



**Program Description**

**OBJECTIVES**

Provide employers with incentives enabling clients to find employment and to acquire career related work experience.

Offer to individuals the opportunity to acquire working experience with colleagues and at the same time to be monitored by competent staff.

Allow young people having difficulty to secure employment, access to professional and personal development programs; exposure to professional work ethics; and valued mentored work experience.

**ELIGIBILITY**

- The participant must be unemployed.
- Participants must have a minimum of a secondary diploma or its equivalent except where employment requirements are less than a secondary diploma as identified in the National Occupation Classification (NOC).

**MEANS**

- Contribute to the employment of workers in danger of becoming chronically unemployed by providing them with work experience in areas offering the best possibilities of employment.
- Offer work experience programs to unemployed persons to enable them to find a job.

**FUNDING**

Eligible Expenses	Public Sector Employer/ Non-Profit Organization	Private Company For Profit
Wages <sup>1</sup>	100% of gross salary up to a maximum of minimum wage	60 % of gross salary up to a maximum of minimum wage
Mandatory Employment Related Costs	None	None
Hours of Work	Minimum of 30 hours per week to a maximum of 40 hours per week or based on the number of hours recognized by the sponsors in specific economical areas such as: forestry, construction, trucking, etc.	

***Wage subsidy***

A wage subsidy is allocated according to the status of the employer and the rates established above.

***Income support for Employment Insurance beneficiaries***

- Participants receiving Employment Insurance (EI) benefits are not insurable.
- Participants receiving regular benefits may receive a supplement until the end of their EI benefit. This top-up is not insurable.

***Mandatory Employment Related Costs paid by employer (M.E.R.C.)***

Contributions to mandatory employment related costs are covered for the Employer. Recognized mandatory employment related costs are as follows.

**M.E.R.C. (continued)**

- Quebec Health Insurance Plan (QHIP)
- Quebec Pension Plan (QPP) or Canada Pension Plan (CPP)

<sup>1</sup> Contribution amount is calculated after consideration of subsidies from other sources. (i.e.: Welfare Injection)

- Employment Insurance (EI)
- Commission de la sante et securite au travail (CSST) – Workers’ Compensation Board (WCB)
- Labour Standards Commission (LSC)
- Vacation Pay

### **Non-eligible Costs**

Any other related costs that are not recognized or mandatory such as Union subscription charges, pension plan and life insurance subscription are under the employer’s and/or the employee’s responsibility and will not be funded under this measure.

### **CONDITIONS**

- Jobs must entail a minimum of 30 to a maximum of 40 hours per week or based on the number of hours recognized by the sponsors in specific economical areas such as: forestry, construction, trucking, etc.
- Jobs that are created must be supplementary to existing jobs or jobs that would normally have been created.
- The new jobs must not replace the dismissal of a current employee, volunteer, or a laid-off employee who is waiting to return to work or is away from work due to a work stoppage, management-union dispute or on vacation.
- The new jobs must not be the subject of duplicate funding.

### **LENGTH OF PROJECT**

The length of a project is for a maximum of 26 weeks.

### **APPLICATION CRITERIA**

- Project sponsors must have a physical address at which they conduct operations.
- The subsidy must not be used for basic funding by the sponsor.
- The sponsor must be a profit or non-profit legally recognized entity.
- The sponsor must have the capacity to contribute to the participant’s salary, if applicable.
- The sponsor must offer a positive and enriching training and working experience.
- For profit sponsors can benefit from a maximum of two (2) projects per year.
- Salary or compensation paid by the sponsor without approval is not admissible.

### **SPONSOR’S RESPONSIBILITY**

- Publicly acknowledge the financial assistance of the Listuguj Mi’gmaq Development Council.
- Advise training and/or employment measure participants that they are being provided with an opportunity to acquire new skills and/or work experience.
- Complete all bookkeeping activities related to the project. A final review of the project will be carried out within sixty (60) days of the project finish date.
- Allow representatives of the Listuguj Mi’gmaq Development Centre to monitor the employment activities. It is understood that failure to comply with the approved training or Return to Work Action plan will be reported to the Listuguj Mi’gmaq Development Centre.
- Advise the LMDC, in writing if, for any reason, one participant or more quits or must leave within the project’s period of operation.
- Ensure that none of the participants of the project will be assigned to activities other than those related to the training.
- Provide the necessary framework and follow-up essential to attain the project’s objectives.

**Prior to the project’s start date, all potential participants must attend a scheduled appointment with Listuguj Mi’gmaq Development Centre’s Employment Counsellor to determine suitability and eligibility for the proposed employment measure. All candidates seeking financial assistance from the LMDCouncil will be subject to LMDCentre criteria. Non-compliance will result in a project delay or disqualification for funding.**



# Listuguj Mi'gmaq Development Centre

## Job Creation Funding Application

To be completed by SPONSOR/EMPLOYER

IDENTIFICATION		
ORGANIZATION/EMPLOYER		
MAILING ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
TEL:	FAX:	
CONTACT PERSON		

For Office Use Only		
File Number		
If Applicant has accessed funding in the past, has the waiting period been served?	YES	
	NO	
	N/A	
NOC:		

**Proof of Business Registration attached**

CRA BUSINESS #	QUEBEC ENTREPRISE #
PROVINCIAL BUSINESS #	CSST Registration # (if applicable)

*Additional sheets may be attached if necessary.*

INTRODUCTION
Give a brief description of your project. Include some background information.

OBJECTIVES
State the objectives of your project. It can be in point form.

EMPLOYMENT
State what your intentions are for permanent employment for the participant(s).

**ANTICIPATED PARTICIPANT WAGES**

<b>Start Date:</b> _____		<b>Ending Date:</b> _____				
<b>Anticipated Participant Wages</b>	_____	<b>x</b>	_____	<b>x</b>	_____	= _____
	Hourly Wage		Hours/Week (Max 40 hrs)		# of Weeks (Max 26 wks)	Total anticipated wages for duration of project
<b>Payment Schedule</b>	<input type="checkbox"/> Weekly M Tu W Th F					First Payment Date: _____
	<input type="checkbox"/> Bi-weekly M Tu W Th F					

**AUTHORIZED TO SIGN**

Please indicate below the person(s) authorized to sign a legal Agreement on behalf of \_\_\_\_\_  
 \_\_\_\_\_ with the Listuguj Mi'gmaq Development Centre, as well  
*Legal Name of Organization and CRA Business Number*  
 as the project application form and any official documents related to the project. Any single signature will  
 be sufficient, unless notified to proceed otherwise.

_____ Name	_____ Title	_____ Sample Signature
_____ Name	_____ Title	_____ Sample Signature

**SIGNATURE**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICATION CHECK LIST**

- JOB CREATION FUNDING APPLICATION signed
- Job description(s) attached (for each position)
- Detailed Work Plan(s) attached (for each position)
- Work Schedule(s) attached (clearly indicating hours of work)
- CONFIRMATION OF FUNDS section authorized (upon completion of funding calculations by the LMDC)

If potential Participants have been identified:

- CLIENT CONSENT/STATUS FORM signed per participant

**CONFIRMATION OF FUNDS**

I hereby guarantee \$ \_\_\_\_\_ as the contribution payment towards the participation in the Job  
 Creation Program for the position of \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



1. IDENTIFICATION		OFFICE USE ONLY	
CLIENT/PARTICIPANT			B1 – Professional Training
ADDRESS			B2 – General Academic Upgrading
CITY	PROVINCE	POSTAL CODE	B3 – Employee Training and Dev
TEL:	DOB: DAY MONTH YEAR		C1-Job Creation Initiatives
CELL:			C2-Self Employment Assistance
EMAIL			
SIN #	BAND #		

2. ADDITIONAL INFORMATION			
INCOME <input checked="" type="checkbox"/>	STATUS		DEPENDENTS
EI Benefits	Gender		# of dependent children
Employed	Marital Status		<b>Name</b>
Social Assistance Benefits	Spoken Languages		<b>Age</b>
No income	Written languages		
Other			

3. EDUCATIONAL BACKGROUND <small>Please write name of institute where schooling was completed and dates attended.</small>					
Name of Institution		Dates attended		Name of Institution	
GED		Year Achieved		University	Start / End
AESS (QC)		Year Achieved		Correspondence	Start / End
HS Diploma		Start / End		Other:	Start / End
College		Start / End			

4. CONSENT TO RELEASE INFORMATION	
<p>I authorize the Listuguj Mi'gmaq Development Centre (LMDC) to verify my eligibility for Employment Insurance (EI) benefits. I also authorize the LMDC to confirm my membership to the Listuguj Mi'gmaq Nation.</p> <p>I authorize the release and use of any and all pertinent information related to my file to funding sources including Post-Secondary Education, Social Assistance and any provincial or federal funding agency.</p> <p><u>If necessary</u>, I authorize the following person(s) access to:</p> <p>Seek information related to my file _____</p> <p>Retrieve my cheque when requested _____</p> <p>As an LMDC client, I authorize the LMDC to have access to and share information related to my file, from/with other funding sources, educational institutes, ministries and organizations or employers and sponsors, as deemed pertinent to my action plan.</p> <p>I understand that information contained in my file will be released to Human Resources Development Canada (HRDC) for statistical purposes and notice of participation in a measure.</p>	
_____ Signature	_____ Date
_____ Witness	_____ Date