

## **Annex IV-B**

*Employers' Application Form / Territorial and Community Based projects*



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

Territorial and Community Based Programs

Submitted by an employer

This is an application for Territorial Programs:

This is an application for Community Based Programs:

We are seeking assistance for one of the following (check only one):

Support to start a business

Support for Youth

Support for an existing business

Support for Persons with Disabilities

*(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 and actual number of positions:	
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 HRSDC 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. others	
c) Job descriptions of the positions targeted by the measure	
d) List of participants with their S.I.N. / if available	
e) Duration of project <i>and</i> starting and end dates:	_____ weeks  From _____ to _____
f) Location of the training and/or job(s)	
<b><i>Training Measure</i></b>	
g) Profile of the training institution providing the training or résumé of the trainer:	
h) MELS and/or Emploi-Québec certification, if any	
i) Training plan (course outline): <ul style="list-style-type: none"> <li>▪ measurable objectives</li> <li>▪ course content</li> <li>▪ duration (hours)</li> <li>▪ calendar</li> <li>▪ evaluation</li> </ul>	
j) Expected diploma, certification, etc.	

<b><u>3) For Territorial Programs only</u></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><u>4) For Community Based Programs only</u></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"/>
c) A letter from the other financial contributors to confirm their commitment	Attached <input type="checkbox"/> N/A <input type="checkbox"/>

<b><u>5) For Youth Programs only</u></b>	
<b>Identify the objectives to be met by the project:</b>	
a) accessibility to young people and encouragement of lifelong learning:	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) development of active partnerships among stakeholders:	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) commitment to provide young people with opportunities for personal growth, work experience and community service:	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) commitment to an open approach to the development of new and innovative ways of improving employability skills and work opportunities for youth:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b><u>6) Budget Information</u></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 or quarterly cash flow for the activity to be funded:	Attached <input type="checkbox"/> Not attached <input type="checkbox"/> <b><i>Reason:</i></b> _____
d) Amount requested to be funded by CHR D:	

**7) Support documents / when applicable**

a) Letter of Guarantee of Employment signed by the Applicant:	Attached <input type="checkbox"/> Not attached <input type="checkbox"/>  <i>Reason:</i> _____
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"/>
c) Letter of support from the Band for new on-reserve organization:	Attached <input type="checkbox"/> N/A <input type="checkbox"/>

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

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

## Annex C

### *Budget information / Example*

#### **1) Revenues to Finance the project**

Grants	
Funding agreement	
Other revenues	
<b><u>Total Revenues</u></b>	

#### **2) Expenditures related to the project**

##### **a) Remuneration / salary and fringe benefits of participants**

No. of participants	No. of weeks	Hours/ week	Hourly rate of the participant	Fringe benefits	Contribution of the applicant	Requested funding from CHRD
<b><u>Sub-total CHRD</u></b>						

##### **b) Training costs / Participant(s)**

###### **Travel directly related to the training**

Transport	Meals	Accommodation		Requested funding from CHRD
<b>Other related costs</b>				
Total # of dependents for all participants	Living allowance	Child care expenses	Residency <i>(Territorial programs only)</i>	Requested funding from CHRD
<b><u>Sub-total CHRD</u></b>				

##### **c) Training costs / Trainer(s) and Coordinator**

###### **Training Costs directly related to the training**

	Description of the expenses	Requested funding from CHRD
Professional Fees		
Material and supplies		
<i>Facilities or equipment rental</i>		
<i>Others</i>		

<b>Sub-total CHR</b>		

Travel directly related to the training (Please provide the breakdown of costs)

Transport	Meals	Accommodation	Requested funding from CHR
<b>Sub-total CHR</b>			

**d) Special Programs for Persons with disabilities**

	Description of the expenses	Requested funding from CHR
Specialized services		
Work place integration		

**e) Other costs**

<b>Total for other costs</b>	

**3) Contribution**

Total cost of the training activities	
Contribution of the applicant	
Requested funding from CHR	

