

**Part 1: Eligibility Information**

- |  |     |    |  |
|--|-----|----|--|
| *The Applicant is a Canadian Employer in Manufacturing | Yes | No | Status as a Canadian employer in manufacturing is required for eligibility |
| * The Applicant is an NGen Member                      | Yes | No | NGen membership is required for eligibility                                |

**Part 2: Employer Information**

|   |                                |                   |
|---|--------------------------------|-------------------|
| <b>Employer Information</b>   |                                |                   |
| *Legal Name   |                                |                   |
| *Is the legal name the same as the operating name?<br><br>Yes      No       |                                |                   |
| *Mailing Address  | *City                          | *Postal Code      |
| *Is the physical address different from Mailing Address?<br><br>Yes      No |                                |                   |
| <b>Employer Contact</b>   |                                |                   |
| *First Name   | *Last Name                     | *Position Title   |
| *Phone (999-999-9999)   | Extension                      | *Email            |
| *Company Legal Structure .  | *Business Registration Number  | *Year Established |
| *Number of Employees in Canada  | *Number of Employees Worldwide |                   |

|                             |
|-----------------------------|
| <b>* Industry Sector(s)</b> |
| *Primary Industry Sector    |
| Secondary Industry Sector   |
| Tertiary Industry Sector    |

**Part 3: Course Program Information**

| <b>Employee 1</b>  |                     |                    |                   |
|--------------------|---------------------|--------------------|-------------------|
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 2</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 3</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 4</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 5</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |

| <b>Employee 6</b>  |                     |                    |                   |
|--------------------|---------------------|--------------------|-------------------|
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 7</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 8</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 9</b>  |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |
| <b>Employee 10</b> |                     |                    |                   |
| Employee Last Name | Employee First Name | Citizenship Status | Employment Status |
| Course             |                     |                    | Start Date        |

The information provided on this Form (“**Application**”) for NGen Accelerating Manufacturing Performance Upskilling Project (AMP-UP) co-investment is business information that will be used by the NGen team in its review of the attached application.

**Part 6: Employer Declaration**

For your application to be eligible for funding, all of the following mandatory eligibility criteria must be met. You must agree with and select ALL of the declaration check boxes below before submitting your completed application. Please ensure that this declaration is true and correct to the best of your knowledge and belief. If at any time in the future, NGen Canada finds any item attested to in the declaration to be untrue, the Employer may be deemed ineligible for future NGen Canada funding and liable for any costs incurred.

|  |   |
|--|---|
|  | I represent the employer named above (“Employer”) and have authority to submit this Application on the Employer's behalf;   |
|  | The Employer is a member of NGen Canada, has a job available for each Participant upon completion of training and the job(s) is/are located in Canada   |
|  | The Employer is not in receipt of any other government training funds that duplicate this request (funding is stackable, however total reimbursement cannot exceed 100%).   |
|  | Training is directly related to the current needs of the business and the available job   |
|  | To maximize the number of companies impacted, the maximum AMPUP training allowance per company is limited to \$15,000 in NGen Upskilling co-investment support per fiscal year under this initiative (\$30,000 in training).  |
|  | The Employer agrees that NGen Canada reserves the right to contact participants, trainers or any other person in order to substantiate reimbursement claims, training activities, records or other related matters.   |
|  | The Employer is aware that NGen Canada will ask the Employer and Participant employees to participate in follow-up surveys about the program to support continuous improvement and accountability, and, if approved, will commit to participating in these surveys and ensuring its employees do the same to the best of its ability; and |
|  | All determinations regarding eligibility are, and shall remain, at the sole discretion of NGen Canada.  |
|  | Submission of this form does not guarantee the awarding of a grant or any reimbursement under a grant   |

|                             |                     |             |
|-----------------------------|---------------------|-------------|
| <b>Applicant Acceptance</b> |                     |             |
| <i>Signature</i>            | <i>Name (Typed)</i> | <i>Date</i> |
| <b>NGen Approval</b>        |                     |             |
| <i>Signature</i>            | <i>Name (Typed)</i> | <i>Date</i> |