



Programs Application Form

APPLICANT (Name of Organization or Individual)
Project Title

CONTACT INFORMATION (Applicant or Authorized Representative)
Last Name: _____ First Name: _____
Position: _____ Email Address: _____
MAILING ADDRESS
Address (P.O.): _____ City/Town: _____
Province: _____ Postal Code: _____ Telephone Number: _____

PROGRAM INFORMATION (SELECT ONLY ONE)

Youth Program: ___ Capacity Building Program: ___ Workforce Development Program: ___

Name of Program: _____

Projected Start Date: _____ Projected End Date: _____

Location of Activities: _____

1 - BACKGROUND INFORMATION

Please provide background information explaining the context of your project.

Describe the activities that will take place during the project.

What are the objectives of your project?

What are the expected results of the project?

Additional Background Information May Be Attached Separately



2 - PROJECT EXPENDITURES

A-Remuneration/Salary and Fringe Benefits of Participants						
Position/ Participant	No. of Positions/ Participants	No. of Weeks	Hours per Week	Hourly Rate	Fringe Benefits	Sub-Total
Total (A)						

B-Training Costs (Participants)				
Type	Description of the Expense	Sub-Total		
Travel				
Meals				
Accommodations				
Total (B.1)				
B.2-Other Related Costs				
Total # of All Dependents	Living or Training Allowance	Childcare Expenses	Residency	Sub-Total (B.2)
Total (B.1 + B.2)				

C-Training Costs (Trainers)			
Type	Description of the Expense	Sub-Total	
Professional Fees			
Material & Supplies			
Facilities or Rentals			
Other (Please Indicate)			
Sub-Total (C.1)			
C.2-Travel Costs Directly Related to the Training			
Transport	Meals	Accommodations	Sub-Total (C.2)
Total (C.1 + C.2)			

Additional Project Expenditures May Be Attached Separately



D-Special Equipment or Resources for Persons with Disabilities	
Description of the Expense	Sub-Total
Total (D)	

E-Other Expenses	
Description of the Expense	Sub-Total
Total (E)	

Additional Expenses May Be Attached Separately

3 - REVENUES TO FINANCE THE PROJECT

Project Revenue	
List All Project Contribution Partners (Including Your Own)	Sub-Total
Total Revenues	

Total Cost of the Project	
Requested Contribution from Apatisiwin Skills Development	

**SIGNATURE OF THE APPLICANT
OR AUTHORIZED REPRESENTATIVE**

DATE

Note that during the assessment, Apatisiwin Skills Development may request any additional information deemed necessary such as: Participant(s) List and SIN, Letter of Support or Board / Band Resolution, 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, Etc.