

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

トゥーン / Phone: 867-979-0911 ハートリー・ / Fax: 867-979-3707 マートリー・ / Fax: 867-979-3707 マートリー・ / Fax: 867-979-3707 マートリー・ / Fax: 867-979-0911 マートリー・ / Phone: 867-979-3707 マートリー・ / Phone:

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:				



Total Number of Participants:

Kakivak AssociationParnaivik Building 924
P.O. Box 1419
Iqaluit, NU XOA 0H0

Provide the Job Titles for all participar (attach a separate sheet if required)	nts and include a job	description for each Job Title.		
Job Title	Hourly Rate_	Hours per week		
Length of work experience (In weeks)	_Start Date	Completion Date	-	
Job Description				
Job Title	Hourly Rate_	Hours per week	_	
Length of work experience (In weeks)	_Start Date	Completion Date	_	
Job Description				
Work Experience Schedule:				
Provide details of the work experience that will take place and the location: (attach a separate sheet if required)				
Supervisor Information:				
Name of Supervisor:	Posi	tion:	-	
Qualifications:				



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

Budget Details for the Proj	ect:	
Total Wages to be paid to pa	rticipant	\$
i.e. wage x number of week	s x # of participants:	
Mandatory Employment Rel	ated Costs (CPP,EI,WCB,VP)%	\$
		Total \$
Total Wages to be Paid to Pa	articipant	\$
i.e. wage x number of weel	ks x # of participants:	
Mandatory Employment Rel	ated Costs (CPP,EI,WCB,VP)%	\$
		Total \$
	Total Costs for the Wages	\$
	ner funding from other sources? whom, what and how much) ion, Materials, \$5000.00	_ Yes No
How much equity are you pu	utting into this Project?	\$
Details of Equity:	-	



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

List any other information that you would like to include:		
Declaration of Applicant:		
I do swear that I have personal knowledge of the matters	discussed in this application, and state that:	
To the best of my knowledge, statements made and mater true and correct:	rial provided by or on behalf of the undersigned are	
To the best of my knowledge, the proposed project comp	lies with all municipal and territorial and federal laws:	
I make this declaration conscientiously believing it to be as if made under oath and I have read and understand the Wages Subsidies to Employers for Work Experience/Job Kakivak Association.	program criteria and employer obligations for the	
Authorized Signature	 Date	