



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)

<u>1) Applicant's basic information</u>	
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

a) Purposes, objectives and expected results of project:					
b) How many jobs are to be created? if applicable i. permanent ii. part-time iii. seasonal iv. other	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>				
c) Job descriptions of the positions requiring the training:					
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):					
e) Duration of project and starting and end dates:	<p>_____ weeks</p> <p>From _____ to _____</p>				
f) Location of the training					
g) Profile of the training institution providing the training or résumé of the trainer:					
h) MEQ and/or Emploi-Québec certification, if any					
i) Training plan (course outline): i. measurable objectives ii. course content iii. duration (hours) iv. calendar v. evaluation					
j) Expected diploma, certification, etc.					

<u>3) For Community Based Programs only</u>	
Identify the objectives to be met by the project:	
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"/>
For new organizations	
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"/>

<u>4) For Territorial Programs only</u>	
<i>If the Enterprise is a start-up, a Business Plan must be provided:</i>	Attached <input type="checkbox"/> Not attached <input type="checkbox"/> <i>Reason:</i> _____
Identify the environmental impact of the project:	
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"/>

<u>5) Budget Information</u>	
a) List of all detailed expenses related to the project	Copy of the budget is attached <input type="checkbox"/> Not attached <input type="checkbox"/> <i>Reason:</i> _____
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"/> <i>Reason:</i> _____
d) Amount requested to be funded by CHRD:	

6) Support documents / when applicable	
a) Letter of Guarantee of employment signed by the Applicant:	Attached <input type="checkbox"/> Not attached <input type="checkbox"/> Reason: _____
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