



Kivalliq Inuit Association
32-4 Sivulliq Ave.
PO Box 340
Rankin Inlet, NU X0C 0G0

340 XOC 0G0

INDEGENOUS SERVICES CANADA
FIRST NATIONS AND INUIT YOUTH EMPLOYMENT STRATEGY
FUNDING APPLICATION GUIDE

Date:

Organization Name: _____

Organization Community: _____ Organization Phone: _____

Organization Contact: _____ Contact Title: _____

Contact Email: _____ Contact Fax: _____

Program Applying for:

1) Summer Work Experience Program 2) Mentored Work Experience Program 3) Science and Technology 4) Careers Promotions and Awareness

Number of First Nations and/or Inuit youth to be impacted or hired:

Description of project:

Description of outcomes:

Amount of funding requested: \$

1) SUMMER WORK EXPERIENCE PROGRAM

SUPPLEMENTARY APPLICATION

1) What type of organization are you?	2) Have you received SWEP funding before?
<input type="checkbox"/> For profit <input checked="" type="checkbox"/> Non-profit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If you answered yes to question 2:

When have you been supported in the past three fiscal years? _____

How many youth have been impacted by this funding in the past three fiscal years? _____

A) How many youth do you plan to hire?	_____
B) How many hours do you expect each youth to work?	_____
C) Total hours (A x B)	_____ 0
D) What do you expect to pay each youth per hour?	_____
E) What additional mandatory employment-related costs do you foresee having to pay?	_____
F) Total costs of program ((C x D) + E)	_____ \$0.00

If you feel there is not enough space provided to answer the following questions, please attach a document detailing your responses to the following questions.

Training Period Start & end date	Hourly Wage	Employer Wage	KIA Subsidy	3 rd Party (If applicable)	Total Time Work	Total Payment per Student
Start End						

What duties do you expect the students to perform? What training will be provided?

What skills do you expect the students to develop?

Are students expected to gain any additional certifications through their work with you, such as Emergency First Aid Certification, Food Safety Handling, etc.? If so, please include details

Please submit this application and the supplementary application form based on the program you are applying to. If there is any additional information you would like taken into account, please submit it along with this application form and it will be reviewed and taken into consideration.

If you have any questions, please contact the Kivalliq Inuit Association at:

Ph: (867)645-5725

Email: info@kivalliqinuit.ca

Fax: (867)645-2348

Declaration of Application

I do swear that I have personal knowledge of the matters discussed in this application and state that:

- To the best of my knowledge, all statement made and material provided by or on behalf of the undersigned are true and correct;
- The proposed project complies with municipal, territorial or federal laws;
- If approved, I agree to supply relevant receipts requested by Aboriginal Affairs and Northern Development Canada (AANDC) and Kivalliq Partners in Development; and
- I make this declaration believing that it to be true and knowing that it is of the same force and effect as if made under oath.

Signed this ____ day of December, 20____, in the community of _____.

agree and submit

Clear Form Data

Signature of Applicant