

**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' YOUTH PROGRAMS**

Use a typewriter or print clearly in black ink AND attach a Job Description for each "Job Title".

**Part A**

				File Number			
Legal Name of Applicant							
Mailing Address							
City/Town		Province		Postal Code		Telephone Number	
Name of Contact Person(s)				Facsimile Number			
Location of Activity				Duration of Activity			
				From:		To:	
Employer Type		Which type of students do you intend to hire?			Business/Organization has existed since:		
<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Non-Profit Sector (First Nation)		<input type="checkbox"/> Secondary <input type="checkbox"/> Post-secondary <input type="checkbox"/> Other			d                      m                      y  _____		
Other Funding				If yes, please specify:		W.C.B (non-profit only)	Number of Employees.
Have you applied to other government programs to fund any of the jobs proposed in this application? <input type="checkbox"/> yes <input type="checkbox"/> no				_____		Account# _____	Date: _____

**Part B Calculation of employer's total cost including contribution requested.**

Job Title	No. of Jobs	Start Date	No. of Weeks	Hrs Per Week	Total Hours	Wages Rate Per Hour	Total Wages	Mandatory Other Mandatory	Employer Costs W.C.B	Overhead Costs	Total Costs
Col. 1	Col.2	Col. 3	Col. 4	Col. 5	Col. 6 Col. 4 X 5	Col. 7	Col. 8 Col. 6 X 7	Col. 9	Col. 10	Col. 11	Col. 12 Col. 8+9+10+11
Total											

**Part C Calculation of recommended approved contribution - official use.**

Job Title	No. of Jobs	Start Date	No. of Weeks	Hrs Per Week	Total Hours	Wages Rate Per Hour	Total Wages	Mandatory Other Mandatory	Employer Costs W.C.B	Overhead Costs	Total Costs
Col. 1	Col.2	Col. 3	Col. 4	Col. 5	Col. 6 Col. 4 X 5	Col. 7	Col. 8 Col. 6 X 7	Col. 9	Col. 10	Col. 11	Col. 12 Col. 8+9+10+11
Total											

Subject to the attached Terms and Conditions, the Board and the Employer agree that, upon approval of the Employer's application, the Employer will provide the jobs, at the hourly wage rates, for the number of hours per week and for the number of weeks, all as described above in Part B, and the Board agrees to pay the Employer in respect of the wages, mandatory employer costs and overhead costs related to such as jobs, a contribution not exceeding the amounts shown in Part C total columns. The Employer certifies that the proposed jobs would not be created without the contributions requested.

**For the Employer**

Name (Please print)	Position	Signature	Date
Name (Please print)	Position	Signature	Date

**For the Board**

**Recommended by:**

Name (Please print)	Staff Member	Signature	Date
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