proof of Payment

Participant Financial Supports Attestation

Due: 2023-10-26

NOT STARTED

Begin Attestation

Completion Report

Due: 2023-10-26

NOT STARTED

Report Completion

Status

APPROVED

Approved on 2023-09-26

Links

View Application

View Agreement

Alternate Contact

You **cannot** change service providers if you've already submitted a claim.

Page 1 of 3

4. Click on “Schedule A – Grant Services”, then click on the name of the training provider you wish to change.

## View Grant Agreement

You may view your grant agreement below by expanding each part.

Approval Letter

Schedule A - Grant Services

Schedule B - Definitions and General Terms

If you have cancelled your training and are certain that you will not be submitting a reimbursement claim then please cancel your agreement using the button below. **When you cancel your agreement, your file is closed and cannot be reopened.**

Cancel Agreement

Approved on  
**2023-09-26**

### Links

[Reporting](#)  
[View Application](#)  
[Alternate Contact](#)

### Agreement Term


**Term Start Date:** 2023-09-26

**Term End Date:** 2023-11-25

**Agreement Fiscal Year:** 2023-04-01 to 2024-03-31

**Claim submission deadline:** **2024-03-01**

### Delivery Plan

 Click on provider links to enter one or more provider changes. Enter all the provider changes you are requesting then click Submit Change Request to submit them all in one request to the Ministry for assessment. You will not be able to submit another request until assessment is complete.

Skills Training Course Title	Training Provider	Start Date	End Date
odie bread baking	<a href="#">odie bakery</a>	2023-09-22	2023-09-22

Service Component	Service Provider	In-Scope Services
Employment Support Services		
Participant Financial Supports		
<b>Participant Reporting Due Date:</b>	2023-09-17	
<b>Number of Participants in Program:</b>	5	

5. The Request Change to Training Provider form will open in a pop-up window. Fill out all required fields, then click "Save".

Change Training Provider

Change request reason \*

Training provider name \*

Type of training provider \*

Address of Training Provider

☒ Canada ☐ Other Country

Address line 1 \*

Address line 2

Cancel

Remove Request

Save

6. Click the "Submit Change Request" button.

Delivery Plan

Cancel Change Request

Submit Change Request

Click on provider links to enter one or more provider changes. Enter all the provider changes you are requesting then click Submit Change Request to submit them all in one request to the Ministry for assessment. You will not be able to submit another request until assessment is complete.

Skills Training Course Title	Training Provider	Start Date	End Date
<div>REQUEST CHANGE TO:</div> odie bread baking	<a href="#">Test Trainer</a> odie bakery	2023-09-26	2023-09-26