



## **Application to the Cree Human Resources Development Department**

Territorial and Community Based Programs  
Submitted by an employer

This is an application for Territorial Programs:	<input type="checkbox"/>
This is an application for Community Based Programs:	<input type="checkbox"/>

I am seeking assistance for one of the following (check only one):

Support to start a business <input type="checkbox"/>	Support for Youth <input type="checkbox"/>
Support for an existing business <input type="checkbox"/>	Support for persons with disabilities <input type="checkbox"/>

*(Use additional pages if needed)*

<b><u>1) Applicant's basic information</u></b>	
a) Applicant's name:	
b) Other partners or organizations involved, if any:	
c) Contact person:	
d) Mailing and operational address:	
e) Telephone No.: Fax No.: E-mail address:	
f) Length of time in existence:	
g) Organization's Revenue Canada Business Number:	
h) Board of Directors of the Organization (owner(s) or administrators) if any:	
i) Field of activities:	
j) Previous use of HRDC or CHRD funds	

## 2) Project Description

<p>a) Purposes, objectives and expected results of project:</p>				
<p>b) How many jobs are to be created? if applicable</p> <ul style="list-style-type: none"> <li>i. permanent</li> <li>ii. part-time</li> <li>iii. seasonal</li> <li>iv. other</li> </ul>	<table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
<p>c) Job descriptions of the positions requiring the training:</p>				
<p>d) List of participants with their S.I.N. / if not yet available, has to be provided within 30 days of project approval (For Territorial it has to be done before the funding agreement is signed):</p>				
<p>e) Duration of project and starting and end dates:</p>	<p>_____ weeks</p> <p>From _____ to _____</p>			
<p>f) Location of the training</p>				
<p>g) Profile of the training institution providing the training or résumé of the trainer:</p>				
<p>h) MEQ and/or Emploi-Québec certification, if any</p>				
<p>i) Training plan (course outline):</p> <ul style="list-style-type: none"> <li>i. measurable objectives</li> <li>ii. course content</li> <li>iii. duration (hours)</li> <li>iv. calendar</li> <li>v. evaluation</li> </ul>				
<p>j) Expected diploma, certification, etc.</p>				

<b>3) For Community Based Programs only</b>	
<b>Identify the objectives to be met by the project:</b>	
a) Improve the employability of selected individuals and facilitate their successful integration and re-integration into appropriate employment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Encourage employers to effectively meet changing skill needs in the workplace	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>For new organizations</b>	
c) A letter from the other financial contributors to confirm their commitment	Attached <input type="checkbox"/> N/A <input type="checkbox"/>
d) Letter of support from the Band:	Attached <input type="checkbox"/> N/A <input type="checkbox"/>

<b>4) For Territorial Programs only</b>	
<b><i>If the Enterprise is a start-up, a Business Plan must be provided:</i></b>	Attached <input type="checkbox"/> Not attached <input type="checkbox"/> <b><i>Reason:</i></b> _____
<b>Identify the environmental impact of the project:</b>	
a) Has an environmental assessment of this project been done or is one underway?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Describe:
b) Will heavy equipment be used during the project?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c) Have you obtained all the environmental permits and approval? (If yes, provide a copy):	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
d) Letter of support from the Band for on-reserve activities:	Attached <input type="checkbox"/> N/A <input type="checkbox"/>

<b>5) Budget Information</b>	
a) List of all detailed expenses related to the project	Copy of the budget is attached <input type="checkbox"/> Not attached <input type="checkbox"/> <b><i>Reason:</i></b> _____
b) Description of the financial contribution from the Applicant and/or other related parties, when applicable:	
c) Monthly cash flow projection:	Attached <input type="checkbox"/> Not attached <input type="checkbox"/> <b><i>Reason:</i></b> _____
d) Amount requested to be funded by CHRD:	

<b>6) Support documents / when applicable</b>	
a) Letter of Guarantee of employment signed by the Applicant:	Attached <input type="checkbox"/> Not attached <input type="checkbox"/>  <b>Reason:</b> _____
b) A resolution adopted by the Applicant's Board to identify a representative duly authorized to sign and act on its behalf	Attached <input type="checkbox"/> N/A <input type="checkbox"/>

\_\_\_\_\_  
*Signature of the authorized Applicant's representative*

\_\_\_\_\_  
*Date*