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Kakivak Association
 Parnaivik Building 924
 P.O. Box 1419
 Iqaluit, NU X0A 0H0

ᑭᑭᑭᑭᑭᑭ / Phone: 867-979-0911
 ᑭᑭᑭᑭᑭᑭ / Fax: 867-979-3707
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 Toll free: 1-800-561-0911
www.kakivak.ca

Application for Wage Subsidy

Date of Application: _____

Employer Information:

Business/Organization Name: _____

Contact Person: _____

Type of Business: Public Private Non-Profit Years in Business: _____

Nature of Business/Organization: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Have you ever applied to the Kakivak? Yes _____ No _____

Do you have any Disabilities? Yes _____ No _____

If Yes, please provide details: _____

Provide a brief history or summary of your business/organization:

Purpose of Funding Request:

Details of the Project:



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Budget Details for the Project:

| | |
|---|----------|
| Total Wages to be paid to participant | \$ _____ |
| i.e. wage x number of weeks x # of participants: | |
| Mandatory Employment Related Costs (CPP,EI,WCB,VP) _____% | \$ _____ |

Total \$ _____

| | |
|---|----------|
| Total Wages to be Paid to Participant | \$ _____ |
| i.e. wage x number of weeks x # of participants: | |
| Mandatory Employment Related Costs (CPP,EI,WCB,VP) _____% | \$ _____ |

Total \$ _____

| | |
|----------------------------------|----------|
| Total Costs for the Wages | \$ _____ |
|----------------------------------|----------|

| |
|--|
| Are you applying for any other funding from other sources? _____ Yes _____ No (If yes, please specify from whom, what and how much) i.e. Department of Education, Materials, \$5000.00 _____ \$ _____ _____ \$ _____ |
|--|

| |
|---|
| How much equity are you putting into this Project? \$ _____ Details of Equity: _____ _____ _____ _____ |
|---|

