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### Targeted Labour Market Program -Application for Funding

# PART 1 - ORGANIZATION

## ORGANIZATION IDENTIFICATION

Organization Legal Name	CRA Business Number	P.O. Box Number
Community	Territory/Province	Postal Code
Business Telephone (     )	Business Cell (     )	Email Address
<b>Contact Person:</b> Last Name	First Name	Position/Title
Organization Type	Organization Category	Year Established
<b>Mailing Address * (if different from Organization Address)</b>		
<b>Attention To:</b> Last Name	First Name	P.O. Box Number
Community	Territory/Province	Postal Code

Organization's Mandate

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

## ORGANIZATION CONTACT

THIS SHOULD BE OUR PRIMARY CONTACT PERSON IN RESPECT TO THIS APPLICATION FOR FUNDING

Last Name	First Name	Position Title
Preferred language of communication <u>spoken</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____		
Preferred language of communication <u>written</u> : <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Inuinnaqtun <input type="checkbox"/> Other: _____		
ORGANIZATION CONTACT - ADDRESS		
<input type="checkbox"/> Same as Organization Address <input type="checkbox"/> Same as Organization Mailing Address <input type="checkbox"/> Different (include below)		
P.O. Box Number	Community	Territory/Province
Postal Code	Contact Telephone (     )	Email Address

## ORGANIZATIONAL CAPACITY

How many employees does your organization currently have?

Has your organization undergone any important transformations in the past two (2) years?  Yes  No

***\*If "Yes", please provide a description of the changes:***

Please describe how your organization has the experience and expertise to carry out the proposed project activities.

If applicable, please include any past experience with the Government of Nunavut and the results of the project.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



## Targeted Labour Market Program -Application for Funding **PART 2 - PROJECT**

### PROJECT IDENTIFICATION

Project Title

Planned Project Start Date:

(MM-DD-YYYY)

Planned Project End Date:

(MM-DD-YYYY)

### PROJECT DESCRIPTION

**A. Project Objectives** (Must be clearly linked to the objectives of the program to which you are applying.)

**\*\*\* A complete proposal may be attached to this application to replace this section\*\*\***

- 1. Please provide an overview of the project. Include project objectives and the anticipated deliverables. Briefly describe the short- and long-term goals of the project.**

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

2. Which of Career Development's strategic priorities do you propose to address through your project? Please select.

- Pre-employment and employment readiness
- Foundational skills development for adults
- Training and employment programs for persons living with disability
- Out of school youth aged 15-30
- Other, please explain:

3. Please describe how the project objectives align with or contribute to Career Development's mandate and strategic priorities.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

**B. Project Activities** *(Must be broken down into clear steps.)*

**4. Please describe the key activities of your proposed project. The information should describe “how” the activities will meet the objectives described above. Include a proposed timeline for each project activity.**

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

5. *Method of delivery / Methodology: Please describe how you will deliver the project including the methods you will be using i.e. training on the job, classroom setting, job shadowing, practical component, etc.. Please include a curriculum and course outline.*

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

**C. Expected Results of the Project** *(Must be clearly linked to the project objectives and be specific, concrete and measurable.)*

**6. Please describe all outcomes and resources that will be developed or adapted through your project. Describe the overall impact and expected results.**



All sections are mandatory - Place a dash or line through boxes that do not apply to you.

## PROJECT DETAILS

7. Does the project include Results Indicators and metrics to measure goals?  Yes\*  No

**\* If "Yes", please describe how you will meet and track the expected results (objectives) of the project, measure goals, clarify and quantify what success for an objective looks like, to help you measure progress towards that specific objective (this should relate to labour market outcomes).**

8. Does this proposed project fit with your organization's other activities?  Yes\*  No

**\* If "Yes", please describe how:**

9. Will any of the project activities be delivered in a different location than where your organization is located?  Yes\*  No

**\* If "Yes", please include your main address and an address for every other location where project activities will occur:**

Main Address		Community	Territory/Province	Postal Code
A.				
Secondary Address		Community	Territory/Province	Postal Code
B.				
C.				
D.				
E.				

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



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**PART 3 - FUNDING**

**ANTICIPATED SOURCES OF FUNDING**

Source Name	Source Type	Cash	In-kind(\$ value)	Confirmed	
				Cash	In-kind
<b>Total Funding for the Project</b>		0	0	0	0

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

## PROJECT BUDGET

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

	Allowable Expenditures	Budget Allocation	Calculations & Breakdown	Total Amount Requested
<b>PERSONNEL</b>	<b>Compensation &amp; Benefits</b> <b>Salaries, Wages &amp; Honoraria</b>  Please include the hourly rate associated with each of the team members, and a breakdown of how funds will be apportioned.			
	<b>Participants' Travel &amp; Accommodations expenses</b> <b>Travel, Accommodation &amp; Per Diems</b>  Please include the proposed location of travel, and the purpose of the travel, the estimated costs of each trip, and a breakdown of how funds will be apportioned (plane ticket, meals, accommodations, etc.)			
<b>OPERATIONS</b>	<b>Instructor' Travel &amp; Accommodations expenses</b>  Please include the proposed location of travel, and the purpose of the travel, the estimated costs of each trip, and a breakdown of how funds will be apportioned (plane ticket, meals, accommodations, etc.)			
	<b>Rentals (Training Facility and equipment)</b>			
	<b>Training Program</b> <b>Training Materials and supplies, curriculum development, Training Incentives, Certifications, Meals</b>			
<b>ADMIN</b>	<b>Indirect Project Administrative expenditures</b> Please list all administrative expenditures. Must not exceed 15% of the total direct Project expenditures			
	<b>Total</b>	<b>100 %</b>		<b>Total Amount Requested</b>



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# PART 4 – PROJECT TEAM

## Project Team Qualifications

### D. Project Team Qualifications, knowledge, and skills

**10. Please identify key project team members. List all trainers, consultants and project management team associated with this project and provide a brief description of their qualifications. Please attach a C.V.**

All sections are mandatory - Place a dash or line through boxes that do not apply to you.

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



## PART 5 – PARTNERSHIPS

### Partnerships

E. Will any other organizations, networks or partners be involved in carrying out the project?

*\* If "Yes", please clearly identify the role(s) and expertise they will bring to the project:*

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



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# APPENDIX A

## APPENDIX A

**Instructions:** For each block of text you include below (if any), please specify the section it is meant to continue.

*e.g. Part 1, Section 1 C, Question 36 - continued: insert the rest of your answer here.*

All sections are mandatory - Place a dash or line through boxes that do not apply to you.



All sections are mandatory - Place a dash or line through boxes that do not apply to you.