

**CAHRD External Projects
Proposal Funding Application Form**

| Legal Name of Applicant | | | | | |
|--|--|-------------------------|--------------------|--|---------------------|
| Name of Project | | | | | |
| Mailing Address | | | | | |
| Telephone Number | | Fax Number | | E-mail Address | |
| Location of Activity (if different from above address) | | | | | |
| Name and Title of Contact Person(s) | | | | Telephone No. | |
| Name of Financial Officer | | | | Telephone No. | |
| Business No. | | Incorporation No. | | Revenue Canada GST No. | |
| Type of Organization: Aboriginal Organization ___ Private Company ___ Other (explain) ___ | | | | WCB Account No. : _____ WCB Rate: _____ | |
| If approved, will there be a separate bank account or internal account for this Agreement? Yes___ No ___ | | | | | |
| Note: If additional space is required for your information, it should be put on a separate sheet and attached to the form. Information should be written in clear and concise language and be relevant to the section being answered. | | | | | |
| LEGAL SIGNING OFFICERS | | | | | |
| Name | | Title | | Specimen Signature | |
| | | | | | |
| | | | | | |
| List Partners Involved (Name, address, contact, and telephone no. of each partner). Describe purpose or nature of Contribution (what project costs does this contribution fund). Indicate if contribution is financial or in-kind. | | | | | |
| Partner Name and Address | Contact Person & Telephone # or E-mail | Purpose of Contribution | Contribution Value | | Letter Attached (X) |
| | | | In-Kind | Financial | |
| | | | | | |
| | | | | | |
| | | | | | |

PROJECT INFORMATION

Type of Program Applying for:

Employment Assistance Services ____ Pre-Employment Program ____ Skill Development Training ____
Job Creation Partnership ____ Labor Market Partnership ____ Research and Innovation ____
Targeted Wage Subsidy ____

Brief Project Summary – include the need for the project, how it meets labor market and community needs, how it meets CAHRD project Criteria and Priorities, how it is unique, cost effective and not a duplicate of other projects, amount requested and type of funding required. Explain your funding partnerships – who your partners are and how they will be contributing to your project.

Project Title:

Budget Amount Requested:

Project Start Date:

Project End Date:

Project Description:

Proposed Project Goals, Objectives and Related Tasks or Activities that will be Undertaken to Achieve Each Objective (they must be achievable with measurable results – put into bullet format).

Proposed Activities and Timelines – includes description of project activities, recruitment process for participants and staff, attach outline of curriculum and course descriptions if applicable, attach weekly breakdown of activities from project start to finish, time frames for objective, attach job descriptions of instructional/program staff, and materials, equipment and furniture required.

Expected Results – Includes numbers expected to graduate or to receive certification, numbers expected to be employed and/or numbers expecting to pursue further education or training or list and explain other expectations or project outcomes. How will you achieve these outcomes?

Methods of Evaluation to be used during and after Project Completed – includes staff, participant, administrative and project evaluations, monitoring and follow up processes in order to identify and measure successes and challenges as it relates to CAHRD mandate. A final evaluative report will be required up to three months after project is completed.

Description of Participant Support Processes or Services Provided (if applicable).

Brief History of Past Projects and achievements of Previous Funding from CAHRD or elsewhere .

Supporting Letters of Reference Have Been Attached (limit 3) ____

Approved Board Motion Supporting Proposal – includes persons who moved and seconded motion, date and location of meeting ____

Project Activity Duration: From Month/Day/Year:

To Month/Day/Year:

Participant Start Date:

Participant End Date:

Number(s) and Type of Participants To Be Targeted:

Aboriginal (includes Metis, Status, Non-Status, Inuit) ____ Aboriginal Women ____

Aboriginal Youth ____ Aboriginal with Disabilities ____ Aboriginal Older Adults (over 40+) ____

Other (explain) ____

Total Number of Participants: _____

Attachments Checklist (please check off):

- List of Board Members: ____
- Legal Signing Officers Specimen Signature ____
- Organization Incorporation Document: ____
- Organizational Chart: ____
- Board Motion Indicating Approval of Project: ____
- Letters of Support from Community Organizations and/or Clients: ____
- Partnership Letters of Contributions: ____
- Outline of Curriculum and Course Descriptions (if applicable): ____
- Weekly Breakdown of Project Activities From Start To Finish (start-up and training phase): ____
- Job Descriptions of Instruction/Staff Positions: ____
- Electronic Copy of Application Form: ____
- Budget, Budget Explanation and Cash Flow in Spreadsheet Software ____
- Most recent Audited Financial Statements ____

I hereby certify that to the best of my knowledge all information contained in the application is true and complete:

Authorized Signing Officer

Print Name

Date