

**CCATEC**  
**Proposal Guidelines**

All Proposals Must Be Submitted A Minimum Of One Month Prior To The Requested Start Date

Proposals must include:

**1. Information on Applicant/Sponsor:**

- Full legal name and any other name that the applicant does business under
- Address & postal code
- Phone, fax and e-mail if available
- Number of employees
- Number of members both on and off reserve
- Numbers of members 15-64 (working age population)
- Contact person for this proposal

**2. Supporting Documents:**

- Current Signing Authorization form *(not required if updated information is on file)*
- Certificate of Insurance stating a minimum 1 million dollar liability *(not required if updated information is on file)*
- Board Motions or Band Council Resolution in support of proposal
- Band Council Resolution for organizations submitting a proposal on behalf of a band/community
- Worker's Compensation Board Number (WCB)
- Criminal Record Check must be conducted for worker working with youth

**3. Summary of Training Requested Detailing:**

- How training need was identified (the need)
- Who will be trained (male female, youth, disabled), the number and how they were chosen
- What the expected or desired outcome of the training will be
- Number of jobs that will be created
- The skills to be acquired or learned and how they will address the need
- Timeframes with detailed training schedule, including start and end dates
- Location of training
- Training hours, both on and off the job
- Name of the trainers, if consultant, then resume detailing experience in area of training must be provided, if not provide: the name and address and a description of the training agency

**4. Cost Summary for Funds Requested:**

- Trainees wages, mandatory related costs, travel etc (see spreadsheet)
- Training cost, consulting fees and associated cost, private and public course costs
- Project management costs, wages and associated costs for a project manager and other related costs as detailed in the attached spreadsheet
- Rational to support costs
- Summary of in kind contribution or other sources of funding

**5. List of:**

- Participants, with social insurance numbers and source of income
- Process used for selection of participants

**6. Other items to include:**

- Further training that might be required after the completion of this project
- Indication of job opportunities with the band or other sources

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**IF YOU OWE MONEY TO CCATEC FROM A PRIOR CONTRACT OR IF A CURRENT CONTRACT IS NOT UP TO DATE ON REPORTING REQUIRMENTS NO NEW CONTRACT WILL BE ENTERED INTO UNTIL THE MONEY IS REPAID OR THE REPORTING REQUIREMENTS ARE MET**

Canada

For Office Use Only
File Number:

**APPLICATION FORM**

**IDENTIFICATION**

NAME OF EMPLOYER/CLIENT		
MAILING ADDRESS		
CITY/TOWN	PROVINCE	POSTAL CODE
TEL:	FAX:	E-MAIL
NAME OF CONTACT PERSON	JOB TITLE	TEL: (If Different)

**LOCATION OF ACTIVITY**

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**DESCRIPTION**

PLEASE INCLUDE OBJECTIVES AND DESCRIBE YOUR ACTIVITIES, TARGETED TRAINEES AND EXPECTED RESULTS. IF IT INCLUDES TRAINING PLEASE ATTACH A COMPLETE TRAINING PLAN. THIS SECTION IS MEANT AS AN EXECUTIVE SUMMARY ONLY; **A DETAILED PROPOSAL MUST BE INCLUDED.**

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**NO. OF PARTICIPANTS**

**DURATION OF ACTIVITY**

	FROM: / TO (DATES)
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**PARTICIPANT LIST (attach list for additional names)**

**Social Insurance No.**

NAME(S)	Social Insurance No.

**FUNDING REQUESTED (detailed cash flow with supporting rational is required)**

TRAINEE COSTS	TRAINING COSTS	PROJECT MANAGEMENT	OTHER SOURCE CONTRIBUTIONS		
			FEDERAL	PROVINCAL	EMPLOYER

**SIGNATURES**

NAME (Please Print)	SIGNATURE	JOB TITLE	DATE

**YOU WILL BE NOTIFIED IN WRITING OF THE OUTCOME OF YOUR APPLICATION. ANY EXPENSES INCURRED PRIOR TO A SIGNED CONTRACT WITH CCATEC WILL BE YOUR RESPONSIBILITY AND WILL NOT BE ELIGIBLE FOR ANY REIMBURSEMENT BY CCATEC.**

**ATTENTION:** Cariboo Chilcotin Aboriginal Training Employment Centre

**DELEGATION OF SIGNING AUTHORITY**

<b>Date:</b>	
Name of Organization:	
Address:	
City/Town, Province:	
Postal Code:	
<b>Expiry Date:</b>	

The following people are authorized **to sign contracts or contract amendments** between our agency and the Cariboo Chilcotin Aboriginal Training Employment Centre.

Name (please print)	Specimen Signature	Title

Signing authority for **payment claim forms** is delegated to any one of the persons indicated above or anyone of the persons indicated below.

Name (please print)	Specimen Signature	Title

We understand that if any one of the above signing authorities changes it is our responsibility to notify the Cariboo Chilcotin Aboriginal Training Employment Centre by completion of a new form.

We further understand that the Cariboo Chilcotin Aboriginal Training Employment Centre will not process any contractual document or payment claim form unless signed by the designated authorities shown on this document.

**CERTIFICATE OF INSURANCE**

**TO:** Cariboo Chilcotin Aboriginal Training Employment Centre  
 205-197 North Second Avenue, Williams Lake, BC V2G 1Z5  
 Telephone: 250-392-2510 Fax: 250-392-2570

THIS IS TO CERTIFY THAT INSURANCE POLICY NO. \_\_\_\_\_ **EXPIRING ON**  
 \_\_\_\_\_ HAS BEEN ISSUED BY THE \_\_\_\_\_  
 (Name of Insurance Company)

**TO:** (Please provide name of insured)

Coverage	Limits of Liability	
Bodily Injury Liability and Property Damage Liability Inclusive	Each Occurrence \$	Aggregate Limit each Policy Year \$
Bodily Injury Liability	Each Person \$ Each Occurrence \$	Aggregate Limit each Policy Year \$
Property Damage Liability	Each Occurrence \$	Aggregate Limit \$
Operations Covered:		

Subject to term, conditions, wordings and exclusions of the policy:

*The undersigned hereby certifies that the above policy is now in force and it is hereby agreed that if the said policy is cancelled or changed during its term in such a manner as to affect this certificate, ten days prior written notice of such change or cancellation will be given by us, by letter mailed to you at the above address.*

PER:

\_\_\_\_\_  
 Authorized Representative (Broker)

\_\_\_\_\_  
 Date

**Cash Flow Forecast**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Program: \_\_\_\_\_

File#: \_\_\_\_\_

Acct #	TRAINEES	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
5505	Wages													\$
5510	MERC (10.28%)													\$
5515	Travel													\$
5520	Daycare													\$
5525	Living Expenses													\$
5530	Supplies													\$
5535	Tuition													\$
<b>TRAINING COSTS</b>														
5555	Wages													\$
5560	MERC													
5565	Consultant Fees													\$
5570	Travel													\$
5575	Accommodations													\$
5580	Meals													\$
5585	Private Course Cost													\$
5590	Public Course Cost													\$
5595	Prerequisite Course Cost – Functional													\$
5600	Prerequisite Course Cost – Medical													\$
5605	Prerequisite Course Cost – Other													\$
<b>PROJECT MANAGEMENT</b>														
5615	Wages / Instructor													\$
5620	MERC													\$
5625	Travel													\$
5630	Equipment Rental													\$
5635	Administration													\$
5640	Rent													\$
5645	Supplies (under \$250.00)													\$
5650	Capital Purchase (over \$250.00)													\$
<b>CHILD CARE</b>														
5660	Band Seat Purchase													\$
5665	Daycare Renovations													\$
<b>TOTALS</b>		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$