

## Application for the Northern Training Partnership Fund

The Northern Training Partnership Fund invites applications from interested proponents to deliver skills training projects geared to sustainable employment in resource-related sectors in Northern Ontario.

Applications to the Northern Training Partnership Fund may be submitted at any time. However, they will be reviewed quarterly. The table below shows the latest scheduled dates for the receipt of applications for each quarterly review.

DEADLINE FOR SUBMITTING APPLICATION
July 4, 2011
October 3, 2011
January 3, 2012
April 1, 2012
July 3, 2012
October 1, 2012

Applications must be received by 5:00 p.m. EST on the date due and training projects geared to submitted to:

[traininginitiatives@ontario.ca](mailto:traininginitiatives@ontario.ca)  
 Ministry of Training, Colleges & Universities  
 Employment and Training Division  
 Aboriginal Service Delivery & Initiatives  
 159 Cedar Street, Suite 506  
 SUDBURY, ON P3E 6A5

<b>MANDATORY APPLICATION SUBMISSION CHECKLIST</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One (1) electronic copy of the completed application, including the project-level Training-to-Employment Plan	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) signed original copies of the completed application	<input type="checkbox"/>	<input type="checkbox"/>
One (1) signed original copy of the Collaboration Agreement between all parties	<input type="checkbox"/>	<input type="checkbox"/>
One (1) copy of Incorporation, Letters Patent or Band Council Resolution, if incorporated	<input type="checkbox"/>	<input type="checkbox"/>

## PROPONENT INFORMATION

Legal name			
Signing Officer:			
Last name	First name	Middle Initial	
Title:			
Mailing address:			
Street number	Street name	City/Town	Province <b>ON</b>
		Postal Code	
Telephone number:	FAX number:	Email address:	

## Primary Project Contact Information *(complete only if different from above)*

Name of Contact:			
Last name	First name	Middle Initial	
Title:			
Mailing address:			
Street Number	Street Name	City/Town	Province <b>ON</b>
		Postal Code	
Telephone number:	FAX number:	Email address:	

## PROJECT INFORMATION

Project name:			
Project location:			
Funding request:	Sector:	Planned Project START date:	Planned Project END date:
		yyyy    mm    dd	yyyy    mm    dd

## PARTNERSHIP INFORMATION

Partner's name:	Name of Key Contact:	Contact Telephone no.
Partner's name:	Name of Key Contact:	Contact Telephone no.
Partner's name:	Name of Key Contact:	Contact Telephone no.
Partner's name:	Name of Key Contact:	Contact Telephone no.

## DECLARATION

As official signing authority for the organization, I declare:	
<ul style="list-style-type: none"> <li>• that the information in this application is accurate and complete</li> <li>• the organization has privacy procedures and practices in place that meet <i>Freedom of Information/Protection of Privacy Act (FIPPA)</i> requirements</li> </ul>	
Name of Signing Officer (PLEASE PRINT)	Title:
Signature: <b>X</b>	Date:

## PROJECT DESCRIPTION

Provide a brief description of your project that answers the following questions:

### **Training to Employment Project Plan**

Describe the project's overall Training-to-Employment Plan as outlined under Project Scope in the guidelines and answering the following questions:

1. What is the employment, education and training profile of the targeted project participants?
2. How will the project support the training and employment requirements of higher need participants?
3. How will the partnership outreach to employers to secure workplace training and employment opportunities? Where are the employment opportunities expected to be located?
4. Describe the plans of the partnership for outreach to interested participants and participant groups?
5. Please describe the training, where it will occur, who will provide it and how will it be tailored to the learning and cultural characteristics of the group?

### **Community Collaboration and Support**

1. Who is involved in the project's collaboration/partnership? Please include information about all the partners involved, any previous experiences and successes working together and each partner's contribution to the project, whether that be in time, energy and/or resources (physical, monetary or in-kind supports).
2. How does the project connect/link/build on existing services in the community? How will it meet the current needs or address existing gaps/barriers to improve the education, training, and employment/services that are currently available within the community?

### **Delivery and Management**

1. What outcomes will the project achieve? How will the project be monitored and how will success be measured?
2. What is the project management structure? How does it support the project? Provide information regarding experience and expertise, i.e. examples of similar projects successfully managed.

## IMPACT/OUTCOMES

The impact and success of approved projects will be monitored and evaluated using the following performance indicators.

Please indicate the project's anticipated outcomes:

PROJECTED PARTICIPANT ACTIVITIES	2010-2011 No.	2011-2012 No.	2012-2013 No.	Overall No.
1. Number of participants in the project				

PROJECTED PARTICIPANT OUTCOMES	2010-2011 %	2011-2012 %	2012-2013 %	Overall %
1. Percentage of participants who attended training				%
2. Percentage of participants who completed training				%
3. Percentage of participants whose employment status has changed as a result of the project				%
4. Percentage of participants who obtain employment in one of the listed sectors				%
5. Percentage of participants who are employed 6 months after completion of training				%
6. Percentage of participants who are employed 12 months after completion of training				%
7. Percentage of participants who obtain a transferable credential upon completion				%

PROJECTED CUSTOMER SERVICE RATING	2010-2011 %	2011-2012 %	2012-2013 %	Overall %
1. Percentage of participants who would recommend this type of training and project to other individuals				%
2. Percentage of employers who would recommend hiring individuals that received training through this project				%

# PROJECT ACTIVITIES AND TIMELINES

Please identify your key deliverables with milestones and dates to support the implementation of your project.

2010-2011 FISCAL YEAR		
Deliverable	Milestone	Date <small>(yyyy/dd/mm)</small>

2011-2012 FISCAL YEAR		
Deliverable	Milestone	Date <small>(yyyy/dd/mm)</small>

2012-2013 FISCAL YEAR		
Deliverable	Milestone	Date <small>(yyyy/dd/mm)</small>

# FUNDING REQUEST

	2010-2011 Amount (\$)	2011-2012 Amount (\$)	2012-2013 Amount (\$)	Total Requested (\$)
<b>CATEGORIES</b>				
Legal costs specifically related to entering into a contract with the Ministry of Training, Colleges and Universities				
Honoraria (e.g. Elders, guest speakers)				
Training Costs – workplace/on-the-job				
Training Costs – classroom or on-line				
Service Delivery/Wrap-around costs: Participant costs (outreach/assessment, career counselling, life skills, training to employment plan development, monitoring, follow up, service and retention support)				
Participant Supports				
Other (please specify): _____				
<b>Total Operating Budget</b>				
Administration Costs - maximum of 15% of Total Operating Budget (e.g. payroll & HR administration, insurance, use of common resources, space or facilities, data collection, and financial tracking and reporting for the project)				
<b>TOTAL FUNDING REQUEST</b> (must not exceed \$15,000 per participant per year)				
<b>PARTNERSHIP CONTRIBUTIONS</b> (List contributions by partners to the proposal, both cash and in-kind. Please ascribe a cash value to any in-kind contributions) – see Guidelines for further details				
<b>Partner</b>	<b>Contribution</b>			
<b>TOTAL PARTNERSHIP CONTRIBUTION</b>				
<b>Total Project Budget</b> (Total Funding Request + Partnership Contribution)				