



APPLICATION FOR SMALL COMMUNITY EMPLOYMENT SUPPORT PROGRAM

1. APPLICANT INFORMATION

Name of Business / Organization	E-mail	Phone
Business Address		Postal Code
Community		
Contact Person's Name	Contact Person's E-mail	
Contact Person's Cell	Contact Person's Fax	

2. PROJECT DESCRIPTION

Please provide details of your proposed employment-related activities:

3. BENEFITS

Describe how the project will improve the employability skills of participants, lead to ongoing employment, or increase their potential to gain employment in the community, region or Territory.

- a. Improved skills (be as specific as possible).
- b. Improved knowledge (be as specific as possible).
- c. Support community economic development and in-demand occupations within your community, region or Territory.

Please provide additional information that you would like us to know.

4. BUDGET

of Individual(s) to be employed: _____

Position Title	# of Jobs	# of Hours Per Week	# of Weeks	Hourly Wage	Total Cost of Positions	GNWT Contribution	Employer / Organization Contribution
<i>Example 1: Labourer</i>	<i>1</i>	<i>30</i>	<i>8</i>	<i>\$20/hr</i>	<i>\$4,800</i>	<i>\$4,800</i>	<i>\$0</i>
<i>Example 2: Admin Clerk</i>	<i>1</i>	<i>30</i>	<i>20</i>	<i>\$20/hr</i>	<i>\$12,000</i>	<i>\$10,000</i>	<i>\$2,000</i>
Total:					\$	\$	\$

7. AUTHORIZATION

I am the Employer's or Organization's authorized representative or designate.

I certify that the information given above is true and complete in every respect. I am aware legal action may be taken against me for making false statements or failing to inform the Department of Education, Culture and Employment (ECE) of changes to the above information. I understand I must report, as soon as possible, any changes in the above information, such as a change to the status of the training or employment of an apprentice, including but not limited to resignation, layoff or termination.

I agree to participate in the evaluation process by completing a survey to determine if skills training needs have been met by our participation in the program.

I agree to pay all wages, statutory payments, Workers' Compensation and Employment Insurance contributions, (where appropriate) and to provide all necessary documentation prior to receiving reimbursement of eligible expenses.

Signature

Title

Date