

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

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:	
Name of Contact Person(s):				Telephone #:	
Location of Activity:			Duration of Activity: <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>		
Employer Type () Private Sector () Public Sector () Non-Profit Sector (First Nation)			Which type of students do you intend to hire? () Secondary () Post-secondary () Other		Business/Organization has existed since: _____ D/M/Y
Other Funding Have you applied to other government programs to fund any of the jobs proposed in this application? () yes () no			If yes, please specify: _____		W.C.B (non-profit only) Account# _____ Amount: \$ _____
Number of Employees.					

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 MERC	Special Costs	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 – SLAAMB Official use.

Job Title	No. of Jobs	Start Date	No. of Weeks	Hrs Per Week	Total Hours	Wages Rate Per Hour	Total Wages	Mandatory MERC	Special Costs	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 (SLAAMB Official use):

Name (Please print)	Title	Signature	Date
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