

SOCIAL ASSISTANCE TRANSFER FUNDING APPLICATION FORM

DETAILS OF SOCIAL ASSISTANCE TRANSFER (INFORMATION PROVIDED ON SOCIAL ASSISTANCE RECIPIENTS IS CONFIDENTIAL)

FIRST NATION: _____

PROJECT TITLE: _____ **PROJECT NO.:** _____ **START DATE:** _____ **COMPLETION DATE:** _____

A EMPLOYEE <small>(Social Assistance Recipient Only)</small>	B HEAD OF FAMILY	C SINGLE	D NUMBER OF DEPENDENTS	E TOTAL WORK WEEKS	F MONTHLY GROSS WAGES	G MONTHLY WELFARE ENTITLEMENTS	H WELFARE AMOUNT ELIGIBLE FOR TRANSFER TO PROJECT	I ACTUAL ENTITLEMENTS TRANSFERRED TO PROJECT	J STEP PAID OUT	K REASONS FOR ADJUSTMENT
TOTAL										

Certification by Social Services Administrator

1. I certify that the persons listed above are entitled to receive Social Assistance under Ontario Works YES NO
2. I certify that the monthly welfare entitlements are calculated in accordance with the Ontario Works regulations YES NO
3. I certify that all documents in support of eligibility, the signed consent form to disclose of information, are placed on recipients case files YES NO

Any Adjustment

Amount of S. A. transferred

First Nation Social Services / Welfare Administrator:	Date:
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First Nation : _____	Date: _____
Address:	Phone: _____
	Fax: _____

DESCRIPTION OF POSITION(S) (enclose business plan and/or detailed training plan where appropriate)

MINIMUM QUALIFICATIONS, IF ANY, REQUIRED OF APPLICANT(S) FOR REFERRAL PURPOSES

DESCRIBE SUPPORT TO BE PROVIDED TO PARTICIPANTS DURING THE EMPLOYMENT PROJECT

DESCRIBE SPECIFIC OBJECTIVES, GOALS AND BENEFITS OF THE POSITION(S) (FOR INDIVIDUAL(S), THE COMMUNITY , OTHER: SPECIFY)

ANTICIPATED OUTCOME AT END OF EMPLOYMENT PROJECT (I.E. CONTINUATION OF EMPLOYMENT WITHOUT SUBSIDY, TRAINING AND SKILLS DEVELOPMENT)

CERTIFICATION:

I hereby certify that to the best of my knowledge, the information contained herein and other attached Social Assistance Transfer forms is accurate

Signed by: _____

Date: _____

Position: _____

SOCIAL ASSISTANCE TRANSFER FUNDING APPLICATION FORM PROJECT DETAILS

HUMAN RESOURCE PLANNING	MALE	FEMALE	TOTAL
Total persons to be hired			
# of Social Assistance (OW) Recipients			
# of work weeks of employment (Social Assistance (OW) Recipients only)			
Total # of permanent jobs to be created by this project.			

FINANCIAL PLANNING			
Cost of project (estimated)	PROPOSED FUNDING SOURCE	TOTAL AMOUNT	%
Salary Costs:			
Supervision _____	First Nation: Revenue (specify) _____		
Labour _____	Other Revenues _____		
Employment Insurance _____	Subtotal _____		
C.P.P. _____	DIAND: Capital _____		
Vacation Pay _____	Social Assistance Transfer _____		
Worker's Compensation _____	Funding (SATF) _____		
Other (specify) _____	CAEDS (Ec. Dev.) _____		
Total Salary Costs _____ A	OTHER: (specify) _____		
	Subtotal _____		
Operating Costs:			
Materials _____	HRDC: Training/Employment _____		
Equipment Purchase _____	Other (specify) _____		
Equipment Rental _____	Subtotal _____		
Sub-contracting _____	PROVINCE: (specify) _____		
Building/Office Rental _____	Subtotal _____		
Office Supplies _____	OTHER: (specify) _____		
Hydro, Heat and Light _____	Subtotal _____		
Other overhead (specify) _____			
Total Operating Costs _____ B			
Other Costs: (specify) _____ C			
Total Costs (A)+(B)+(C) _____ D			
Less Projected revenues (specify) _____ E			
Net Cost (D - E) _____ F	Total Funding Proposed (F must equal G) _____ G		
REMARKS:			
Signed: _____ First Nation Project Manager	Phone #: _____ Fax #: _____	Date: _____	
FIRST NATION:	PROJECT TITLE:	Project Number:	