Shooniyaa Wa-Biitong Training and Employment Centre for the Treaty No. 3 Area P.O. Box 2909 · Kenora, Ontario · P9N 3X8 Toll Free: 1-800-545-5113 · Tel: (807) 468-2030 · Fax: (807) 468-1813

Application Form

 $\hfill\Box$ Community Based Training Initiatives

 $\hfill\square$ Purchase of Training Community Initiatives

 \square Employee Skill Development

☐ Wage Subsidy

| □ Other | | | |
|-------------------------------------|---|---------------------------|---|
| program you are applying und | ler and carefully review the ou are applying under mus | program application | re to review the guidelines for the instructional sheet. All information ull. Failure to do so will delay the |
| Name of Applicant: | <u>ı.</u> | | File No. (Official Use Only) |
| Legal Name of Applicant: | | | Date:/ |
| Mailing Address: | | Phone: | Fax: |
| City/Town: | Province | : Postal Code: | □ Non-Profit |
| Contact Person: | Revenue | Canada Taxation No. | □ N/A if First Nation Registration/Charter No. & Date Est. if Profit/Private or Non Profit |
| State in summary form the follow | wing: | | |
| Training Needs Analysis: (Stateme | ent of Training Need – Why is the | e training required) | |
| Description of the Trainees. (Who | are the Trainees or intended pa | ticipants?) | |
| Training Project Goals – What are | the expected results of the train | ing? | |
| What specific training objectives w | rill the project achieve? | | |
| | | | to the community's strategic workforce our market needs exists for employment |
| Please attach detailed documen | tation to support your applica | tion. | |
| Location of Activity: | | | Number of Participants: |
| Projected Start | Projected End date | # of Weeks | Total Contribution Requested: |
| From:// | To:/// | _ | \$ |
| Recruitment Selection Plan | u III y | I | |
| Describe the recruitment and se | lection process that will be us | ed to select participants | s for the training: |
| April 01, 2012 | | | |

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| Occupation for which the training will prepare the participant(s) for. | Official Use Only: |
|---|--------------------|
| | NOCC |
| 2. Minimum academic and/or skill level requirements for participants. | |
| | |
| 3. Name of the training institute or private trainer that will provide the training. Should the training private trainers, please provide the names and qualifications of the trainer(s). If unknown at t trainer qualifications do you require for this training activity? | |
| 4. Where will the training he conducted 2. How adequate in the training facility? | |
| 4. Where will the training be conducted? How adequate is the training facility? | |
| 5. What is the general nature of the training content? | |
| 6. Classroom Training to be provided. Please attach a detailed training plan that includes the: I training components; objectives; methodology; evaluation method; hours per week; | Hours per module; |
| 7. Number of Classroom Training Hours per week x Number of Participants x Number of training weeks = Total Number of Participant Classroom Training Hours = | |
| 8. Work experience to be provided on the job. Attach a detailed on-the-job work skills plan tha training for each component; objectives; hours per week; evaluation method. Please provide the job training supervisor(s) and qualifications. | |
| 9. Number of work experience hours per week x Number of Participants x Number of training weeks = Total Number of Participant Classroom Training Hours = | |
| 10. If you are purchasing or leasing equipment for the training that is over \$5,000, please attack sources for the equipment. Please note that pre-approval by Canada (HRSDC) is required to capital assets \$5,000 and over. | |
| 11. Please specify what will happen to the equipment upon completion of the project. | |

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ALL BUDGET AMOUNTS MUST BE ROUNDED TO THE NEAREST DOLLAR Total Weeks Hours Per Week No. Of No. Of Total Wage Rate Per Hour 1. Wages: Person Weeks Hours Col. 2 Shooniyaa Wa-Biitong Contribution Col. 3 Col. 5 Col. 6 Total Wage Rate Occupational Col. 4 Sponsor Administrative Staff & (Col. 2 (Col. 4 x Contribution Col. 9 Add Col 7 and 8 **Project Participants** x 3) 5) Col. 8 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ Participant Totals: 10 - Col. 6 x 7 11 - Col. 6 x 8 12 - Col. 6 x 9 **Total Wages:** \$ \$ \$ 2. Mandatory Employment Related \$ \$ % x column 11 Costs: **Overhead Costs:** Sponsor Shooniyaa Wa-Total Biitong Contribution Contribution (Total participant weeks = Column 8) Overhead Requested **Costs Total Overhead Costs:** \$ \$ Shooniyaa Wa-Sponso 4. Classroom Training Costs: Total Biitong Contribution Contribution Number of participant classroom training hours: Classroom Requested Training **Costs Total Classroom Training Costs:** 5. On-the-Job Training Costs: Sponsor Shooniyaa Wa-Total On-the-Biitong Contribution Contribution Job Training **Number of Participant On-the- Job Hours: Costs Total On-the-Job Training Costs:** Shooniyaa Wa-Sponsor 6. Special Costs: **Total Special** Biitong Contribution Contribution Costs Requested Total Special Costs: \$ \$ \$ No. of Hourly Rate Hrs. Per Week Shooniyaa Wa-Biitong 7. Allowances: (For No. of Weeks Sponsor Total Participants Contribution **Purchase of Training Allowance** Contribution Community Initiatives Requested **Costs** Program only) 8. Breakdown of sponsor contribution & Shooniyaa Wa-Biitong Total Total Total **Training** request Sponsor Shooniyaa Contribution Wa-Biitong **Costs** Request \$ \$ 9. Source of Sponsor Contribution: From what sources will the sponsor be utilizing to contribute to the training costs? Total Please also include the forecast of revenue if revenue will be generated as a result of the training 1. 2. GRAND TOTAL MUST EQUAL THE SPONSOR CONTRIBUTION: I/WE CERTIFY THAT EACH JOB TO BE CREATED FOR A PARTICIPANT IS IN ADDITION OF EMPLOYMENT FOR THE PERIOD AND THAT ALL INFORMATION ON THIS APPLICATION IS Name: (Please Print) Position: Signature: Name: (Please Print) Date: Position: Signature: