



Workforce Development Program Application for Group Project/Service

Office Use Only:

- WFD-Career and Employment Services
- WFD-Persons with Disabilities
- WFD-LMA

Completed applications are to be submitted to your nearest Canada-Saskatchewan Career and Employment Services Office. For contact information see: <http://www.aeei.gov.sk.ca/career-employment>. Applications will be assessed against the program criteria and the availability of funds.

APPLICANT INFORMATION (Please print)														
Applicant Name (Full Legal or Incorporated)			Saskatchewan Justice Corporations Branch Registration Number											
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Mailing Address														
Street/Apt #	Street Name	City/Town	Province	Postal Code										
Contact Person		Telephone Number	Fax Number											
Email Address														

PLEASE ATTACH A PROPOSAL OUTLINING THE FOLLOWING PROJECT/SERVICE CRITERIA

- 1. RATIONALE:**
 - a) Why is the proposed project/service required?
 - b) What participant group will benefit from the project?
 - 2. PROJECT/SERVICE DESCRIPTION and COURSE CONTENT:**
 - a) Describe the proposed activities.
 - b) If the project is 12 weeks or longer, will participants require income support for the program?
 - 3. TRAINING** – Describe the skills development, accredited/certified training and delivery methods.
 - 4. PROJECT/SERVICE OUTCOMES** – Describe the measurable outcomes (e.g. formal statement of achievement, certified training, learning, and employment outcomes).
 - 5. EVALUATION** – How will the project and participants be evaluated? Interim /final evaluations are required.
 - 6. LINKS TO EMPLOYMENT** – How will participants be linked to employment opportunities?
 - 7. PARTNERSHIPS** – Are there other community partners involved in the project/service? Provide details.
 - 8. INSTRUCTOR QUALIFICATIONS** - Provide details.
 - 9. ATTACH THE FOLLOWING:**
 - (a) Brief description of your organization.
 - (b) Annual financial statement.
 - (c) Letter of support for the project from the Board of Directors and the name of the individual who has the authority to sign the contract if the project is approved.
 - (d) Evidence of \$2M liability insurance.
 - (e) Budget Sheet – (Detailed or Training Seat) If the project/service funding is tied to a detailed budget use the Detailed Budget Sheet on the next page. If the project/service funding is tied to purchasing training seats for participants use the Training Seat Budget Sheet template on the next page.
- If you have never been funded for a Workforce Development Program Group Project/Service also attach:**
- (f) A summary of successful project history and/or letters of support.
 - (g) Evidence of agency’s policy and procedure to address abuse/suspected abuse of vulnerable clients.

A. DETAILED PROJECT/SERVICE BUDGET

To be used when project/service funding can be tied to a detailed budget. Complete all section that apply to your project/service.

Project Information					
Project Name	# of Employees/Participants	Project Start Date (day/mth/year)	Project End Date (day/mth/year)	# of Training Weeks	# of Work Placement Weeks
Staff/Instructor Salaries and Benefits				Total Hours x Hourly Wage or Monthly Salary	
Instructors (List)					
•					
•					
Benefits (List)					
•					
Facility Rental					
•					
Training Materials/Supplies					
•					
•					
Contract Services					
•					
Equipment Rental					
•					
•					
Project Administration (Itemize incremental costs associated with the delivery of the project/service)					
•					
Participant Wages (Subsidized Work Placements)					
No. of Participants x Hrs. Per Week x No. of Weeks x Hourly Wage + Mandatory Employment-Related Benefits					
•					
Participant Individual Supports - interventions required to address specific barriers to employment/training for individual participants. There must be a direct relationship between the support and client's barrier(s) to education, training or employment.					
Individual Supports (List)					
•					
Liability Insurance					
•					
Other Costs					
•					
•					
Total Proposed Project/Service Budget					
Less: Funding From Other Sources					
Total Funding Request From Saskatchewan Advanced Education, Employment and Immigration					

B. TRAINING SEAT BUDGET SHEET

To be used when project/service funding is tied to a fixed cost per participant (i.e. purchase of training seats for a group of participants).

Program Information						
Program Name	# of Participants	Program Start Date (day/mth/year)	Program End Date (day/mth/year)	# of Training Weeks	# of Work Placement Weeks	Cost per Seat
						\$
						\$
Total						\$
Total Proposed Project Budget						\$
Less: Funding From Other Sources						\$
Total Funding Request From Saskatchewan Advanced Education, Employment and Immigration						\$

APPLICANT DECLARATION

I hereby declare that:

- (1) The information provided in this application is complete, true and accurate.
- (2) I have legal authority to apply on behalf of the above named business or organization.
- (3) I authorize Saskatchewan Advanced Education, Employment and Immigration to verify my application with other government programs.
- (4) I confirm the paid employee(s)/participant(s) hired under this project/service will be:
 - a) covered by Workers' Compensation; or
 - b) covered by a Private Liability Insurance Package.
- (6) I will ensure the project/service is undertaken in accordance with all applicable federal and provincial labour and human rights legislation and standards. Canada Pension Plan, Employment Insurance Commission, Income Tax, and Workers' Compensation deductions and premiums shall be made in accordance with applicable legislation.
- (7) I confirm the employee(s)/participants(s) hired under this program will not reduce the hours or displace any full-time, part-time or seasonal employee(s).

Name (please print)

Title

Signature

Date