

Before You Begin

This application form is for organizations interested in submitting a request for project funding under the Workplace Support 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.

Employer Information

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

Agreement Contact

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

Title	
Last Name	First Name
Phone Number	Mobile Number
Email	

Language Preference

What is your preferred language of Service? <input type="checkbox"/> English <input type="checkbox"/> French	What is your preferred language for correspondence? <input type="checkbox"/> English <input type="checkbox"/> French
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Advanced Education Branch
Labour Market Programs and Services

Project Description: Objective

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

Project Details

Department/Area	Program
Education / Advanced Education Labour Market Programs and Services	Labour Market Agreement for People with Disabilities - Workplace Support Program
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 Location

Identify the location where project activities will be delivered.

Care of		
Street Address (Mailing)		
City	Province/Territory	Postal Code
Location Description / Note		

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.

Expected Results

Provide expected results for this activity.

Where does this activity take place?

Expected number of Project
Participants.

Expected number who will gain
or maintain employment.

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.

Expected Results

Provide expected results for this activity.

Where does this activity take place?

Expected number of Project
Participants.

Expected number who will gain
or maintain employment.

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.

Expected Results

Provide expected results for this activity.

Where does this activity take place?

Expected number of Project
Participants.

Expected number who will gain
or maintain employment.

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

Participant	Project Cost	Requested Amount
Wages		
MERC		
Employer Cost HR Benefits		
Professional Fees		
Disability Related Supports		
Transportation		
Program Materials		
Other Expenses - Participant		
Subtotal		
Less: cash Contributions		
Less: in Kind Contributions		
Total		

Operating	Project Cost	Requested Amount
Honoraria		
Staff Development		
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 Documents

Participant Action Plan	The Participant Action Plan is provided by the participant's Case Manager or developed by Yukon Education. Please contact Labour Market Programs and Services for more information.
Job Description(s)	Provide a job description for the Participant

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

Submit Application

By mail:

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

By fax:

Advanced Education
Fax number: (867) 667-8555

Please record your name and the date you completed this form in the space provided below:

Name:

Signature:

Title:

Date: