Shooniyaa Wa-Biitong

Training and Employment Centre for the Treaty #3 Area

Main Office:
580 Lakeview Drive
P.O. Box 2909
Kenora, ON P9N 3X8
Reception: 1-800-545-5113, ext. 221

Sub-Office: *(located on Agency 1 Lands)*
1459 Idylwild Drive
Site 206-53, R.R. #2
Fort Frances, ON P9A 3M3
Reception: 1-800-545-5113, ext. 260

Community/Organization-Based Activity Application Form

***Note:** To ensure a fast review and assessment of your application, please review any program guidelines and the Application Instructions document. Information pertaining to the program application must be completed in full. Failure to do so will delay the processing of your application.

If you have any questions, please contact the Program Officer in your area (see final page of application).

Section A: Applicant Information			*File No. (Official Use Only):*
Name of Applicant:	Legal Name of Applicant: *(if different)*	Date: _____ MM / DD / YY	
Mailing Address:	City / Town:	Province:	Postal Code:
Contact Person/Project Lead:	Contact Person Position:	Telephone:	Fax:
Email Address:	Revenue Canada Taxation No.	Select: ☐ Profit/Private ☐ Non-Profit ☐ N/A if FN	
Registration / Charter No. and Date Est. *(if Profit/Private or Non-Profit)*			

If this is your first application with Shooniyaa Wa-Biitong in the current fiscal year or if your signing authorities/financial information has changed, please complete and attach the Basic Employer Information Form (see last page).

Section B: Community/Organization Profile

Select which Shooniyaa Wa-Biitong program you are applying for. *Contact your Program Officer with any questions.*

☐ Wage Subsidy (WS)
☐ Employee Skill Development (ESD)

(The following are for First Nation Community applicants only)
☐ Community Based Training Initiatives (CBTI)
☐ Purchase of Training for Community Initiatives (POTC)

Answer the following questions to complete your community/organization profile and provide context for the project.
If additional space is needed for any question on this application, applicants are welcome to attach additional pages.

Provide background information on your community/organization.
What are the main goals of your organization? What role(s) does your organization play in the community? Are there past projects (Shooniyaa Wa-Biitong or other) that have successfully supported your community/organization's goals?

Describe the rationale and need for this project within your community/organization.
What is the specific training being proposed and why is it needed? Are there issues, gaps, barriers, or opportunities addressed by this training in your community/organization?

How does this project support your organization's goals?
Highlight the goal(s) for this project, referring to any community development plans (strategic development workforce plan, long-term employment plan, etc.) where applicable. What are the benefits of completing this project?

Who is your target population for this project/ Who will be participating? *Highlight any key demographic information.*

☐ Youth Treaty #3 Members ☐ Employed Adult Treaty #3 Members ☐ Unemployed Adult Treaty #3 Members

Other traits: _____

Describe the recruitment/participant-selection process for this project.
The process can include job postings, interviews, pre-selected criteria based on need or prerequisite, resumes, etc. Indicate any special provisions to recruit under the following categories: gender (male, female, etc.), Employment Insurance, Social Assistance, People with disabilities, and Youth programs. Shooniyaa Wa-Biitong can also aid in the selection process.

Have participants already been selected for this project? ☐ Yes ☐ No
If yes, please provide their names and completed Participant Information Forms (PIFs; see Application Instructions document) to your Program Officer.
If no, inform your Program Officer once they are selected and submit the required PIFs.
*Participant information is **required** for the final contract; **the project approval process cannot be completed until all participant information is received**.*

What are the training goals and expected outcomes from this project for your community/target population?
What are the main goals of the training? What are the expected outcomes of this project (i.e. developed skills, earning certifications)?

Highlight employment prospects and labour market connections for participants after project completion.
How does this training align with local or regional employment opportunities? Could other barriers persist after training to prevent employment?

Closest Service Center/Town: *(i.e. Fort Frances, Kenora)*		Distance to Service Center: *(in km)*
Name of Training Course:	Projected Start Date: _____ MM / DD / YY	Projected End Date: _____ MM / DD / YY
Location of Activity:	Number of Participants:	Program Length (in hrs, weeks):

The listed costs should match the total amounts in **Section D*	Total Training Cost	$
	Total Contribution requested from Shooniyaa Wa-Biitong	$

A Band Council Resolution (BCR) / Letter of Support is included with the application: ☐ Yes ☐ No

Please attach any additional documentation about the training and its impact to support your application.

Section C: Training Information Breakdown

Training Delivery Agency:	Contact Email:		Telephone:
Address of Training Delivery Agency: *(i.e. main office)*	City / Town:	Province:	Postal Code:

Program Name:	Training Outcome: *(Certificate, etc.)*	Format: ☐ In-Person ☐ Hybrid ☐ Online

1. The training will prepare the participants for the following occupation(s): *(List 1-2 occupations. If the training has a broader scope, list the job type/industry)*	*NOCC (Official Use Only):*

2. What are the training pre-requisites? State the minimum academic or skill level requirements for participants.

3. Where will the training be conducted? Describe the training facility.

4. Provide the name(s) and qualifications of the training instructor and/or supervisor.
If unknown at the time of application, what trainer qualifications do you require for the training activity?

5. Summarize the course/ training content. What is the general nature of the training content?

6. Describe the methodologies/learning strategies used in this training.
How are participants evaluated in the course?

7. Create a training plan outline for the proposed project. Applicants can complete the following questions or submit a training breakdown/schedule provided by the Training Provider. ☐ I will attach a training breakdown/schedule from the training provider.

a. The proposed project will consist of: ☐ Classroom Learning/Training ☐ On-site Work Experience

Classroom Training Hour Breakdown: ☐ N/A

Number of Training Hours per week:_____ Number of Training Weeks:_____

Number of Participants:_____ **Total Classroom Training Hours (for all participants):_____**

On-Site Experience Training Hour Breakdown: ☐ N/A

Number of Training Hours per week:_____ Number of Training Weeks:_____

Number of Participants:_____ **Total On-Site Training Hours (for all participants):_____**

b. Outline the training schedule for the proposed project.

Training Component:_____ ☐ Classroom Training ☐ On-site Job Training
Content (Training topics to be covered, training objectives to be addressed):

Hours Required:_____ Training Dates:_____ Day or Week No._____
Expected Results:

Training Component:_____ ☐ Classroom Training ☐ On-site Job Training
Content (Training topics to be covered, training objectives to be addressed):

Hours Required:_____ Training Dates:_____ Day or Week No._____
Expected Results:

Training Component:_____ ☐ Classroom Training ☐ On-site Job Training
Content (Training topics to be covered, training objectives to be addressed):

Hours Required:_____ Training Dates:_____ Day or Week No._____
Expected Results:

Training Component:_____ ☐ Classroom Training ☐ On-site Job Training
Content (Training topics to be covered, training objectives to be addressed):

Hours Required:_____ Training Dates:_____ Day or Week No._____
Expected Results:

If more room is needed to outline the project, applicants are encouraged to attach extra pages with information about the program. Applicants are also encouraged to submit any additional information that supports the application.

Section D: Project Budget Information

Key cells/columns will be noted with a number (i.e. [1]) and any calculation instructions. *Please include any relevant receipts/quotes with the submission of your application.*

1. Wages *(CBTI, POTC, WS)*						*(Wage Rate per Hour)*		
[1] Occupational Administrative Staff and Project Participants	**[2]** No. of Persons	**[3]** No. of Weeks	**[4]** Total Weeks (**[2]** x **[3]**)	**[5]** Hours Per Week	**[6]** Total Hours (**[4]** x **[5]**)	**[7]** Sponsor Wage Contribution	**[8]** SWB Wage Request	**[9]** Total Wage Rate (**[7]** + **[8]**)
						$	$	$
						$	$	$
Totals:								
*Note: **Organizations** applying for the **WS program** must have each participant complete a **CBA Application Form** with the above wage information.*				**Total Wages (Full Duration):**		**[10]** (**[6]** x **[7]**) $	**[11]** (**[6]** x **[8]**) $	**[12]** (**[6]** x **[9]**) $

2. Mandatory Employment Related Costs / MERC (*CBTI, POTC, WS*) ____% **[13]** (max. 12%) **of Total Wages**			
MERC is a required employer contribution for employees, which includes 4% vacation pay, EI premiums, contributions to CPP, and WSIB coverage/private insurance equivalent.	$	$	$

3. Overhead Costs *(CBTI, POTC)*	Sponsor Contribution	SWB Request	Total Overhead Cost
	$	$	$
	$	$	$
Total Overhead Costs:	$	$	$

4. Classroom Training Costs (*CBTI, POTC, ESD, WS*) Number of Participant Classroom Training Hours:_____	Sponsor Contribution	SWB Request	Total Classroom Training Cost
	$	$	$
	$	$	$
Total Classroom Training Costs:	$	$	$

5. On-Site Experience Training Costs *(CBTI)* Number of Participant On-Site Experience Hours:_____	Sponsor Contribution	SWB Request	Total On-Site Training Costs
	$	$	$
	$	$	$
Total On-Site Experience Training Costs:	$	$	$

6. Special Costs *(CBTI, POTC, ESD)*	Sponsor Contribution	SWB Request	Total Special Costs
	$	$	$
	$	$	$
Total Special Costs:	$	$	$

7. Allowances *(POTC)* Position Title:	**[14]** No. of Participants	**[15]** Hourly Rate	**[16]** Hours per Week	**[17]** No. of Weeks	Sponsor Contribution	SWB Request	**[14]**x**[15]**x**[16]**x**[17]** Total Allowances
					$	$	$

8. Total Project Costs (*CBTI, POTC, ESD, WS*)	**[18]** Total Sponsor Contribution	Total SWB Request	Total Training Costs
	$	$	$

9. Source of Sponsor Contribution (*CBTI, POTC, ESD, WS*) *What sources will the sponsor be utilizing to contribute to the training costs? Please include the forecast of revenue if revenue will be generated as a result of the training.*	**Total**
1.	$
2.	$
3.	$
TOTAL (must equal the TOTAL SPONSOR CONTRIBUTION **[18]** from part 8 above)	$

I/We certify that all information provided in this project application (including the community information, training plan outline, and proposed budget) is accurate and true to the best of my/our knowledge.

For projects involving currently employed or the employment of participants, I/We certify that each job to be created for a participant is in addition of employment for the period.

Signature 1	Date	Signature 2	Date
Name and Position (print)		Name and Position (print)	

If you have any questions or concerns about your application, please contact your Program Officer:

Northern Area – Kenora Office:
(Sioux Lookout & Area)
Jason Chicago
P.O. Box 2909
Kenora, ON P9N 3X8
Toll-Free: 1-800-545-5113, ext. 233
Facsimile: (807) 468-1813
Email: jason.chicago@shooniyaa.org

Western Area – Kenora Office:
(Kenora & Area)
Marlene Elder
P.O. Box 2909
Kenora, ON P9N 3X8
Toll-Free: 1-800-545-5113, ext. 225
Facsimile: (807) 468-1813
Email: marlene.elder@shooniyaa.org

Southern Area – Agency One Office:
(Sioux Narrows & Area)
Jeremy Jordan
1455 Idylwild Drive
Fort Frances, ON P9A 3M3
Toll-Free: 1-800-545-5113, ext. 100
Facsimile: (807) 468-1813
Email: jeremy.jordan@shooniyaa.org

Eastern Area – Agency One Office:
(Fort Frances/Atikokan & Area)
Carmen Jones
1455 Idylwild Drive
Fort Frances, ON P9A 3M3
Toll-Free: 1-800-545-5113, ext. 227
Facsimile: (807) 468-1813
Email: carmen.jones@shooniyaa.org

Official Use Only:		
File No. ___/___/___/___/___/___/	Program Officer:	Date Received:
Notes:		

Appendix: Basic Employer Form

File No. (Official Use)	___/___/___/___/___/___/

Name of Employer/Institution:	Legal Name of Employer:	No. of Years in Business:	
Mailing Address:	City / Town:	Province:	Postal Code:
Email Address:	Telephone:	Fax:	
Project Location:			

Legal Signing Officers: *(those who have legal authority to sign the contract, any amendments, reports, etc.)*		
Title:	*Name:*	*Specimen Signature:*
How many of the above signatures, and in what combination, are required to bind your organization in a legal agreement?		

Person Responsible for Books:			
Name:	Business Phone #:	Business Fax #:	
Name of Bank:	Account No.(s):	Type of Account:	
Address:	City/Town:	Province:	Postal Code:
Spare Account for Project: ☐ Yes ☐ No			