

Before You Begin

This application form is for organizations interested in submitting a request for funding under the Capability Assessment and Accommodation program. It is recommended that you review the guidelines found at <http://www.education.gov.yk.ca/continued/lmapd.html> Please contact Labour Market Programs and Services before completing and submitting this application.

Organization Information

Organization Name		
Street Address (Mailing)		
City	Province/Territory	Postal Code
Phone Number (area code)		Fax Number (area code)

Agreement Contact

Specify the person in your organization who can be contacted to negotiate and finalize this application (if required) in the space provided below.

Title	
Last Name	First Name
Phone Number (area code)	Mobile Number (area code)
Email	

Assessment and Accommodations Description

Department/Area	Program
Education/Advanced Education Labour Market Programs and Services	Labour Market Agreement for People with Disabilities - Capability Assessment and Accommodation (CAAP)
Project Title	
Please enter the date range you are seeking funding for this project. Click in the date boxes below to access the calendar selection tool.	
Agreement Start Date (DD/MM/YYYY)	Agreement End Date (DD/MM/YYYY)

Project Description: Objective

Provide a brief summary of your project below (maximum 300 words.)

Targeted Participants

Expected number of Project Participants

Please complete the section below if the project is targeting a specific demographic group.

Enter the number of participants expected for each group. Note: A participant may be part of more than one group - therefore, the total number of participants for the project is not expected to be an exact sum of the participants in each group.

Aboriginals	
Education less than high school	
Employed	
Females	
Francophones	
Immigrants	
Long Term Unemployed	
Low Skilled Employed	
Males	
New / Re-entrants to the labour market	
Older Workers	
Persons with disabilities	
Social Assistance Recipients	
Youth	

Project Activities

Activity Type

Please enter the date range.

Start Date (DD/MM/YYYY)

End Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>
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Provide a brief description of this activity.

Where does this activity take place?

Organization Name		
<input type="text"/>		
Street Address (mailing)		
<input type="text"/>		
City	Province/Territory	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number (area code)	Fax Number (area code)	
<input type="text"/>	<input type="text"/>	

Expected Results

Provide expected results for this activity.



Participants Outcomes and Identification

Expected number who will complete the activity (if applicable.)

Expected number who will achieve employment (if applicable.)

Corresponding Participant Case ID

Corresponding Participant Case ID

Corresponding Participant Case ID

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Project Activities

Activity Type

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City	Province/Territory	Postal Code
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City	Province/Territory	Postal Code
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Project Budget

In the space provided below, identify for each budget item your cost and for that item how much funding you are requesting. Additionally for each set of budget item, identify your cash and in-kind contributions. Your requested amount should be your project cost for those items less your cash and in-kind contributions.

PROJECT DELIVERY

Staffing	Project Cost	Requested Amount
Wage/Salaries		
MERC		
Employer Cost HR Benefits		
Subtotal		
Less: cash contributions		
Less: in kind contributions		
Total		

Participant	Project Cost	Requested Amount
Wages		
Stipends		
MERC		
Employer Cost HR Benefits		
Professional Fees		
Tuition		
Dependent Care		
Incremental Supports		
Living		
Disability Related Supports		
Transportation		
Travel		
Program Materials		
Special Events		
Other Expenses - Participant		
Subtotal		
Less: cash Contributions		
Less: in Kind Contributions		
Total		



Capability Assessment and Accommodation Program (CAAP) Application

Advanced Education Branch
Labour Market Programs and Services

Operating	Project Cost	Requested Amount
Recurring		
Professional Fees		
Honoraria		
Staff Development		
Equipment		
Facility Lease/Rent		
Leasehold Improvements		
Maintenance		
Advertising & Promotion		
Office supplies		
Travel		
Transportation		
Insurance		
Other Expenses - Operating		
Subtotal		
Less: cash Contributions		
Less: in Kind Contributions		
Total		

ADMINISTRATIVE

Flat Rate % *Note that this category is used if the applicant intends to negotiate a percentage calculation for administrative expenditures AS AN ALTERNATIVE to tracking individual categories. Maximum eligible is 15% of Project Delivery Expenditures.*

Flat Rate	Project Cost	Requested Amount
Flat Rate Amount		
Subtotal		
Less: cash contributions		
Less: in kind contributions		
Total		

OR

Staffing	Project Cost	Requested Amount
Wage/Salaries		
MERC		
Employer Cost HR Benefits		
Subtotal		
Less: cash contributions		
Less: in kind contributions		
Total		



Capability Assessment and Accommodation Program (CAAP) Application

Advanced Education Branch
Labour Market Programs and Services

Operating	Project Cost	Requested Amount
Recurring		
Professional Fees		
Honoraria		
Staff Development		
Equipment		
Facility Lease/Rent		
Maintenance		
Advertising & Promotion		
Office Supplies		
Transportation		
Insurance		
Banking Charges		
Legal Fees		
Other Expenses - Operating		
Subtotal		
Less: cash contributions		
Less: in kind contributions		
Total		

TOTAL BUDGET AMOUNT REQUESTED

Legal Signing Officers

Title	Name

How many and what combination of the above person's signatures are required on a legal document?

Supporting Documentation

The following documents must be submitted with this application (if applicable).

Action Plan	Provide the Action Plan of all participants identified in this CAAP Application Form.
Assessment & Accommodation information if not otherwise included in the activity description	<p>In the case of a formal, professional assessment, you must include:</p> <ul style="list-style-type: none"> · the name or type of assessment; · the assessor organization and/or individual; · the credentials or certificates of the assessor; · a description of the assessment goal and methodology; · the location of the assessment activity; · the total cost of the assessment; and · the start date and timelines associated with the assessment. <p>In the case of a less formal or practical assessment or accommodations, you must include:</p> <ul style="list-style-type: none"> · the nature of the activity, such as work placement, workshops, or simulated work experience; · the start date and duration of the activity; · the location of the activity; · a description or sample of any tools or materials used; and · the costs associated with the activity. <p>In both cases, you must include the expected output of the activity.</p>
Job Description(s)	Provide a description for all positions if funding is requested under the "staffing" budget category. You must use the following template http://www.education.gov.yk.ca/pdf/job_description_template.docx

Questions? For more information, contact Yukon Education at 1-800-661-0408, local 5131.

Submit Application

By mail:

Advanced Education
Yukon Education
Government of Yukon
PO Box 2703
Whitehorse, Yukon
Canada Y1A 2C6

By fax:

Advanced Education
Fax number: (867) 667-8555