



MUSHKEGOWUK COUNCIL

Box 370
Moose Factory, ON, POL 1W0

Tel: 705-658-4222

Fax: 705-658-4250

Project Checklist Summary

Attawapiskat
First Nation

Please allow a minimum of 4 weeks for processing your application prior to the beginning of your training program/activity. You will be notified by mail, which Community Development Officer (CDO) will be responsible for your file. The CDO will determine whether the application can be internally approved or present it for review to the Proposal Review Committee. Mushkegowuk Employment & Training Services is in no way obligated to fund in whole or in part every training project submitted. Funding approvals for projects are based on funding availability.

Kashechewan
First Nation

Fort Albany
First Nation

IMPORTANT: All the items below must be provided in order for your application to be processed. Missing information will result in delays in your application.

Moose Cree
First Nation

- Application Form
- Participant Information Form *(To be completed by Clients on Project)*
- EI Client Authorization & Verification Form *(To be completed by Clients on Project)*
- Client Consent Form *(To be completed by Clients on Project)*
- Copy of Clients' Status Cards or Proof of Indian Status, SIN Cards.
- Detailed Budget
- Band Council Resolution/Board Resolution/Letters of Support
- Resume of Trainer

New Post First
Nation

Chapleau Cree
First Nation

Missanabie Cree
First Nation

If you are submitting a proposal, please ensure you also complete an application form. Proposals **WILL NOT** be processed without an accompanying application. Project sponsors should indicate whether other sources of funds (in-kind or financial) have been secured to offset costs for project.

Thank you.



<input type="checkbox"/> COMMUNITY INITIATIVES		<input type="checkbox"/> YOUTH INITIATIVES	
<input type="checkbox"/> REGIONAL INITIATIVES		<input type="checkbox"/> INDIVIDUAL INITIATIVES	
Name of Applicant:			
Mailing Address:			
Town:	Province:	Postal Code:	
Tel:	Fax:	Revenue #:	
Name of Contact Person:			
State in summary form the objectives and expected results of activities. Attached detailed documentation.			
Duration of Activity:		Location of Activity:	

Training Information

Training Occupation / Course	Number of Participant:
Persons/Organizations who prepared the training component.	
Minimum Academic and/or skill level required of the Participants.	
Name of the Public or Non-Public Institutions that will provide the training, please provide the names and qualifications of the trainers.	
Training to be provided (please attach more information).	
Work Experience to be provided (attach job description)	

Recruitment Plan

Number of Participants to be recruited from the Following Categories	Male	Female	Disabled	Youth	TOTAL	
Income Status Targeted	Employed	Unemployed	Reachback	SAR	E.I. Part 1 Only	TOTAL



Occupational Administrative Staff	No. of Persons	No. of Weeks	Total Weeks	Hours per Week	Total HOURS	Wage Rate per Hour	Contribution Requested.	
	Col 2	Col 3	Col 4 Col 2x3	Col 5	Col 6	Col 7	Col 8 Col 6x7	
Participant Total		Subtotal						1
Mandatory Employment Related Costs							Subtotal	2
							% X	
Overhead Costs (descriptions/itemized)					Amount Requested			
					Total Overhead		3	
Training Costs (descriptions/itemized)					Amount Requested			
					Total Training		4	
Special Costs (descriptions/itemized)					Amount Requested			
					Total Special Costs		5	
Project Manager Costs (descriptions/itemized)					Amount Requested			
					Total Project Manager Costs		6	
Participant Allowance	Number of Participants	Rate Per Week	Number of Weeks Per Participant	Total Cost for Allowances			7	
TOTAL CONTRIBUTION (add 1,2,3, 4,5,6 & 7)								
Source(s) of Other Funds:								

I/We certify that each job to be created is in addition to what has already been planned for the period that all information on this application is accurate.

Name (Please Print)	Position	SIGNATURE	Date (DD/MM/YY)



MUSHKEGOWUK EMPLOYMENT & TRAINING SERVICES

Box 370, Moose Factory, Ontario P0L 1W0 Phone (705) 658-4222 Fax (705) 658-4250 Toll Free: 1-800-265-6807

PARTICIPANT INFORMATION FORM

The following information is required by **MUSHKEGOWUK** for funding purposes. This form must be completed by **all** participants prior to project or training commencement. All information is confidential and will be utilized to determine eligibility for **METS** programs. We will use this as a tool to base your income support should you be successful in acquiring approval as a participant or for funding.

(For office use only) Sponsor	File #
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Have you received prior training through METS/HRDC? No Yes: When ? _____
Did you complete the training: Yes No

1. Personal Information		Social Insurance Number :			
Last Name :		First Name :		Middle Initials :	
Home Phone :					
Date of Birth : (day/month/year) :					
Local Address :			City / Prov / Postal Code:		
Labour Force Attachment: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student					
Current Income Benefits: (Monthly)					
<input type="checkbox"/> Canada Pension \$ _____		<input type="checkbox"/> Employment Insurance \$ _____			
<input type="checkbox"/> Private Insurance _____		<input type="checkbox"/> No Income Benefits _____			
<input type="checkbox"/> Family Benefits _____		<input type="checkbox"/> Worker(s) Compensation _____			
<input type="checkbox"/> Social Assistance _____		<input type="checkbox"/> Other _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Single					
Does spouse have a source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, please state amount: \$ _____ /weekly					
2. Characteristics		Language: <input type="checkbox"/> English <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> French <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read			
<input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Non-status <input type="checkbox"/> Status		Residency: <input type="checkbox"/> On-reserve <input type="checkbox"/> Off-reserve			
First Nation :		Band # (10 digits):			
Dependant(s) – Ages: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____					
Do you consider yourself to be a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, specify :					
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of License: Class _____					
Do you own or have access to transportation? Please circle: Car Bus Other: _____					
Are you willing to relocate? Yes no Please specify? Preference: _____					
3. Education		Highest Grade / Level Completed: _____ Year			
		Other Training (CPR, H.E., etc.) _____			
4. Employment History					
Work Preference:		1. _____ 2. _____			
Current / Last Employer:		Job Title:			
From (day / month / year):		To: (day / month / year):			
Reason for leaving:					
<input type="checkbox"/> Accepted another job		<input type="checkbox"/> End of seasonal work		<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Business closure		<input type="checkbox"/> Fired		<input type="checkbox"/> Quit	
<input type="checkbox"/> Conflict of interest		<input type="checkbox"/> Illness		<input type="checkbox"/> Moved	
<input type="checkbox"/> Downsizing		<input type="checkbox"/> Incarceration		<input type="checkbox"/> Retired	
<input type="checkbox"/> Returned to school		<input type="checkbox"/> Other		<input type="checkbox"/> Shortage of Work	
				<input type="checkbox"/> Project completed	
				<input type="checkbox"/> Strike or lockout	
				<input type="checkbox"/> End of contract	
First Previous Employment:		Job Title:			
From (day / month / year):		To: (day / month / year):			
Reason for leaving:		Paid		Unpaid / volunteer	
Second Previous Employment:		Job Title:			
From (day / month / year):		To: (day / month / year):			
Reason for leaving:		Paid		Unpaid / volunteer	
PARTICIPANT SIGNATURE:			DATE:		

Under the Privacy Act the personal information collected on this form may be accessed by the participant. The information is kept on file at the MCETS offices.

Revised September 2005



CLIENT CONSENT FORM

TO administer and evaluate the effectiveness of the Mushkegowuk Employment & Training programs and services, personal information about the client is required by;

- Service Canada (formerly Human Resources Development Canada (HRDC))
- Primary Funding Agencies, such as Local Delivery Mechanisms (LDMs), Contribution Agreements and Regional Bilateral Agreements (RBAs)
- Organizations providing training (training deliverers)

TO be eligible for participation in Mushkegowuk programs and services, the Client must provide the information requested and must consent to the collection, disclosure and use of that information, as described in this notice by signing the consent and release below.

SOME of the information will be asked directly from the Client, such as gender, marital status, income, disability, age etc. This information is required for statistical collection and is used for reporting purposes in evaluating the programs and services.

OTHER organizations as described below may be contacted in order to obtain appropriate facts which aid in making informed decisions.

- 1) To confirm a Client's request for funds, information may be required directly from;
 - a) The federal government about exhausted Employment Insurance benefits or current status on Employment Insurance claim,
 - b) Ministry of Community and Social Services, First Nation, or municipality welfare office about receipt of social assistance,
 - c) Workers Compensation Board or other disability insurer about receipt of Workers Compensation or disability insurance benefits,
 - d) Other relevant agencies.
- 2) Information may be required from Local Delivery Mechanisms when an individual's origin is outside the Mushkegowuk area but the client resides in the Mushkegowuk area and is requesting financial assistance. Information may be requested from other primary funding agencies in other provinces when a client is requesting financial assistance and he or she originates from that province but is living in the Mushkegowuk area or vice versa.
- 3) Verification of Indian status and affiliation must occur prior to assessment of request. This information will be confirmed by a Mushkegowuk staff member and a First Nation membership clerk/Band Administrator.
- 4) Participant information may be provided to employers when making referrals for potential jobs.
- 5) Clients may be referred to other agencies or organizations to access other services.
- 6) By signing this client consent form, the client authorizes the release of any test results, reports and other information that concerns the individual to Mushkegowuk Employment & Training Services from their training programs.
- 7) Should I be successful in obtaining funding from Mushkegowuk Employment & Training Services, I will allow Mushkegowuk Employment & Training Services to publish my name as a participant on a project funded through them.

CONSENT TO REQUEST AND RELEASE INFORMATION

I have read this document, or have had this document read to me, and fully understand the above notice and do consent to the collection, disclosure and use of my personal information as described herein.

Signature _____ **Print Name Here** _____

Social Insurance Number _____ **Date** _____