**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

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APPLICATION FOR:

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| --- |
| 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 |

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| --- |
|  |
| 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:
 |

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| --- |
| 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 |  |