

For Profit Business

Not-for-Profit Business

EMPLOYER INFORMATION			
Name of Organization/Business:		Registration/Business Number:	
Legal Name of Organization/Business (if applicable) <input type="checkbox"/>		Name of Contact Person: <input type="checkbox"/>	
Mailing Address:	City:	Province:	Postal Code:
Email:	Phone No.:	Fax No.:	

EMPLOYER REQUEST		
Number of Participants:	Student Education Level: SECONDARY <input type="checkbox"/> POST- SECONDARY <input type="checkbox"/>	Total Amount Requested:
Duration of Position(s) (mm/dd/yy)	Total # of Weeks: _____ Sart Date: _____	End Date: _____
Location of Activities:	911# and road/street name:	WSIB or INSURANCE #: WSIB RATE:

PROGRAM INFORMATION - What student programs have your been approved for in the past?		
<input type="checkbox"/> MTCU Funding Employment Ontario Programs: Youth Job Link, Youth Job Connection (summer), Summer Job Service	<input type="checkbox"/> ASETS/ISETS Funding Indigenous Skills & Employment Training Programs: Summer Student Employment Program (SSEP)	<input type="checkbox"/> INAC/ISC Funding FNIYES (First Nation Inuit Youth Employment Strategy) Programs: Skills Link, Summer Work Experience, Mentored Work Experience

FINANCIAL INFORMATION									
POSITION(S)	# OF STUDENTS	# OF WEEKS	HOURS PER WEEK	TOTAL HOURS	WAGE RAGE	SUBSIDY % REQUEST	SUBSIDY REQUEST PER HOUR	TOTALS	
SUB TOTAL									
EMPLOYER PORTION of Mandatory Employment Related Costs _____ % x _____ =									
TOTAL									

Four Winds requires all applicants to submit a proposal prior to being considered for funding. All proposals should clearly outline the following information in addition to any other pertinent information:

PLEASE SUBMIT YOUR COMPLETED APPLICATION ALONG WITH YOUR LETTER OF REQUEST, WHICH MUST INCLUDE:

- LEGAL INFORMATION (Please include Signing Authority's full name) - Business name, address, phone, contact, Business Number, Insurance Policy Number, WSIB Rate
- OBJECTIVES AND ACTIVITIES OF THE PROJECT
- TIME FRAMES
- BUDGET -in addition to wages i.e.: training/special tools
- BENEFITS TO THE COMMUNITY- Local labour market needs
- BENEFIT TO THE YOUTH PARTICIPANTS, TRAINING OBJECTIVES AND WORK PLAN
- STUDENTJOB DESCRIPTIONS – All Student Positions

Signing Authority Signatures

FOR BUSINESS/ORGANIZATION:		
X _____	_____	_____
SIGNATURE	POSITION	DATE
X _____	_____	_____
SIGNATURE	POSITION	DATE