Mentored Work Placement Program

APPLICATION FORM

Youth

The Mentored Work Placement Program supports youth mentored work experiences, career planning and counselling activities. It also supports life and work experience and, skills development to youth. Eligible participants must be between the ages of 15-30 years old, enrolled in NTI registered under the Qikiqtani Region, and youth who are not in school, underemployed or unemployed.

Please visit the Skills Link Guidelines link for more information on eligible/ineligible expenses, and more. www.sac-isc.gc.ca

PROPOSAL IDENTIFICATION

Proposal Title:

Fiscal Year:

Date of Application *(dd/mm/yy)*:

REPORTING ORGANIZATION CONTACTS

Community:

Non-Profit or For Profit?

Organization Name:

CONTACT INFORMATION

Name:

Position:

Phone Number:

Fax:

Street Address and PO Box:

Community:

Postal Code:

Email Address:

PROPOSAL SUMMARY INFORMATION

Proposal Start Date *(dd/mm/yy)*:

Proposal End Date *(dd/mm/yy)*:

Proposal Description:

Current State/Statement of Need

(describe the background and context for the project, what issues are to be addressed and the drivers leading to the request):

ACTIVITIES PLANNED & EXPECTED RESULTS

Activities Planned:

Expected Results:

Anticipated number of participants to be reached:

EXPENSES

Expenses Type:	Amount:
☐ Participant wages and mandatory employment-related costs including the gross employee share of CPP, QPP, EI, vacation pay, WCB/CSST (Quebec) and where applicable, health insurance premiums	
☐ Wage costs per participant that meet or exceed the applicable minimum wage in the province or territory where the work placement occurs	
☐ Training experiences that support the acquisition of skills required for work placements may be included	
☐ Other necessary costs directly related to a proposed work placement including, but not limited to: • criminal record check • required uniforms • personal safety gear such as work boots or safety hats up to a maximum of $300 per participant	
☐ Actual costs for special equipment and facilities to accommodate the needs of a disabled participant up to a maximum of $3,000 per participant	
☐ Dependent care for participants • Documentation is required including a description of the type of arrangements available in the community if applicable	
☐ Participant costs such as living expenses, travel, room and board	

Explanation:

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# of Participants	# of Weeks	at $.00/hr	Total # of Hours	Total Wages

Mandatory Related Employment Costs (MERC) if Applicable (13% of the total wages, =$):

____

Other (if applicable) (=$):

____

Special Equipment and Facilities to Accomodate the Needs of Disabled Participants (=$):

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Subtotal Amount Requested (=$):

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Facebook facebook.com/Kakivak | **Twitter** Twitter.com/Kakivak | **Instagram** @Kakivak_Association
ᐅᖄᓚᐅᑖ **Phone** 867-979-0911 | ᓱᒃᑲᔪᒃᑯ **Fax** 867-979-3707 | ᐊᑭᖃᙱᑦᑐᒃᑯᑦ ᐅᖄᓚᐅᑖ **Toll free** 1-800-561-0911

Comments:

PARTNERS

Identify any organizations that are expected to or did provide funding or in-kind contribution

Partner Organization Type:

Partner Organization Name:

Partner Organization Business Number:

In-Kind Contribution:

Explanation: