**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

**P.O. Box 56, 80 Front Street, Sioux Lookout, Ontario P8T 1A1, Tel 807-737-4047, Toll free 1-800-563-2183**

INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM

|  |  |
| --- | --- |
|  | First Nation Community Initiatives |
|  | First Nation District Wide Initiatives |

APPLICATION FOR:

|  |  |  |  |
| --- | --- | --- | --- |
| File Number: | | | |
| Legal Name of Applicant: | | | | | | | |
| Mailing Address: | | | | | | | |
| City/Town: | Province:  Ontario | | Postal Code: | | | Telephone #: | |
| Name of Contact Person(s): | | | | | | Fax #: | |
| State in summary from the objectives and expected results of activities. (Attach detailed documentation): | | | | | | | |
| Duration of Activity: | From: | dd / mm/ yyyy | | | To: | | dd / mm/ yyyy |
|  | | |  |
| Location of Activity: | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| (Use Totals from Page 2) | | | |
| Number of Participants: |  | Total Contribution Requested: $ |  |

Number of Participants to be recruited from the following categories

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Female | Male | Youth | Disabled | E.I. | O.W. | Unemployed | TOTAL |
|  |  |  |  |  |  |  |  |

WAGE COSTS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Occupations | No. of Persons | No. of Weeks | | | Total Weeks | | Hours / Week | | Total Hours | | | Wage Rate / Hour ($) | | SLAAMB Contribution Requested (Totals) |
| (Col. 1) | (Col. 2) | (Col. 3) | | | (Col. 4)  (Col. 2 x 3) | | (Col. 5) | | (Col. 6) | | | (Col. 7) | | (Col. 8)  (Col. 6 x 7) |
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| Totals |  |  | | |  | |  | |  | | |  | |  |
| Subtotal 1 | | | | | | | | | | | | | | $ |
| Mandatory Employment Related Costs | | | % | | | x | | Subtotal 1 | | $ | | | = |  |
| Subtotal 2 | | | | | | | | | | | | | | $ |
| Overhead Costs (Please Itemize) | | | | | | | Gross Costs - $ | | | | | | |  |
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| Total Overhead Costs | | | | | | |  | | | | | | |  |
| Training Costs (Please itemize) | | | | | | | Gross Costs - $ | | | | | | |  |
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| Total Training Costs | | | | | | |  | | | | | | |  |
| Special Costs (Please itemize) | | | | | | | Gross Costs - $ | | | | | | |  |
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| Total Special Costs | | | | | | |  | | | | | | |  |
| Participant Allowances: | # of Participants: | | | Rate Per Week: | | | # of Weeks Per Participant: | | | | Total Cost for Allowances: | | |  |
| Total SLAAMB Contribution $ | | | | | | | | | | | | | |  |
| Sources(s) of Other Funds: | | | | | | | | | | | | | |  |

TRAINING PLAN

Please complete one plan for each occupation for which participants will be hired, excluding project Manager(s). Type of print legibly using black ink.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. OCCUPATION FOR WHICH THE TRAINING AND WORK EXPERIENCE WILL PREPARE THE PARTICIPANT: | | | | | 1. NO. OF PARTICPANTS: |
| 1. PERSON/ORGANIZATION WO PREPARED THE TRAINING COMPONENT: | | | | | |
| 1. MINIMUM ACADEMIC AND/OR SKILL LEVEL REQUIREMENTS OF THE PARTICIPANTS: | | | | | |
| 1. NAME OF THE PUBLIC OR NON-PUBLIC INSTITUTION(S) THAT WILL PROVIDE THE TRAINING, SHOULD THE TRAINING BE PROVIDED BY INDIVIDUALS. PLEASE PROVIDE THE NAMES AND QUALIFICATIONS OF THE TRAINEES. | | | | | |
| 1. TRAINING TO BE PROVIDED: | | | | | |
| 1. NO. OF TRAINING HOURS: | | 1. NO. OF PARTICIPANTS: | | 1. TOTAL # OF PARTICIPANT TRAINING HOURS: | |
| ---------------------------------- | X | ----------------------------------- | = | ------------------------------------------- | |
| 1. WORK EXPERIENCE TO BE PROVIDED: | | | | | |

BASIC EMPLOYER INFORMATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name of Employer: | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | Project Location: | | | |
| Legal Signing Officers (those who have legal authority to sign the contract, any amendments and report, etc. | | | | | | | | | | | | |
| Title | | | Name | | | | | | | | | Signature |
| 1. | Economic Development Officer | |  | | | | | | | | |  |
| 2. | Band Administrator | |  | | | | | | | | |  |
| 3. | Chief and/or Deputy Chief | |  | | | | | | | | |  |
| 4. | Band Councillor | |  | | | | | | | | |  |
| 5 | Band Councillor | |  | | | | | | | | |  |
| 6. | Band Councillor | |  | | | | | | | | |  |
| 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: | | | | | Tele. # (Business):  (807) | | | | | | Tel. No. (Home):  (807) | |
| Name of Bank: | | | | | | Account Number(s): | | | | | | |
| Address: | | | | | | Type of Account: | | | | | | |
| Separate Account for Projects? | | Yes | |  | | | No |  | |