



Mid Coast First Nations Training Society

P.O. Box 941 Bella Bella, BC V0T 1Z0

Tel: (250) 957-2225

Fax: (250) 957-2200

Email: mcfnts@gmail.com

APPLICATION FORM

Office Use Only:	Original Amendment #: _____	Date Received: _____ Date Reviewed: _____	File #: _____ P.O.: _____
-------------------------	--------------------------------	--	------------------------------

Program: _____ Project Name: _____

Date Submitted: _____ Activity Period From: _____ To: _____

Name of Employer: _____

Contact Person: _____

E-mail address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

MCFNTS CONTRIBUTIONS REQUESTED

Participants	① # of Weeks	② Hrs per Week	①X②=③ Total Hrs.	④ Wage Per Hour	⑤ Subsidy Requested (max \$10.00)	⑥ Sponsor Contribution per Hour	③X④=⑦ Total

Total Wages

③X⑤ = ⑧ **Total MCFNTS Wages Requested**

CPP: WCB: EI: VP: 4% (EI+CPP+WCB+Vac. Pay)x⑧/100 = Mandatory Employment Related Costs (MERCs)

• Overhead (itemize) – use separate sheet if necessary

• Training Costs (itemize) – use separate sheet if necessary

• Equipment Lease or Purchase – use separate sheet if necessary

• Special Costs – use separate sheet if necessary

• Other – use separate sheet if necessary

Total MCFNTS Contributions

SPONSOR CONTRIBUTIONS – use separate sheet if necessary

Total Sponsor Contributions

PARTNER CONTRIBUTIONS – use separate sheet if necessary

Partner 1:		

Partner 2:		

Total Partner Contributions

TOTAL CONTRIBUTIONS

MCFNTS Requested		
Sponsor:		
Partner 1:		
Partner 2:		
Total Contributions		

Sponsor Signature

Position

Date

OBJECTIVES & ACTIVITIES

Organization Background:

Past Projects Funded & Evaluation Results:

Project Background:

Statement of Need:

Project Objective:

Activities:

Training Plan:

On-the-job Training:

Off-the-job Training:

Work Experience Component (if applicable):

Expected Results:



- Cover letter
- Band Council Resolution (BCR) or Board motion
- Copy of instructors/trainers resumes
- Training Plan (include dates, time frames, activities, and objectives)
- Course outlines for any off-site training