



# Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1  
Phone: 613-575-2626 | Fax: 613-575-2863  
[www.acesjobs.ca](http://www.acesjobs.ca)

**THIS FORM MUST BE COMPLETED IN FULL TO BE CONSIDERED**

## LOCAL PROJECTS PROGRAM APPLICATION FORM

File Number:  
LP-

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:

LOCATION OF ACTIVITY:

FROM:

TO:

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:

### \* ACCESS 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	ACCESS CONTRIBUTION (6X7) COL 9
<b>TOTALS:</b>							10)	11)

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

MANDATORY EMPLOYER RELATED COSTS: _____ % X TOTAL WAGES = 12) (EI/4% Vacation Pay/CNESST or WSIB/CPP)
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## OVERHEAD COSTS (NON-PROFITS ONLY)

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

## TRAINING COSTS

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

## SPECIAL COSTS/RENTALS (NON-PROFITS ONLY)

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

	<b>TOTAL PROJECT COST (10+11+12+13+14) =</b>	16)
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## FUNDS FROM OTHER SOURCES AND / OR SPONSOR CONTRIBUTION

	<b>TOTALS =</b>	

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)
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(PRINT NAME)	(TITLE)	(SIGNATURE)	(DATE)
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## JOB DESCRIPTION FORM

ACCESS 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? <input type="checkbox"/> YES <input type="checkbox"/> 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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**ACCESS USE**  
**FILE #**

## TRAINING PLAN FORM

<b>TRAINING</b> (Outlined Attached)		<b>Provider</b>	<b>Dates / Total Hours</b>	<b>Cost</b>
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site			
	<input type="checkbox"/> On Site <input type="checkbox"/> 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):



# Akwesasne Career & Employment Support Services

## 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	ACCESS HOURLY RATE COL 3	TOTAL CLAIMED COL 4	ACCESS USE	ACCUMULATED TO DATE ACCESS 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
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### ACCESS / OFFICIAL USE:

TYPE	AMOUNT	CR	CHEQUE INFORMATION	DATA ENTERED

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

ACCESS SIGNATORY	DATE
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### \* ACCESS USE ONLY \*

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

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