

TARGETED WAGE SUBSIDY APPLICATION FORM

Office Use Only:	Original <input type="checkbox"/>	Date Received: _____	File #: _____
	Amendment #: _____	Date Reviewed: _____	P.O.: _____

Program: _____
 Project Name: _____ Activity Period From: _____ To: _____

Name of Employer: _____
 Legal Name of Employer: _____
 Contact Person: _____ Email: _____
 Mailing Address: _____
 Telephone Number: _____ Fax Number: _____

SASET CONTRIBUTIONS REQUESTED

Participant Job Title	① # of Weeks	② Hrs per Week	①X②=③ Total Hrs.	④ Wage Per Hour	⑤ Subsidy Requested	⑥ Sponsor Contribution per Hour	③X⑤=⑦ Total
⑧ Total SASET Wages Requested							
CPP:	%	WCB:	%	EI:	%	VP:	4%
(EI+CPP+WCB+Vac. Pay)x⑧/100 = Mandatory Employment Related Costs (MERCs)							

• **Training Costs (itemize) – use separate sheet if necessary**

• **Special Costs (itemize) – use separate sheet if necessary**

Total SASET Contributions	

SPONSOR CONTRIBUTIONS – use separate sheet if necessary

Participant top-up wages:	
Mandatory Employment Related Costs (MERCs):	
Total Sponsor Contributions	

PARTNER CONTRIBUTIONS – use separate sheet if necessary

Partner 1:	
Partner 2:	
Total Partner Contributions	

TOTAL CONTRIBUTIONS

SASET Requested	
Sponsor:	
Partner 1:	
Partner 2:	
Total Contributions	

 Sponsor Signature Position Date

OBJECTIVES & ACTIVITIES

Organization Background:

Statement of Need:

Project Background/Objective:

Training Plan:

(Include dates/time frames/activities/costs/work experience)

Job Description:

Expected Results:

Please remember to include the following:

- Cover letter
- Band Council Resolution (BCR) or Board motion (if applicable)
- Job Description for TWS participant