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Kakivak Association
 Parnaivik Building 924
 P.O. Box 1419
 Iqaluit, NU X0A 0H0

ᑭᑭᑭᑭᑭᑭ / Phone: 867-979-0911
 ᑭᑭᑭᑭᑭᑭ / Fax: 867-979-3707
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 Toll free: 1-800-561-0911
www.kakivak.ca

Total Number of Participants: _____

Provide the Job Titles for all participants and include a job description for each Job Title.
 (attach a separate sheet if required)

Job Title _____ Hourly Rate _____ Hours per week _____

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

Job Description _____

Job Title _____ Hourly Rate _____ Hours per week _____

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

Job Description _____

Work Experience Schedule:

Provide details of the work experience that will take place and the location: (attach a separate sheet if required)

Supervisor Information:

Name of Supervisor: _____ Position: _____

Qualifications: _____



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Budget Details for the Project:

Total Wages to be paid to participant	\$ _____
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i.e. wage x number of weeks x # of participants:	
Mandatory Employment Related Costs (CPP,EI,WCB,VP) _____%	\$ _____

Total \$ _____

Total Wages to be Paid to Participant	\$ _____
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i.e. wage x number of weeks x # of participants:	
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Mandatory Employment Related Costs (CPP,EI,WCB,VP) _____%	\$ _____

Total \$ _____

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)	
i.e. Department of Education, Materials, \$5000.00	\$ _____
	\$ _____

How much equity are you putting into this Project?	\$ _____
Details of Equity:	
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List any other information that you would like to include:

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 material provided by or on behalf of the undersigned are true and correct:

To the best of my knowledge, the proposed project 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/Job Creation and Business Internship provided by Kakivak Association.

Authorized Signature

Date