Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1
Phone: 613-575-2626 | Fax: 613-575-2863
www.acessjobs.ca

THIS FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED

LOCAL PROJECTS PROGRAM APPLICATION FORM

File Number: LP- — Acess only	**REVENUE CANADA BUSINESS #/PAYROLL # (mandatory):** (if none – third party sponsorship letter must be attached)
Employer Name:	
Street Address:	**City:**
Province:	**Postal Code:**
Phone Number:	**Alt. Phone Number:**
Fax Number:	**Contact Person:**
Email Address:	**Type of Organization:** ☐ Profit ☐ Non-Profit

STATE THE MAIN PRODUCTS OR SERVICES OF YOUR COMPANY AND HOW LONG YOU HAVE BEEN OPERATING:
(Must be fully operational for 6 months or more in order to be eligible for this program)

PLEASE STATE THE OBJECTIVES, ACTIVITIES, AND EXPECTED RESULTS OF THE PROJECT: (attach a separate page if necessary)

DURATION OF ACTIVITY: FROM: TO:		**LOCATION OF ACTIVITY:**
Insurance Coverage:	**WSIB/CSST FOR EMPLOYEES** ☐ YES ☐ NO	**COMPREHENSIVE GENERAL LIABILITY FOR BUSINESSES** ☐ YES ☐ NO

HAVE YOU SUBMITTED AN APPLICATION ELSEWHERE? ☐ YES ☐ NO
IF YES, PLEASE INDICATE WHERE AND WHO THE CONTACT PERSON IS:

*** ACESS OFFICE USE ONLY ***

ORG TYPE:	PROJECT OFFICER:	NOC:	SIC:	ACTIVITY CODE:

FINANCIAL SUMMARY

WAGE COSTS

OCCUPATIONS (1 per line) COL 1	NO. OF PART. COL 2	NO. OF WEEKS COL 3	TOTAL NO. OF WEEKS (2X3) COL 4	HOURS / WEEK COL 5	TOTAL HOURS (4X5) COL 6	WAGE RATE / HR. COL 7	EMPLOYER TOP UP / HR. COL 8	ACESS CONTRIBUTION (6X7) COL 9
TOTALS:							10)	11)

MERC (EMPLOYER IS RESPONSIBLE FOR MERC ON EMPLOYER TOP UP)

MANDATORY EMPLOYER RELATED COSTS: ________________% X TOTAL WAGES = (EI/4% Vacation Pay/CNESST or WSIB/CPP)	12)

OVERHEAD COSTS (NON-PROFITS ONLY)

1.		
2.		
3.		
4.		
5.		
Max = $50/hour x total number of weeks (excluding weeks for project manager)	TOTALS =	13)

TRAINING COSTS

1.		
2.		
3.		
4.		
5.		
Max: = $8/hour x total number of proposed training hours	TOTALS =	14)

SPECIAL COSTS/RENTALS (NON-PROFITS ONLY)

1.		
2.		
3.		
Max: = $5,000 (Mandatory: 3 quotes must be attached for Special Costs)	TOTALS =	15)

	TOTAL PROJECT COST (10+11+12+13+14) =	16)

FUNDS FROM OTHER SOURCES AND / OR SPONSOR CONTRIBUTION

	TOTALS =	

I / WE CERTIFY THAT EACH JOB CREATED FOR A PARTICIPANT IS IN ADDITION TO EMPLOYMENT PLANNED FOR THE PERIOD BEING PROPOSED.

(PRINT NAME)	(TITLE)	(SIGNATURE)	(DATE)

(PRINT NAME)	(TITLE)	(SIGNATURE)	(DATE)

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JOB DESCRIPTION FORM

ACESS USE ONLY

FILE NUMBER:

PLEASE COMPLETE THE FOLLOWING FORM FOR EACH OCCUPATION BEING REQUESTED:

1) POSITION / OCCUPATION TITLE:	2) DO YOU HAVE A PARTICIPANT IN MIND? ☐ YES ☐ NO NAME:______________________________

3) HOURS OF WORK / DAYS OF THE WEEK:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4) WHAT IS THE PREVAILING WAGE RATE FOR THIS POSITION WITHIN YOUR ORGANIZATION?

5) WHO IS THE IMMEDIATE SUPERVISOR FOR THIS PERSON? (NAME AND POSITION TITLE)

6) DUTIES: (PLEASE LIST ALL DUTIES PARTICIPANT IS EXPECTED TO FULFILL)

7) BASIC QUALIFICATIONS/SKILLS: (WHAT ARE THE MINIMUM ACCEPTABLE ACADEMIC AND/OR SKILL LEVEL REQUIRED FOR THIS POSITION)

8) KNOWLEDGE & ABILITIES: (REQUIRED TO PERFORM DUTIES)

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ACESS USE
FILE # ________________

TRAINING PLAN FORM

TRAINING (Outlined Attached)		Provider	Dates / Total Hours	Cost
	☐ On Site ☐ Off Site			
	☐ On Site ☐ Off Site			
	☐ On Site ☐ Off Site			
	☐ On Site ☐ Off Site			
	☐ On Site ☐ Off Site			
	☐ On Site ☐ Off Site			
	☐ On Site ☐ Off Site			

How will training / work performance be evaluated:

Qualifications of Trainers (Resumes of Trainers should be attached if not provided by a recognized training institute):

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Local Projects Program - Advance Payment Claim Form

FILE NO.:	SOURCE DOC:
PERIOD CLAIMED: (MM/YYYY) – (MM/YYYY)	SOURCE DOC:

NAME OF EMPLOYER:			
CANADIAN MAILING ADDRESS:			
PROVINCE:	POSTAL CODE:	CONTACT PERSON:	PHONE NUMBER:

PARTICIPANT NAME/OCCUPATION COL 1		HOURS CLAIMED COL 2	ACESS HOURLY RATE COL 3	TOTAL CLAIMED COL 4	ACESS USE	ACCUMULATED TO DATE ACESS USE
			WAGE COST:		5220 / 5420	
			MANDATORY EMPLOYER RELATED COSTS:		5223 / 5423	
TRAINING COSTS:	OFF JOB SITE	TOTAL HOURS	RATE PER HOUR			
			TRAINING COST:		5226 / 5426	
			SPECIAL COSTS FOR THE DISABLED:		5252 / 5452	
			TOTAL CLAIM:			

EMPLOYER CERTIFICATION

I/WE CERTIFY THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND CLAIMED IN ACCORDANCE WITH THE AGREEMENT.

AGREEMENT SIGNATORY PLEASE PRINT NAME DATE

ACESS / OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

CERTIFIED TO BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE AGREEMENT:

ACESS SIGNATORY DATE

* ACESS USE ONLY *				
ORG TYPE:	PROJECT OFFICER:	NOC:	SIC:	ACTIVITY CODE:

ACTIVITY REPORT

PLEASE PROVIDE A STATEMENT OF THE ACTIVITIES UNDERTAKEN AND/OR THE TRAINING PROVIDED TO THE PARTICIPANTS (EMPLOYEES) DURING THE PERIOD BEING CLAIMED.