Summer Work Experience Program (SWEP)

APPLICATION FORM

Youth

The Summer Work Experience Program provides employer subsidies for summer work experience opportunities for Inuit students attending secondary or post-secondary school. Eligible participants must be between the ages of 15-30 years old, enrolled in NTI registered under the Qikiqtani Region, and youth who will be attending school in the next academic year.

Please visit the SWEP 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: ______________________

Telephone: ______________________

Fax: ______________________

Street Address and PO Box: ______________________

Community: ______________________

Postal Code: ______________________

Email Address: ______________________

Kakivak Association | Parnaivik Building 924 P.O. Box 1419 Iqaluit, NU X0A 0H0
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Summer Work Experience Program (SWEP)

APPLICATION FORM

Youth

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)

kakivak.ca | info@kakivak.ca

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ACTIVITIES PLANNED & EXPECTED RESULTS

Activities Planned:

Expected Results:

Anticipated number of participants to be reached:

____

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EXPENSES

Expenses Type:	Amount:
□ 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 will meet or exceed the applicable minimum wage in the province or territory where the work placement occurs	
□ other necessary costs directly related to a work placement up to a maximum of $300 per participant, such as: • a criminal record check • required uniforms • personal safety gear such as work boots, safety hat up to a maximum of $300 per participant	
□ actual cost for special equipment and facilities to accommodate the needs of a disabled individual up to a maximum of $3,000, if applicable	

Explanation:

____

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

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 (=$):

____

Subtotal Amount Requested (=$):

____

Comments:

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PARTNERS

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

Partner Organization Type:

Partner Organization Name:

Business Number:

In-Kind Contribution:

Explanation:

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