



RENFREW COUNTY
Community Futures Development Corporation
Société d'aide au développement des collectivités

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Eastern Ontario Development Program

Skills Development Application 2008



EODP Skills Development Application Form 2008



Skills Development Application

Thank you for applying to the Renfrew County Community Futures Development Corporation's (RCCFDC) ***Skills Development Program***. Detailed below are the contents of the supporting documentation package that must be submitted with your request for funding. This should provide sufficient information to permit an assessment and decision on your application. RCCFDC may request additional information or clarification of the data provided. All information provided will be kept strictly confidential.

Please complete and sign the accompanying RCCFDC application form and return the package to:

*Ms. Diane McKinnon, Executive Director
Renfrew County Community Futures Development Corporation
2 International Drive
Pembroke, ON
K8A 6W5
Re: Skills Development Program*

Deadline for the receipt of completed applications is Thursday, March 27, 2008 at 4:00 p.m.

Applications are assessed on the following:

- a. *Eligible recipients include non-profit organizations, municipalities, municipal organizations, community development organizations, associations, legal commercial entities including individuals, corporations, partnerships, cooperatives or trusts and aboriginal organizations located and conducting activities in Renfrew County;*
- b. *Investment in transferable skills;*
- c. *Eligible costs include outsourced training where an instructor visits on-site the place of employment to provide the training or where training is attended outside off-site of the business/organization. Trainees may be new hires or existing employees. Salary reimbursement for trainees are not covered.*
- d. *Summer students, temporary jobs and part time jobs less than 20 hours per week are not eligible.*
- e. *Eligible expenses are net cost before PST and GST.*
- f. *RCCFDC may contribute 80% for non-profit organizations and 50% for private sector businesses to cover the training costs associated with the trainer. A maximum of \$5,000 per employee or a maximum of \$10,000 per organization/business.*
- g. *All projects will be required to submit monthly reports, as well as, a final report which will include a summary of activities and accomplishment, and certificates of the project.*
- h. *All funds must be expended and training completed by March 1, 2009.*

If the application is approved, Renfrew County Community Futures Development Corporation will prepare a letter of offer with terms and conditions. Any questions or concerns regarding the application process or the ***Skills Development Program*** should be directed to Dana Jennings, Project Coordinator at 613.735.3951 ext. 226.



Skills Development Application

Organization: _____

Contact Name: _____

Address: _____

Telephone: _____

Email: _____

Purpose: _____

Amount Requested: _____

Authorizing Signature

Date

Name



Eastern Ontario Development Program

Skills Development Application Form

LEGAL NAME OF APPLICANT OR ORGANIZATION			
CONTACT NAME			
ADDRESS			
CONTACT PERSON	___ Mr. ___ Mrs. ___ Ms. ___ Blank		
TELEPHONE NUMBER			
FASCIMILE NUMBER			
E-MAIL ADDRESS			
LEGAL DESCRIPTION	<input type="checkbox"/> Incorporated	<input type="checkbox"/>	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Partnership	<input type="checkbox"/>	<input type="checkbox"/> Other Specify
	<input type="checkbox"/> Not for Profit	<input type="checkbox"/>	
NUMBER OF EMPLOYEES	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Seasonal
NUMBER OF VOLUNTEERS			

How did you hear about the Eastern Ontario Development Program? (Choose all that apply):			
<input type="checkbox"/> M.P.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RCCFDC Staff
<input type="checkbox"/> Newspaper/Radio Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> RCCFDC Website
<input type="checkbox"/> Previous RCCFDC Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/>	<input type="checkbox"/>	

Have you received funding from RCCFDC in the past three years?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, from which programs:			
<input type="checkbox"/> Community Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Local Initiatives
<input type="checkbox"/> Skills Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Youth Internship
<input type="checkbox"/> Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Access to Capital





Business Description: Please provide a brief background on the nature of your business/ organization, core services, office location(s), and strategic plan:

Human Resources and Skills Development Plan: Briefly describe your overall Human Resources plan over the next 6-12 months (short term) and over the next 36 months (medium term).

Training Needs: Describe the training that the Skills Development funding will be used for.

Number of Employees that the funding would train:

	Full-Time Existing Employee		Part-Time Existing Employee (over 20 hrs/wk)
	New Full-Time Employee		New Part-time Employee (over 20 hrs/wk)

Number of Volunteers that the funding would train:

	Full-Time Existing Volunteer		Part-Time Existing Volunteer (over 20 hrs/wk)
	New Full-Time Volunteer		New Part-time Volunteer (over 20 hrs/wk)



Project Impact: Explain how this training will serve to develop transferable employee skills that will strengthen the competitiveness of your business/organization and positively impact the economy of Renfrew County.

Source of Training: Indicate how the out-sourced skills development training will be provided.

On-site	Off-site	On-line
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Outsourced Training: Provide the name address of the trainer and indicate whether or not you have received quotes from any other training providers. **Note: Our preference is that training will occur within Canada. If the training you are proposing occurs out of the country please include an explanation of how you determined that this training is not available within the country.*

Schedule for Training

Please provide a schedule for the training showing the start date and the completion date. Training must be completed by

Training	Participant	Start Date	Completion Date	Measurement of Completion (certification, testing, etc.)





Project Costs	
Expenses: Please list all the expenses associated with the training and how the costs were derived from. (*Note: Eligible expenses are net costs before PST & GST). (ie: Computer Training 3 employees x \$150 = \$450)	Amount
Training Fees	\$
Training Materials	\$
Cost of Accommodation	\$
Cost for Meals	\$
Cost for Travel	\$
Total Costs of Project	A \$

For Private Sector Businesses Complete the Following		
Total Costs of Project	A	\$
Business Contribution (Total Costs of Project x 50%)	B	\$
Total Amount Requested from RCCFDC (A-B=C) <i>(*Note: RCCFDC may contribute 50% of costs to a maximum of \$5,000/individual to a maximum of \$10,000 per business)</i>	C	\$

For Non-Profit Organizations Complete the Following		
Total Costs of Project	A	\$
Non-Profit Contribution (Total Costs of Project x 20%)	B	\$
Total Amount Requested from RCCFDC (A-B=C) <i>(*Note: RCCFDC may contribute 80% of costs to a maximum of \$5,000/individual to a maximum of \$10,000 per business)</i>	C	\$

Please provide a monthly cash flow projection for your project using the table below:									
Month Cost Incurred									
Project Item	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Total Project Cost
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
									\$
Project Cost by Month									\$





Declaration

We confirm that the information contained in this application is true, accurate and complete. I acknowledge that if this application is approved, I will be required to enter into a formal, legally binding agreement with the Renfrew County Community Futures Development Corporation that will outline the terms and conditions of the funding associated with Eastern Ontario Development Program.

We hereby commit to mentioning the financial help received in virtue of the Eastern Ontario Development Program.

Name and signatures of two signing authorities.

Name (please print):	Name (please print):
Signature:	Signature:
Title:	Title:
Date:	Date: