

# WCB GRANT PROGRAM APPLICATION FORM

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7  
Phone: (902) 368-5680

Toll-free: 1-800-237-5049

www.wcb.pe.ca  
Fax: (902) 368-5705

To apply for the Workers Compensation Board (WCB) Grant Program, complete this form and submit it to WCB electronically to [programs@wcb.pe.ca](mailto:programs@wcb.pe.ca) or by mail, fax or in person at the address above. More information about the WCB Grant Program, including funding criteria, is available at [www.wcb.pe.ca/information/grantprogram](http://www.wcb.pe.ca/information/grantprogram).

## PART 1: APPLICATION INFORMATION

<b>Organization:</b>	_____
<b>Contact Name:</b>	_____
<b>Title:</b>	_____
<b>Business Mailing Address:</b>	_____
<b>City:</b>	_____ <b>Province:</b> _____ <b>Postal Code:</b> _____
<b>Telephone Number:</b>	_____ <b>WCB Firm Number/CRA BN:</b> _____
<b>Email:</b>	_____

## PART 2: GENERAL INFORMATION

Please let us know which type of project funding you are applying for (check one):

**Workplace Innovation**

*Projects that lead to improvements in health and safety and foster successful rehabilitation, and safe return to productive and meaningful work at a specific PEI workplace or workplaces.*

**Training and Education**

*Instructional programs or activities related to workplace health and safety, injury prevention, and the safe return to productive and meaningful work for injured workers.*

**Include summary of education and/or qualifications of project team members with your Application Form.**

<b>Project Title:</b>	_____	
<b>Project Description:</b>	(Describe project objectives, processes and anticipated deliverables or outcomes as outlined in the Applicant's Guide and on the Project Description Template attached to this form.)	
(See Project Description Template attached to this form for guidance on this part. You may wish to use the template instead of this section if additional space is needed.)		
<b>Where the project will be conducted:</b>	_____	
<b>Target audience of the project:</b>	_____	
<b>Project Duration:</b>	_____ to _____	<b>Projects must be completed within twelve months of start date</b>
	Projected Start Date (DD-Month-YYYY)      Projected End Date (DD-Month-YYYY)	

**PART 3: PROJECT BUDGET: EXPLANATION OF BUDGET AND JUSTIFICATION OF BUDGET ITEMS**

<b>Amount of grant requested:</b>	\$ _____ (maximum \$75,000)
<b>Financing from other sources:</b>	\$ _____ Source(s): _____
<b>Please provide a description of project budget:</b>  (If you require additional space, please attach a separate sheet)	<i>(Describe How the funding will be distributed over the duration of the project, budget can include reasonable administrative costs, but should not include blanket surcharges for organizational overhead.)</i>

**Describe expenditure items**

*E.g. Salaries and Wages, materials and supplies, equipment, office supplies, photocopying, printing, telephone, fax, conference calls, consumables, printer supplies etc. Purchase, lease or rental of equipment such as Tools, machinery or vehicles Software licenses and licensing fees.*

Item	Amount	Item	Amount

I certify that the information given in this application and in any documents attached is accurate in all respects.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (DD-Month-YYYY)

Personal information on this form is collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049.

**FOR INTERNAL USE**

**Application Received (Date):**

**WCB GRANT PROGRAM (WGP)  
PROJECT DESCRIPTION TEMPLATE**

*Use this template for guidance on completing the project description section under Part 2 of the attached Application Form. You may wish to use this template instead of the space provided on the Application Form if additional space is needed.*

**1. PROJECT IDEA**

Describe the project objectives and its relevance to the WCB's strategic priorities for injury prevention and improved return to work outcomes for injured workers (See section 4.1 of the Applicant Guide for more information)

**2. IMPACT**

Describe the impact, benefits and desired outcomes (See section 4.2 of the Applicant Guide for more information)

**3. ACHIEVABILITY**

Describe the organization's capacity to deliver the project, including budget and qualifications (see section 4.3 of the Applicant Guide for more information)

**4. ADDITIONAL INFORMATION**

Applicants may strengthen their proposal by outlining how well it addresses any of the priority areas (see Section 4.4 of the Applicant Guide for more information)