

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

<input type="checkbox"/> Community Based Training Initiatives <input type="checkbox"/> Purchase of Training Community Initiatives <input type="checkbox"/> Other	<input type="checkbox"/> Employee Skill Development <input type="checkbox"/> Wage Subsidy
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***Note: In order to expedite the processing of your application, please ensure to review the guidelines for the program you are applying under and carefully review the program application instructional sheet. All information pertaining to the program you are applying under must be completed in full. Failure to do so will delay the processing of your application.**

Name of Applicant:		File No. (Official Use Only)	
Legal Name of Applicant:		Date: ____/____/____ d m y	
Mailing Address:		Phone:	Fax:
City/Town:	Province:	Postal Code:	Check: <input type="checkbox"/> Profit/Private <input type="checkbox"/> Non-Profit <input type="checkbox"/> N/A if First Nation
Contact Person:	Revenue Canada Taxation No.	Registration/Charter No. & Date Est. if Profit/Private or Non Profit	

State in summary form the following:

Training Needs Analysis: (Statement of Training Need – Why is the training required)

Description of the Trainees. (Who are the Trainees or intended participants?)

Training Project Goals – What are the expected results of the training?

What specific training objectives will the project achieve?

Workforce Development and Employment Prospects: Explain how if this project fits into the community's strategic workforce development plan and how it fits into the long range plan for employment. What local labour market needs exists for employment potential:

Please attach detailed documentation to support your application.

Location of Activity:			Number of Participants:
Projected Start	Projected End date	# of Weeks	Total Contribution Requested:
From: ____/____/____ d m y	To: ____/____/____ d m y		\$

Recruitment Selection Plan

Describe the recruitment and selection process that will be used to select participants for the training:

Shooniyaa Wa-Biitong Training and Employment Centre for the Treaty No. 3 Area

PROGRAM APPLICATION – Page two

1. 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 be provided by private trainers, please provide the names and qualifications of the trainer(s). If unknown at time of application, what trainer qualifications do you require for this training activity?	
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: Hours per module; training components; objectives; methodology; evaluation method; hours per week;	
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 that includes the: Hours of training for each component; objectives; hours per week; evaluation method. Please provide the name(s) of the on 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 attach quotes from three sources for the equipment. Please note that pre-approval by Canada (HRSDC) is required to purchase or lease any capital assets \$5,000 and over.	
11. Please specify what will happen to the equipment upon completion of the project.	

Shooniyaa Wa-Biitong Training and Employment Centre for the Treaty No. 3 Area Budget Information – Page Three

ALL BUDGET AMOUNTS MUST BE ROUNDED TO THE NEAREST DOLLAR.

1. Wages:	No. Of Persons	No. Of Weeks	Total Weeks	Hours Per Week	Total Hours	Wage Rate Per Hour		
Occupational Administrative Staff & Project Participants	Col. 2	Col. 3	Col. 4 (Col. 2 x 3)	Col. 5	Col. 6 (Col. 4 x 5)	Sponsor Contribution Col. 7	Shooniyaa Wa-Biitong Contribution Col. 8	Total Wage Rate Col. 9 Add Col 7 and 8
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
						\$	\$	\$
Participant Totals:						10 - Col. 6 x 7	11 - Col. 6 x 8	12 - Col. 6 x 9
Total Wages:						\$	\$	\$
2. Mandatory Employment Related Costs:	_____ % x column 11					\$	\$	\$
3. Overhead Costs: (Total participant weeks = Column 8)	_____					Sponsor Contribution	Shooniyaa Wa-Biitong Contribution Requested	Total Overhead Costs
Total Overhead Costs:						\$	\$	\$
4. Classroom Training Costs:	Number of participant classroom training hours: _____					Sponsor Contribution	Shooniyaa Wa-Biitong Contribution Requested	Total Classroom Training Costs
Total Classroom Training Costs:						\$	\$	\$
5. On-the-Job Training Costs:	Number of Participant On-the- Job Hours: _____					Sponsor Contribution	Shooniyaa Wa-Biitong Contribution Requested	Total On-the-Job Training Costs
Total On-the-Job Training Costs:						\$	\$	\$
6. Special Costs:						Sponsor Contribution	Shooniyaa Wa-Biitong Contribution Requested	Total Special Costs
Total Special Costs:						\$	\$	\$
7. Allowances: (For Purchase of Training Community Initiatives Program only)	No. of Participants	Hourly Rate	Hrs. Per Week	No. of Weeks		Sponsor Contribution	Shooniyaa Wa-Biitong Contribution Requested	Total Allowance Costs
						\$	\$	\$
8. Breakdown of sponsor contribution & Shooniyaa Wa-Biitong request						Total Sponsor Contribution	Total Shooniyaa Wa-Biitong Request	Total Training Costs
						\$	\$	\$

9. Source of Sponsor Contribution: From what sources will the sponsor be utilizing to contribute to the training costs? Please also include the forecast of revenue if revenue will be generated as a result of the training	Total
1.	
2.	
3.	
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 ACCURATE.

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