

**WAGE SUBSIDY PROGRAMS  
EMPLOYER APPLICATION 2021**

For Profit Business  Not-for-Profit Business

|   |                               |
|---|-------------------------------|
| <b>EMPLOYER INFORMATION</b>                         |                               |
| Name of Organization/Business:                      | Registration/Business Number: |
| Legal Name of Organization/Business (if applicable) | Name of Contact Person:       |
| Mailing Address:                                    | City: Province: Postal Code:  |
| Email:  | Phone No.: Fax No.:           |

|                                       |   |
|---------------------------------------|---|
| <b>EMPLOYER REQUEST</b>               |   |
| Number of Participants:               | Education Level:<br><input type="checkbox"/> SECONDARY <input type="checkbox"/> POST- SECONDARY <input type="checkbox"/> NOT a STUDENT/YOUTH POSITION |
| Duration of Position(s)<br>(mm/dd/yy) | Total # of Weeks: _____ Sart Date: _____ End Date: _____<br>Total # of Weeks: _____ Sart Date: _____ End Date: _____                                  |
| Location of Activities:               | 911# and road/street name: WSIB or INSURANCE #: WSIB RATE:  |

|  |   |
|--|---|
| <b>PROGRAM INFORMATION – What student programs have you been approved for in the past?</b>                           |   |
| <input type="checkbox"/> ISETP Funding (Registered Members from CKSPFN)  | <input type="checkbox"/> ISC/ISETP Funding (Students or Youth Ages 15-30 Years)   |
| Indigenous Skills & Employment Training Programs: wage subsidies for on and off community members 15 years and older | FNIYES (First Nation Inuit Youth Employment Strategy) Programs: Skills Link, Summer Work Experience, Mentored Work Experience & Indigenous Skills & Employment Training Programs: Summer Student Employment Program |

| <b>FINANCIAL INFORMATION</b>   |                |            |                |             |           |                   |                          |        |
|--|----------------|------------|----------------|-------------|-----------|-------------------|--------------------------|--------|
| POSITION(S)  | # OF POSITIONS | # OF WEEKS | HOURS PER WEEK | TOTAL HOURS | WAGE RAGE | SUBSIDY % REQUEST | SUBSIDY REQUEST PER HOUR | TOTALS |
|  |                |            |                |             |           |                   |                          |        |
|  |                |            |                |             |           |                   |                          |        |
|  |                |            |                |             |           |                   |                          |        |
| <b>SUB TOTAL</b>   |                |            |                |             |           |                   |                          |        |
| <b>EMPLOYER PORTION</b> of Mandatory Employment Related Costs _____% x _____ = |                |            |                |             |           |                   |                          |        |
| <b>TOTAL</b>   |                |            |                |             |           |                   |                          |        |

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:**

- |   |   |
|---|---|
| 1. LEGAL INFORMATION (Please include Signing Authority's full name) | 6. BENEFITS TO THE COMMUNITY- Local labour market needs           |
| 2. OBJECTIVES AND ACTIVITIES OF THE PROJECT                         | 7. BENEFIT TO THE PARTICIPANTS, TRAINING OBJECTIVES AND WORK PLAN |
| 4. TIME FRAMES  | 8. JOB DESCRIPTIONS – Required for all positions                  |
| 5. BUDGET –in addition to wages i.e.: training/special tools        |   |

**Signing Authority Signatures**

|                                   |          |       |
|-----------------------------------|----------|-------|
| <b>FOR BUSINESS/ORGANIZATION:</b> |          |       |
| X _____                           | _____    | _____ |
| SIGNATURE                         | POSITION | DATE  |