



**SIoux LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**  
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183  
**INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM**

<b>File Number:</b>
---------------------

**WAGE COSTS**

Occupations	No. of Persons	No. of Weeks	Total Weeks	Hours / Week	Total Hours	Wage Rate / Hour (\$)	SLAAMB Contribution Requested (Totals)
(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>Totals</b>							
<b>Subtotal 1</b>							<b>\$</b>
Mandatory Employment Related Costs _____ % x Subtotal 1 \$ _____ =							
<b>Subtotal 2</b>							<b>\$</b>
<b>Overhead Costs (Please Itemize)</b>				<b>Gross Costs - \$</b>			
<b>Total Overhead Costs</b>							
<b>Training Costs (Please itemize)</b>				<b>Gross Costs - \$</b>			
<b>Total Training Costs</b>							
<b>Special Costs (Please itemize)</b>				<b>Gross Costs - \$</b>			
<b>Total Special Costs</b>							
Participant Allowances:	# of Participants:	Rate Per Week:	# of Weeks Per Participant:	Total Cost for Allowances:			
<b>Total SLAAMB Contribution</b>						<b>\$</b>	
<b>Sources(s) of Other Funds:</b>							

**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**  
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183  
**INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM**

<b>File Number:</b>
---------------------

**TRAINING PLAN**

Please complete one plan for each occupation for which participants will be hired, excluding project Manager(s). Type of print legibly using black ink.

<b>1. OCCUPATION FOR WHICH THE TRAINING AND WORK EXPERIENCE WILL PREPARE THE PARTICIPANT:</b>	<b>2. NO. OF PARTICIPANTS:</b>	
<b>3. PERSON/ORGANIZATION WHO PREPARED THE TRAINING COMPONENT:</b>		
<b>4. MINIMUM ACADEMIC AND/OR SKILL LEVEL REQUIREMENTS OF THE PARTICIPANTS:</b>		
<b>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 TRAINEES.</b>		
<b>6. TRAINING TO BE PROVIDED:</b>		
<b>7. NO. OF TRAINING HOURS:</b>  .....	<b>8. NO. OF PARTICIPANTS:</b>  .....	<b>9. TOTAL # OF PARTICIPANT TRAINING HOURS:</b>  .....
<p align="center"> ..... X ..... = .....  ..... </p> <b>10. WORK EXPERIENCE TO BE PROVIDED:</b>		

**SIOUX LOOKOUT AREA ABORIGINAL MANAGEMENT BOARD**  
P.O. Box 56, Sioux Lookout, Ontario P8T 1A1, Tel (807)-737-4047, Toll free 1-800-563-2183  
**INDIGENOUS SKILLS AND EMPLOYMENT TRAINING PROGRAM**

<b>File Number:</b>
---------------------

**BASIC EMPLOYER INFORMATION**

<b>Legal Name of Employer:</b>	
<b>Mailing Address:</b>	<b>Project Location:</b>

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

Title	Name	Signature
1. Economic Development Officer		
2. Band Administrator		
3. Chief and/or Deputy Chief		
4. Band Councillor		
5. Band Councillor		
6. Band Councillor		

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

<b>Person responsible for books:</b>		
<b>Name:</b>	<b>Tele. # (Business):</b> (807)	<b>Tel. No. (Home):</b> (807)
<b>Name of Bank:</b>	<b>Account Number(s):</b>	
<b>Address:</b>	<b>Type of Account:</b>	

**Separate Account for Projects?    Yes \_\_\_\_\_ No \_\_\_\_\_**