

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**

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

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

Duration of Activity	From: D M Y To: D M Y
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Location of Activity

Transfer totals from reverse side	
Number of Participants > _____	Total Contribution Requested > \$ _____

Recruitment Plan

Number of Participants to be recruited from the following categories	Disabled	Youth	E.I.R.	S.A.R.	Unemployed	Total
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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
Participants							
Sub Total 1							
Mandatory Employment Related Costs ____% X Sub Total 1 _____ =							
Overhead Costs (please itemize)						Gross Cost - \$	
Total Overhead Costs							
Training Costs (please itemize)						Gross Cost - \$	
Total Training Costs							
Special Costs (please itemize)						Gross Cost - \$	

Total Special Costs					
Participant Allowances	No. Of Participants	Rate Per Week	No. of Weeks per Participant	Total Cost for Allowances	
Total SLAAMB Contribution					
Source(s) of other funds					

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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

_____ X _____ = _____

10. WORK EXPERIENCE TO BE PROVIDED.

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File Number

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.)

<u>TITLE</u>	<u>NAME</u>	<u>SPECIMEN SIGNATURE</u>
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