Application Form

etprograms@krg.ca

**Kativik Regional Government
Sustainable Employment Department**

For department use only
File Number

ET						

Date
Received:

IDENTIFICATION

Employer / Individual:

Mailing Address:

City / Town / Community: Province   Postal Code

Tel: Email Address:

Name of contact person:

Project Title

WHEN & WHERE

Projected Start Date

Projected End Date

Location of activities

Type of activity for which funding is requested

Employment / Job Creation   *

Training

Employment & Training

Other

*: If you are submitting an employment or job creation proposal, include a complete job description for each position requested.

Background information, Objectives, Activities and Expected Results

1. Provide the necessary background information that will enable us to understand the context of your proposal.

Feel free to provide all the necessary text in another electronic document, if necessary.

Background information and context of the project:

2. What is (are) the objective(s) of your funding request?

Refer to our sponsor documentation that is available electronically for your assistance

Objective(s):

3. Provide a detailed description of the activities that will take place within this funding request.

Use another electronic document if necessary and consult our sponsor documentation for assistance.

Activities:

4. What do you hope to achieve at the end of your activities?

Use another electronic document if necessary and consult our sponsor documentation for assistance.

Expected Results:

Project Costs

This part of the application form is a SUMMARY of all costs involved in your project. Please ensure that you provide us with all the relevant financial details explaining how you arrived at these costs - for each category of expense. We also recommend that you consult our sponsor documentation for the relevant information for each category.

Use a complementary electronic document to provide necessary information related to your costs.

Wages Job Title	#	# Weeks	Hours per Weeks	Hourly Rate	Total Costs Coordinator	KRG Rate	KRG Contribution
						Department use only	
					$ -		$ -
					$ -		$ -
					$ -		$ -
1- Total Wage Costs					$ -		$ -
Other wage costs (listed on separate document)					$ -		$ -
2- Mandatory Employer Related Costs….16.5%					$ -		$ -
Training	3- Training Preparation and Coordination				$ -		$ -
	4- Trainer Fees				$		
	5- Purchase of Equipment				$ -		$ -
	6- Training Material				$ -		$ -
	7- Training Facilities and Equipment Rental				$ -		$ -
Travel	8- Trainer Travel				$ -		$ -
	9- Trainer Lodging				$ -		$ -
	10- Trainer Meals				$ -		$ -
	11- Participant Travel				$ -		$ -
	12- Participant Lodging				$ -		$ -
	13- Participant Meals				$ -		$ -
Special	14- Cost for persons with Disabilities				$ -		$ -
	15- Other Special costs (must be detailed)				$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
					$ -		$ -
	Total before Administration Fees				$ -		$ -
	Administration Fees						$ -
	Total KRG Contribution						$ -

Your contribution

Amount or percentage of total amount provided by your organization [____]

Other contribution

Is there any other funding involved in this activity?   Yes [____]   No [____]

If you have answered yes, please provide the identification of the organizations and the amounts involved

Name of the contact-person who completed the application form

_____ | _____
Block letters   Signature

Date the form was completed   _____

Send your application to: etprograms@krg.ca   AND request a Delivery + a Read receipt