

MATAWA EMPLOYMENT & TRAINING

233 South Court Street, Thunder Bay, Ontario P7B 2X9 Tel (807) 344-4575 Fax (807) 344-2977

- APPLICATION FOR: FIRST NATION COMMUNITY INITIATIVES
 (please check one) FIRST NATION REGIONAL INITIATIVES
 FIRST NATION YOUTH INITIATIVES
 FIRST NATION INDIVIDUAL INITIATIVES

Note: Applications for the Disabled can fall under any of the above initiatives

Name of Sponsor/Employer		Legal Name of Sponsor/Employer (i.e. 012345 Ontario Ltd.)	
Mailing Address		City/Town	
Province	Postal Code	Telephone Number	Revenue Canada #
Name of Contact Person		Fax Number	

Project Title/Name: _____ Profit Not for Profit

State in summary form the objectives and expected results of activities. Attach detailed documentation. Objectives and training to be provided.

Duration of Activity: From: _____ D/ _____ M/ _____ /Y To: _____ D/ _____ M/ _____ /Y

Location of Activity

TYPE OF FUNDS: (CHECK ONE)

- EI PART 2 CRF DISABLED YOUTH/CRF YOUTH/EI PART 2

Recruitment Plan:

Gender: Of these participants, how many are?

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
youth <input type="checkbox"/>	disabled <input type="checkbox"/>	youth <input type="checkbox"/>	disabled <input type="checkbox"/>
unemployed <input type="checkbox"/>	employed <input type="checkbox"/>	unemployed <input type="checkbox"/>	employed <input type="checkbox"/>

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<p>1. OCCUPATION FOR WHICH THE TRAINING AND WORK EXPERIENCE WILL PREPARE THE PARTICIPANT (attach job description)</p>
<p>2. PERSONS/ORGANIZATION WHO PREPARED THE TRAINING COMPONENT. PLEASE PROVIDE THE NAMES, QUALIFIACATIONS OF THE TRAINERS AND MINIMUM THREE QUOTES</p>
<p>3. MINIMUM ACADEMIC AND/OR SKILL LEVEL REQUIREMENTS OF THE PARTICIPANTS</p>
<p>4. INSURANCE COVERAGE</p> <p>a) Does sponsor have Third Party Liability Coverage? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Is sponsor registered with Workplace Safety and Insurance Board (formally known as WCB)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Does sponsor have accidental Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. HOW DOES THE PROJECT ADDRESS LOCAL LABOUR MARKET NEEDS? (i.e. POSSIBILITY OF OTHER EMPLOYMENT OPPORTUNITIES, OPPORTUNITY FOR ADDITIONAL TRAINING, ENHANCE EMPLOYABILITY, HIGHER EDUCATION ETC...)</p>
<p>6. PROOF OF WRITTEN COMMUNITY SUPPORT/AGREEMENTS</p> <p>a) Please attach written Community Support i.e. Band Council Resolution (must be received before application can be processed)</p> <p>b) Is application being submitted through a Third Party Applicant? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please attach written agreement between parties.</p>
<p>7. List relevant training received through MET previously and summarize its outcome.</p>

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Wage Based Training

Occupation	No. Of Persons	No. Of Weeks	Hours Per Week	Total HOURS	Wage Rate Per Hour	MET contribution Requested
Participant Totals						
Mandatory Employment Related Costs (E.I./CPP/WSIB) up to max of 15% % X Subtotal 1						

Allowance Based Training

Occupation	No. Of Participants	Rate Per Week (max. \$200)	No. Of Weeks	Sub Total 2	
Overhead Costs ie. Office supplies					
				Total Overhead Costs	
Training Costs: Project Manager/trainer					
				Total Training Costs	
Project Manager/Supervisor Costs					
				Total Project Manager/Supervisor Costs	
Special Costs ie. Safety equipment					
				Total Special Costs	
Total Requested MET Contribution					
Total Sponsor Contribution					
Source(s) of other funds					
Total of Other Funds (please attach written confirmation from other funding sources)					

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BASIC EMPLOYER/INSTITUTION INFORMATION	
Name of Employer/Institution	
Legal Name of Employer	
Mailing Address	

Legal Signing Officers (those who have legal authority to sign the contract, any amendments and reports etc.)

TITLE	NAME	SIGNATURE
1)		
2)		
3)		
4)		
5)		
6)		

How many of the above signatures, and in what combination are required to bind your organization in a legal agreement

Name and Title Person(s) responsible for books

Tel. No. – Business ()	Fax No. – Business ()
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Name of Bank	Account Number(s)
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Address/Phone number

Type of Account

Will there be a Separate Account for Project? Yes No

Name of Auditor	Address: Phone number: ()
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Is copy of last financial statement enclosed? Yes No Already on file

I/We certify that the above information is accurate and true to the best of my knowledge. If funding is approved, the organization will adhere to MET program policy guidelines. Failure to do so or knowingly providing false information will result in funding (if approved) being revoked.

Name (Please Print)	Position	SIGNATURE	Date (DD/MM/YY)