

**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**

P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807) 737-4047, Fax (807) 737-4048, Toll Free 1-800-563-2183

APPLICATION FOR:  **FIRST NATIONS' COMMUNITY INITIATIVES**  
 **FIRST NATIONS' DISTRICT WIDE INITIATIVES**

<b>File Number</b>
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<b>Legal Name of Applicant</b>		
<b>Mailing Address</b>		<b>City/Town</b>
<b>Province</b>	<b>Postal Code</b>	<b>Telephone Number</b>
<b>Name of Contact Person</b>		<b>Fax Number</b>

State in summary from the objectives and expected results of activities. Attached detailed documentation.

<b>Duration of Activity</b>	<b>From: D M Y To: D M Y</b>
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**Location of Activity**

<b>Transfer totals from reverse side</b>	
<b>Number of Participants &gt; _____</b>	<b>Total Contribution Requested &gt; \$ _____</b>

**Recruitment Plan**

Number of Participants to be recruited from the following categories	Female	Disabled	Youth	E.I.R.	S.A.R.	Unemployed	Total

**Contacts**

NAME (Please print)	Position	Signature	Date (d/m/y)

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**Wage Costs**

Occupations-Administrative Staff	No. of Persons	No. of Weeks	Total Weeks	Hours per Week	Total Hours	Wage Rate per Hour	SLAAMB Contribution Requested
Col. 1	Col. 2	Col. 3	Col. 4 Col.2 X 3	Col. 5	Col. 6	Col. 7	Col. 8 Col. 6 X 7
<b>Participants</b>							

**Sub Total 1**

**Mandatory Employment Related Costs** \_\_\_\_% X **Sub Total 1** \_\_\_\_\_ =

Overhead Costs (please itemize)	Gross Cost - \$	
<b>Total Overhead Costs</b>		

Training Costs (please itemize)	Gross Cost - \$	
<b>Total Training Costs</b>		

Special Costs (please itemize)	Gross Cost - \$	
<b>Total Special Costs</b>		

Participant Allowances	No. Of Participants	Rate Per Week	No. of Weeks per Participant	Total Cost for Allowances	

**Total SLAAMB Contribution**

<b>Source(s) of other funds</b>	
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**Training Plan**

Complete one plan for each occupation for which participants will be hired, excluding project manager (s). Type or print legibly using black ink.

1. OCCUPATION FOR WHICH THE TRAINING AND WORK EXPERIENCE WILL PREPARE THE PARTICIPANT(S).	2. NUMBER OF PARTICIPANTS	
3. PERSONS/ORGANIZATION WHO PREPARED THE TRAINING COMPONENT		
4. MINIMUM ACADEMIC AND/OR SKILL LEVEL REQUIREMENTS OF THE PARTICIPANTS		
5. 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 TRAINERS.		
6. TRAINING TO BE PROVIDED.		
7. NUMBER OF TRAINING HOURS  _____	8. NUMBER OF PARTICIPANTS  _____	9. TOTAL NUMBER OF PARTICIPANT TRAINING HOURS  _____
10. WORK EXPERIENCE TO BE PROVIDED.		

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**Basic Employer Information**

Legal Name of Employer	
Mailing Address	Project Location

Legal Signing Officers (those who have legal authority to sign the contract, any amendments and reports, etc.)

TITLE	NAME	SPECIMEN SIGNATURE
1)		
2)		
3)		
4)		
5)		
6)		

How many of the above signatures, and in what combination are required to bind your organization in a legal agreement?

Person responsible for books		
Name	Tel. No. - Business ☎ (     )	Tel. No. - Residence ☎ (     )
Name of Bank	Account Number (s)	
Address	Type of Account	

Separate Account for Projects    Yes     No