



**APATISIWIN ᐱᐱᐱᐱᐱᐱ**  
**SKILLS DEVELOPMENT**

<b>Applicant's Name:</b>	
Mailing Address: (Street, City, Province, Postal Code)	
Contact Person and Title:	
Telephone No.:	
E-mail:	

**Type of programs assistance**

<b>Youth Programs</b>	<b>Capacity Building Programs</b>	<b>Workforce Strategy Programs</b>
Youth Initiative <input type="checkbox"/> Summer Work Experience <input type="checkbox"/> Science and Technology <input type="checkbox"/> Career Promotion and Awareness <input type="checkbox"/> Co-Operative Education Placements <input type="checkbox"/> Mentored Work Placements <input type="checkbox"/>	Cree Graduate <input type="checkbox"/> Career Advancement <input type="checkbox"/>	Competencies and Skills <input type="checkbox"/> Job Creation <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Self-Employment <input type="checkbox"/> Research and Development <input type="checkbox"/>

Project Title:	Location of Activities
Projected Start Date:	Projected End Date:

**1) BACKGROUND INFORMATION, OBJECTIVES, ACTIVITIES AND EXPECTED RESULTS**

Please provide background information explaining the context of your project:
What are the objectives of your project?
Describe the project activities that will take place:





**c) Training Costs / Trainer(s)**

**Training Costs directly related to the training**

	Description of the expenses	Amounts
Professional Fees		
Material & supplies		
Facilities or equipment rental		
Others		
	<b>Total</b>	

**Travel directly related to the trainer**

Transport	Meals	Accommodation	Total

**d) Special Equipment or Resources for Persons with Disabilities**

Description of the expenses	Amounts
	<b>Total</b>

**e) Other Expenses**

Description of the expenses	Amounts
	<b>Total</b>

**3) REVENUES TO FINANCE THE PROJECT /**

List all the project contribution partners (including yours)	Amounts
	<b>Total Revenues</b>

Total cost of the project	
Requested contribution from ASD	



Note that during the assessment, ASD may request any additional information deemed necessary such as: Participant(s) List and SIN, Letter of Support or Board / Band Resolution, Training Institute Information, Training Institute Information, Trainer(s) credentials, Copy of contract between trainer and recipient, Training Plan, Course outline / description, Training Schedule, Budget breakdown, Quotation(s), Projected Cash Flow, Guarantee of Employment, Job Descriptions

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*Signature of the authorized  
Applicant's representative*

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*Date*