



**APPLICATION FORM
QIKIQTANI COVID-19 WAGE SUBSIDY & TRAINING PROGRAM**

This application is for the Qikiqtani COVID-19 Wage Subsidy & Training Program. This program can provide businesses that have been negatively impacted by COVID-19 with relief funding in the form of wage subsidies to help Inuit employees maintain employment, and funding to support training initiatives for employees. The wage subsidy is up to \$20.00 per hours to a maximum of \$15,000 per employee. Funding for training is up to \$1,500 per employee. The program will provide support funding over the period commencing March 15, 2020 and concluding on June 30, 2020. All required documents will be required within six (6) months of funds being approved and a Contract accepted.

Date of Application: _____

Employer Information:

Business/Organization Name: _____ Contact Person: _____

Type of Business: Public Private Non-Profit Years in Business: _____

Nature of Business/Organization: _____

Address: _____ Phone: _____
_____ Fax: _____

Have you ever applied to the Training & Employment Fund? Yes _____ No _____

If yes, please provide details: _____

Provide a brief history or summary of your business/organization:

How much has your business been affected by Corvid 19 please explain. (Attach a separate document if required):



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Kakivak Association



Provide the Job Details for Employee and include a brief job description. (Attach a separate sheet if required)

Job Title _____	Hourly Rate _____	Hours per week _____
Length of work (In weeks) _____	Start Date _____	Completion Date _____
Work Location _____	Work Schedule _____	Hours of Work _____

Job Description _____

Supervisor Information:

Name of Supervisor: _____	Position: _____
Qualifications: _____	

Budget Details for the Employment:

Total Wages to be paid to Employee:			
Hourly rate _____	X # of weeks _____	X Hours per Week _____	X # of Employees _____ \$ _____
Mandatory Employment Related Costs (CPP, EI, WCB, VP) _____ %			\$ _____

Total Costs for the Wages	\$ _____
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Are you applying for any other funding from other sources? Yes _____ No _____
(If yes, please specify from whom, what and how much)
_____ \$ _____

How much equity are you putting into this? \$ _____
Details of Equity:

Briefly describe costs for the online training and details (ie: Tuition/Books/Computer or any others if required)

Program _____ Provided by _____ Duration _____

Length of (In weeks) _____ Start Date _____ Completion Date _____

Cost details: Tuition/Books _____ Computer _____

Other Cost list and explain: _____



Checklist of Required Documents to be Included

This application can only be considered upon receipt of all relevant information and documents requested below. Please submit only after all documents are collected.

All applicants please include the following;

- A completed Qikiqtani Covid-19 Wage Subsidy & Training Program application form, signed and dated.
- A copy of a Municipal Business License.
- A copy of WSCC coverage for the business.
- A copy of any other license or permits applicable to the business type.
- Participant Registration Form for every participant under the wage subsidy program
- Commercial banking information where eligible applicants can receive their Wage Subsidy funding.

All applicants must also include the following;

- Copy of the most recent payroll for qualifying business
- Copy of invoices or receipts for any wage subsidy or training items
- Participant Completion Form

The preferred method of communication and submission of an application including supporting documents will be via e-mail. All follow-up meetings will be held by telephone. For those business owners who do not have access to e-mail the completed application and supporting documents can be submitted via fax.

If you are unable to email or fax the application please call our toll free number for assistance at 1-800-561-0911 and leave a message.

Please allow up to 48 hours for a response.

Kakivak Association is doing our part to help reduce the spread of COVID-19 and is enforcing physical distancing.



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Declaration of Applicant:

I do swear that I have personal knowledge of the matters discussed in this application, and state that:

To the best of my knowledge, statements made and materials provided by or on behalf of the undersigned are true and correct:

To the best of my knowledge, the proposed Employment complies with all municipal and territorial and federal laws:

I make this declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and I have read and understand the program criteria and employer obligations for the Wages Subsidies to Employers for Work Experience and Training provided by Kakivak Association.

Authorized Signature

Date