



<input type="checkbox"/> COMMUNITY INITIATIVES		<input type="checkbox"/> YOUTH INITIATIVES	
<input type="checkbox"/> REGIONAL INITIATIVES		<input type="checkbox"/> INDIVIDUAL INITIATIVES	
Name of Applicant:			
Mailing Address:			
Town:		Province:	
Tel:		Revenue #:	
Postal Code:		Fax:	
Name of Contact Person:			
State in summary form the objectives and expected results of activities. Attached detailed documentation.			
Duration of Activity:		Location of Activity:	

Training Information

Training Occupation / Course		Number of Participant:	
Persons/Organizations who prepared the training component.			
Minimum Academic and/or skill level required of the Participants.			
Name of the Public or Non-Public Institutions that will provide the training, please provide the names and qualifications of the trainers.			
Training to be provided (please attach more information).			
Work Experience to be provided (attach job description)			

Recruitment Plan

Number of Participants to be recruited from the Following Categories		Male	Female	Disabled	Youth	TOTAL
Income Status Targeted	Employed	Unemployed	Reachback	SAR	E.I. Part 1 Only	TOTAL



Occupational Administrative Staff	No. of Persons	No. of Weeks	Total Weeks	Hours per Week	Total HOURS	Wage Rate per Hour	Contribution Requested.	
	Col 2	Col 3	Col 4 Col 2x3	Col 5	Col 6	Col 7	Col 8 Col 6x7	
Participant Total		Subtotal						1
Mandatory Employment Related Costs							% X Subtotal	2
Overhead Costs (descriptions/itemized)					Amount Requested			
					Total Overhead		3	
Training Costs (descriptions/itemized)					Amount Requested			
					Total Training		4	
Special Costs (descriptions/itemized)					Amount Requested			
					Total Special Costs		5	
Project Manager Costs (descriptions/itemized)					Amount Requested			
					Total Project Manager Costs		6	
Participant Allowance	Number of Participants	Rate Per Week	Number of Weeks Per Participant	Total Cost for Allowances			7	
TOTAL CONTRIBUTION (add 1,2,3, 4,5,6 & 7)								
Source(s) of Other Funds:								

I/We certify that each job to be created is in addition to what has already been planned for the period that all information on this application is accurate.

Name (Please Print)	Position	SIGNATURE	Date (DD/MM/YY)