**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**

HARVESTER’S SUPPORT GRANT PROGRAM APPLICATION

|  |  |
| --- | --- |
|  |  |
|  |  |

APPLICATION FOR:

|  |  |  |  |
| --- | --- | --- | --- |
| File Number: | | | |
| Legal Name of Applicant: | | | | | | | |
| Mailing Address: | | | | | | | |
| City/Town: | Province:  Ontario | | Postal Code:  POV | | | Telephone #:  ( 807 ) | |
| Name of Contact Person(s): | | | | | | Fax #:  ( 807) | |
| 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:  First Nation territory | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Number of Participants: |  | Total Contribution Requested: $ |  |

Number of Participants to be recruited from the following categories

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Female |  | Male |  | Youth |  | Disabled |  |

WAGE COSTS (Harvester’s Coordinator or Project Workers **ONLY if Applicable)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | | | $ |
| **Equipment Purchases (Attached Receipts)** | | | | | | |  | | | | | | |  |
|  | | | | | | |  | | | | | | |  |
|  | | | | | | |  | | | | | | |  |
|  | | | | | | |  | | | | | | |  |
|  | | | | | | |  | | | | | | |  |
|  | | | | | | |  | | | | | | |  |
| Total Equipment Costs | | | | | | | Cost - $ | | | | | | |  |
| **Special Costs (Please itemize)** | | | | | | |  | | | | | | |  |
| Fridge, Coolers, Chest Freezer plus freight | | | | | | |  | | | | | | |  |
| Ammunition, traps, fishing nets, fuel, snowshoes, knives | | | | | | |  | | | | | | |  |
| Sewing machines | | | | | | |  | | | | | | |  |
| Chainsaw rentals $­­­­­\_\_\_\_\_ /day; Skidoo/ATV rentals $\_\_\_\_\_/day | | | | | | |  | | | | | | |  |
| Truck rentals $\_\_\_\_\_\_\_/day; Boat & motor rental $\_\_\_\_\_\_/day | | | | | | |  | | | | | | |  |
| Total Special Costs | | | | | | | Cost - $ | | | | | | |  |
| **Training Costs (Please itemize)** | | | | | | |  | | | | | | |  |
| Hunting/trapping workshops (maintenance of harvesting sites) | | | | | | |  | | | | | | |  |
| Traditional knowledge, practices and techniques | | | | | | |  | | | | | | |  |
| Safety rescue equipment; maintenance of equipment | | | | | | |  | | | | | | |  |
| Food processing and storage; shelter and clothing | | | | | | |  | | | | | | |  |
| Total Trainingl Costs | | | | | | | Cost - $ | | | | | | |  |
| 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. OCCUPATION FOR WHICH THE TRAINING AND WORK EXPERIENCE WILL PREPARE THE PARTICIPANT: | | | | | 1. NO. OF PARTICIPANTS: |
| 1. PERSON/ORGANIZATION WHO PREPARED THE TRAINING COMPONENT: | | | | | |
| 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: | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Signing Officers (those who have legal authority to sign the contract, any amendments and report, etc. | | | | | | | | | | | |
| Title | | | Name | | | | | | | | Signature |
| 1. | Harvester’s Support Coordinator | |  | | | | | | | |  |
| 2. | Band Administrator | |  | | | | | | | |  |
| 3. | Chief and/or Deputy Chief | |  | | | | | | | |  |
| 4. | Band Councillor | |  | | | | | | | |  |
| 5 | Band Councillor | |  | | | | | | | |  |
| Any two or three who have signing authority for your First Nation Organization. | | | | | | | | | | | |
| Person responsible for books: | | | | | | | | | | | |
| Name: | | | | | Tele. # (Business):  (807) | | | | | Tel. No. (Home):  (807) | |
| Name of Bank: | | | | | | Account Number(s): | | | | | |
| Address: | | | | | | Type of Account: | | | | | |
| Any Attachments ie price quotes? | | Yes | |  | | | No |  |