# 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

## YOUTH GROUP PROJECTS APPLICATION FORM

Name of Applicant:			File No. (Official Use Only)		
Sponsoring Legal Applicant:			Date:		
Mailing Address:		Phone:	Fax:	•	
City/Town:		Province:	Postal Code:	☐ Profit /Private ☐ Non-Profit	
Contact Person:		Revenue Canada Taxation No.	Registration/Charter No. & Date		
State in summary fexpected results of a	form the name of projectivities. Attach addition	ect, objectives, planned activnal information as required to s	ities, expected mee support the application	ting schedule and on.	
Location of Activity:			Duration o	f Activity:	
			Start:		
			End:		
Number of Weeks:	Number of Youth	Total Contribution Requested:	d m	У	

## Youth Group Projects Program - Budget Information - Page Two

1. Participant End of Project Incentive Bonus	No. of Youth Participants  Col. 2		No. of week	S Total Weeks	Total Incentive Bonus Col. 5 (Col 2 x 3 x \$50)
			Col. 3	Col. 4 = Col. 2 x 3	
Participant - End of Project Incentive Bonus - \$50/wk					\$
Overhead Costs: Please refer to program desc for eligible costs	ription	-	tal Overhead or Contribution	Total Overhead Shooniyaa Wa-Biitong Contribution Requested	Total Overhead Costs
Total Overhead Costs:		\$		\$	\$
Project Costs - Please refer to program description for eligible costs.				Total Program Costs Shooniyaa Wa-Biitong Contribution Requested	Total Program Cost
Youth Project Coordinator					
Program Materials – Attach breakdown					
Resource/Presenters/Elders					
Nutrition					
Other – Attach breakdown					
Total Program Costs:		\$		\$	\$
Total Sponsor Contribution, Shooniiyaa Wa-Biitong Requested Funding and Project Costs: (Please add up the sub-totals for the Sponsor Contribution, Shooniyaa Wa-Biitong Contribution Requested and Total Costs)		Total Sponsor Contribution		Total Shooniyaa Wa-Biitong Request	Total Costs
		\$		\$	\$
Source of Sponsor Contribution: From what sources will the spot the forecast of revenue if revenue will be generated as a result of the train		g to contri	bute to the project	costs? Please also include	Total
1.	·····ਬ				
2.					
3.					
GRAND TOTAL MUST EQUAL THE SPONSOR CONTRIBUTI	ON:				\$

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 ACCURATE. WE HEREBY ACKNOWLEDGE THAT WE ARE AUTHORIZED SIGNERS ON BEHALF OF THE APPLICANT.

Name: (Please Print)	Position:	Signature:	Date:
Name: (Please Print)	Position:	Signature:	Date:

### **SHOONIYAA WA-BIITONG APPLICATION**

#### BASIC EMPLOYER/INSTITUTION INFORMATION

Name of Employer/Institution:				File Number (Official Use Only)		
Legal Name of Employer:				Years in Profit)	Business (If For-	
Mailing Address:				Postal C	Code:	
City/Town:				Provinc	e:	
Project Location:						
Legal Signing Officers (those who have legal authority to sign the contract, any amendments, reports, etc.)						
Title:	Name:			Specimen Signature:		
1.						
2.						
3.						
4.						
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:	Telephone No. Business		Fax No. Business			
Name of Bank:	Account Number(s):		Type of Account:			
Address:			Postal Co	de:	Province:	
City:				Spare A □ yes	ccount for Project: □ no	