WORKPLANS DUE: June 3, 2022

Note: Submit workplans by attaching to your allocation letter on DocuSign

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| **First Nation Name:** |
| **Mailing Address** | P.O Box No.:Address:City:Province:Postal Code:Phone number: |
| **Primary Contact Information** | Name:Title/position:Telephone number:Email:Fax No.: |
| **Secondary Contact Information** **(Preferably a contact from Finance)** | Name:Title/position:Telephone number:Email:Fax No.: |

For each work placement, please provide the following info:

Note: If you need to add more work placements please copy the fields below and continue to add each placement until you are done.

**Work Placement 1:**

Job Title:

Start/End Date:

Hourly Wage:

Total Hours of Work:

Total Wages (Hourly Wage x Total Hours of Work):

Planned Activity:

Expected Results:

**Work Placement 2:**

Job Title:

Start/End Date:

Hourly Wage:

Total Hours of Work:

Total Wages (Hourly Wage x Total Hours of Work):

Planned Activity:

Expected Results:

**Work Placement 3:**

Job Title:

Start/End Date:

Hourly Wage:

Total Hours of Work:

Total Wages (Hourly Wage x Total Hours of Work):

Planned Activity:

Expected Results:

**Work Placement 4:**

Job Title:

Start/End Date:

Hourly Wage:

Total Hours of Work:

Total Wages (Hourly Wage x Total Hours of Work):

Planned Activity:

Expected Results:

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| **Program Budget:** If placements require any of the below additional costs, please complete: |
| **Eligible Expenditures** | **Planned Expenditure** *(please list all expenditures separately and explain how amount is calculated)* | **Amount** |
| Total Cost of Work Placement(s) – example: add up total wages for each work placement you are applying for.  |  |  |
| Mandatory Employment Related costs (MERCS) such as gross employee share of CPP, EI, vacation pay, WCB and where applicable, health insurance premiums. |  |  |
| Other necessary costs directly related to a work placement, including (but not limited to): criminal record check, required uniforms, personal safety gear (e.g. work boots, safety hats) up to a maximum of $300 per participant; |  |  |
| Actual cost for special equipment and facilities to accommodate the needs of a disabled individual up to a maximum of $3,000, if applicable; |  |  |
| **Sub-Total:** |  |
| **Administration Cost (max. 5% of sub-total cost):** |  |
| **Total Cost:** |  |

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| --- |
| Please describe all other expected contributions to the program (project partner costs), including financial and/or in-kind service: |
| Checklist:1. Have you identified your First Nation organization on the first page with the right address?2. Have you entered email address for the primary contact person?3. Have you completed Summer Work Placement details on page two – details per each placement?4. Have you **"saved"** your workplan application on your computer? If needed, “printed” a copy for your records?5. Have you attached your workplan application to your allocation letter via DocuSign? |
| Signature: |

**Workplan Deadline:**

**June 3, 2022**

Please submit complete workplan by attaching to

your allocation letter via DocuSign

**If you have any issues or questions, email:** **janam@fnesc.ca**

**Final Report Deadline:**

**February 28, 2023**