Akwesasne Area Management Board

PO Box 965 Cornwall Ontario K6H 5V1
613-575-2626 Fax: 613-575-2863
www.aamb.ca

This Form must be fully completed to be considered

JOB CREATION PARTNERSHIPS PROGRAM APPLICATION FORM

File Number: JC	REVENUE CANADA BUSINESS #/PAYROLL # (mandatory): (if none – third-party sponsorship letter must be attached)
Employer Name:	
Street Address:	City:
Province:	Postal Code:
Phone Number:	Alt. Phone Number:
Fax Number:	Contact Person:
Email Address:	Type of Organization: ☐ Profit ☐ Non-Profit

STATE THE MAIN PRODUCTS OR SERVICES OF YOUR COMPANY AND HOW LONG YOU HAVE BEEN OPERATING:
(Must be fully operational for 6 months or more in order to be eligible for this program)

PLEASE STATE THE OBJECTIVES, ACTIVITIES, AND EXPECTED RESULTS OF PROJECT: (attach a separate page if necessary)

DURATION OF ACTIVITY: FROM: TO:	LOCATION OF ACTIVITY:

Insurance Coverage:	WSIB/CSST FOR EMPLOYEES ☐ YES ☐ NO	COMPREHENSIVE GENERAL LIABILITY FOR BUSINESSES ☐ YES ☐ NO

HAVE YOU SUBMITTED AN APPLICATION ELSEWHERE? ☐ YES ☐ NO
IF SO, INDICATE WHERE AND WHO THE CONTACT PERSON IS:

A.A.M.B. OFFICE USE ONLY:				
ORG TYPE:	PROJECT OFFICER:	NOC:	SIC:	ACTVITY CODE:

FINANCIAL SUMMARY

WAGE COSTS

OCCUPATIONS (1 per line) Col. 1	No. of Weeks Col. 2	Hours/Week Col. 3	Total Hours Col. 4 (2x3)	AAMB rate/hr. Col. 5 (up to 13.425 hr.)	Employer Top up/hr. Col. 6	TOTAL rate/hr. Col. 7
TOTALS:				1)	2)	3)

OVERHEAD COSTS

1.	
2.	
3.	
4.	

Max = $125/week x total number of weeks **TOTALS:**	4)	5)	6)

GROSS PROJECT COSTS (3+4)	TOTAL SPONSOR Contribution (2+5)	TOTAL A.A.M.B. Contribution (1+6)
7)	8)	9)

SOURCE(S) OF SPONSOR CONTRIBUTION

TOTAL:	

I/WE CERTIFY THAT EACH JOB REQIESTED IS IN ADDITION TO EMPLOYMENT PLANNED FOR THE PERIOD BEING PROPOSED.

PRINT NAME	TITLE	SIGNATURE	DATE
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AKWESASNE AREA MANAGEMENT BOARD
P.O Box 965, Cornwall, Ontario K6H 5V1

Tel: (613) 575-2626 Fax: (613) 575-2863

JOB DESCRIPTION FORM

A.A.M.B USE

FILE NUMBER:

PLEASE COMPLETE THE FOLLOWING FORM FOR EACH OCCUPATION BEING REQUESTED:

1) POSITION/OCCUPATION TITLE:	**2) Do you have a Participant in mind?** ☐ YES ☐ NO

3) Hours of Work/Days of Week:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

4) WHAT IS THE PREVAILING WAGE RATE FOR THIS POSITION WITHIN YOUR ORGANIZATION?

5) WHO IS THE IMMEDIATE SUPERVISOR FOR THIS PERSON? (Name and Position Title)

6) DUTIES: (Please list all duties participant is expected to fulfill)

7) BASIC QUALIFICATIONS/SKILLS: (What are the minimum acceptable academic and/or skill level required for this position)

8) KNOWLEDGE & ABILITIES: (Required to perform duties)