



GRAND RIVER EMPLOYMENT & TRAINING INC.

"Opening Doors to Our People"

STUDENT EMPLOYMENT EMPLOYER APPLICATION – 2019

EMPLOYER INFORMATION

Name Of Organization/Business:		Registration/Business Number:	
Legal Name of Organization/Business (if different from above):		Name of Contact Person:	
Mailing Address:		This business Is: <input type="checkbox"/> FOR PROFIT <input type="checkbox"/> NOT FOR PROFIT	
City:	Province:	Postal Code:	
Email:	Telephone No:	Fax Number:	

EMPLOYER REQUEST

Number of Participants:	STUDENT EDUCATION LEVEL: <input type="checkbox"/> SECONDARY <input type="checkbox"/> POST-SECONDARY	Total Contribution Requested:	
Duration of Activity: (mm/dd/yy)	From:	To:	
Location of Activity:	Blue # & road or street name.	WSIB or Insurance #:	WSIB Rate:

PROGRAM INFORMATION: WHAT STUDENT PROGRAMS HAVE YOU BEEN APPROVED FOR IN PREVIOUS YEARS?

<input type="checkbox"/> E.O. - YOUTH JOB CONNECTION SUMMER (YJC)	<input type="checkbox"/> INAC - FIRST NATIONS & INUIT YOUTH EMPLOYMENT STRATEGY – SUMMER WORK EXPERIENCE–(INAC)	<input type="checkbox"/> SC – SUMMER WORK EXPERIENCE – (GY) <input type="checkbox"/> OTHER SPECIFY:
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FINANCIAL INFORMATION

Position(s)	No. Of Persons	# of Weeks	Total Work Weeks	Hours Per Week	Total Hours	Wage Rate	Subsidy % Request	Subsidy Request Per Hr.	GRETI CONTRIBUTION. REQUESTED	
(Example)	1	6	6	35	210	\$14.005	100%	\$14.00	\$2,940.00	
SUB TOTAL										
EMPLOYER PORTION of Mandatory Employment Related Costs _____% X _____ =										
TOTAL										

PROPOSAL INFORMATION OVERVIEW

Grand River Employment And Training requires all applicants to submit a proposal prior to being considered for program funding offered by G.R.E.A.T.

All proposals should clearly outline the following information in addition to any other pertinent information:

- LEGAL INFORMATION (Please include signing authorities full name)** - Business name, address, phone, contact, Business Number, Insurance Policy Number, WSIB Rate
- EXECUTIVE SUMMARY**
- OBJECTIVES AND ACTIVITIES OF THE PROJECT**
- TIME FRAMES**
- BUDGET** - Wages, Training, Capital costs, Special Costs, Other Sources of Funding (spread sheet format)
- BENEFITS TO THE COMMUNITY**- Local labour market needs
- BENEFIT TO THE YOUTH PARTICIPANTS TRAINING OBJECTIVES AND DETAILED WORK PLAN**
- EMPLOYER EXPERIENCE** - Identify trainer(s), credentials/experience of trainer(s), coordinator
- COMPLETION BONUS PARAMETERS** – if applicable
- STUDENT JOB DESCRIPTIONS – All Student Positions**
- OUTCOMES**
- *OTHER REQUIREMENTS** - Proof of WSIB Coverage and a valid General Liability Insurance Certificate

SIGNING AUTHORITIES SIGNATURES

FOR BUSINESS/ORGANIZATION:		
X	_____	_____
SIGNATURE	POSITION	DATE
X	_____	_____
SIGNATURE	POSITION	DATE