**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) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |
| Subtotal 1 | $ |
| Mandatory Employment Related Costs  | % | x | Subtotal 1 | $ | = |  |
| Subtotal 2 | $ |
| Overhead Costs (Please Itemize) | Gross Costs - $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Overhead Costs |  |  |
| Training Costs (Please itemize) | Gross Costs - $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Training Costs |  |  |
| Special Costs (Please itemize) | Gross Costs - $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 |  |