



## CWRG PROGRAM: TERMS & CONDITIONS

1. By accepting any offer for the HCA Diploma Program through the WorkBC Community Workforce Response Grant Program (CWRG Program), you are required to commit fully to program completion. Seats are extremely limited, and those who participate in the opportunity must understand and be able to meet the commitment involved.
2. Should a participant or waitlisted candidate determine they are unable to commit to the full program duration, they must notify a BC Care Providers Association (BCCPA) representative prior to March 2, 2020, so that another eligible candidate may be given the opportunity to participate.
3. It is the responsibility of the participant to understand the purpose of the program and to participate in good faith. Should a participant require additional academic support, they should contact Discovery Community College (DCC) for advising opportunities immediately.
4. Admitted applicants who fail to complete the program may be liable for fulfilling the incurred costs of the skills training and may become ineligible to participate in future government grant opportunities.
5. As per program eligibility, you certify that you have completed any other federally or provincially funded training programs.
6. The submission of your Personal Information Form (PIF) is a critical component of your eligibility to participate in the program. You agree to submit this mandatory form via the link provided in your offer letter prior to midnight on **February 18, 2020** and understand that failure to submit will result in your ineligibility to participate in the program.
7. If you are an active claimant of Employment Insurance (EI) benefits, you must indicate this information on your PIF and complete the form as soon as possible



to avoid any disruptions in payment of EI benefits.

8. If you are an active claimant of Income Assistance (IA) benefits, you must indicate this information on your PIF and contact an Employment Assistance Worker at the SDPR Delivery Division to ensure training received under the CWRG program will not affect your IA benefits. For questions, please contact SDPR at 1 866-866-0800.
9. Claim reimbursements will be made semi-monthly. All submissions must be received at least 5 business days prior to the semi-monthly pay out schedule dates. Any amounts received by BCCPA after the 10th or 25th day of the month will be applied to the following pay out period.
10. By accepting any EFT payments from BCCPA, you certify that payments for your eligible expense claim(s) for the coinciding pay out period have been received by you in full and without dispute.
11. Prior to submitting your final expense claim for any eligible reimbursements, you must complete a [Reimbursement Verification Form](#) (RVF) for record-keeping purposes. You will be required to submit this form to BCCPA along with your final claim submission.
12. All claims must be submitted to BCCPA by November 10<sup>th</sup>, 2020. Any claims received after this date will become ineligible for reimbursement.
13. Participants are responsible for ensuring any purchases made are eligible for reimbursement prior to submitting their claim request, including childcare, transportation and any other eligible supports.
14. Claim requests will only be reimbursed for items deemed eligible.
15. The maximum total amount eligible for reimbursement under the participant financial supports portion of the grant funding is \$5,000. Any additional costs incurred during your training in excess of this standard amount will be ineligible for reimbursement and participants will be responsible fulfilling any associated payment obligations.



16. All receipts submitted for claim reimbursement should be done in a timely manner and must clearly indicate the following information:

- The start date of the service or support being claimed;
- Name of the approved service provider or other supplier;
- Name of the Agreement holder (BC Care Providers Association);
- Full name of the participant (i.e. yourself) who received services;
- Date of the transaction;
- Clear indication that the payment has been made in full;
- Itemized expense amounts.

The participant is responsible for ensuring all above information is contained on their receipts from the service provider or supplier. Claims will be processed once all necessary documentation is received.

17. As a condition of program acceptance, all students must agree to participate in a post-training grant outcomes evaluation for official reporting purposes.

18. You certify that all information submitted in your formal application to the HCA Diploma Program at DCC via the CWRG Program is true and correct.