

First Jobs Fund Proposal Guidelines

- All proposals must include the following information.
- Incomplete or inaccurate information may delay the review process. Please complete all three sections (Applicant Background, Program Details, and Certification).
- A completed program cash flow must accompany your application (the cash flow template can be found under the How to Apply section of the First Jobs Fund website).

1 (of 3) - APPLICANT BACKGROUND:

1. Organization Type (Not for Profit or Non Governmental Organization)
2. Organization Status (Operational or Not Currently Operational)
3. Full Legal Name of Organization (If legal name has changed in last 12 months please include former name in addition to current name)
4. Operating Name of Organization
5. Full Operating Address
6. Full Mailing Address (if different than Operating Address)
7. Contact Person Name, Title, Phone, Fax and Email Address
8. Revenue Canada Business Number
9. Workers' Compensation Number

2 (of 3) - PROGRAM DETAILS:

1. What type of program(s) is your organization proposing? (Job readiness, employment placements and/or wage subsidies, training, employment supports, workplace mentorship, job coaching, other).
2. General description of the program including the following: program name, target group, program activities and services, number of participants, length of program activities, and total cost.
3. What area is your program based in? (Winnipeg or rural Manitoba, i.e. Central, Eastern, Interlake, Midwestern, northern, Parkland or Western)
4. Provide a general overview of what community need(s) this program is addressing.
5. Specify the goal(s) of the program.
6. Program delivery methods to be used (classroom instruction, site visits, work placements, other)
7. What skills will youth/clients develop through this program?
8. Provide a schedule of intakes and operating dates (where applicable).
9. How will youth participants be recruited and selected? (where applicable).
10. How will you ensure confidentiality of individual program and participant files?
11. Describe how your organization proposes to measure client outcomes. What metrics will be used to assess participant outcomes?
12. Please provide a) the anticipated number of participants this program will serve, b) the estimated number of participants that will continue on to employment and c) the estimated number of participants that will continue on to further training or education.

13. How many positions and what are the titles of positions required to deliver the program?
14. Provide the position descriptions for the positions involved in the program and include skills and qualifications for each.
15. Provide a detailed estimate of all program costs, including a monthly cash flow for the full duration of the program activities.
16. Please indicate if you have applied to (and/or been approved) for any of the following employment subsidy programs: Canada Summer Jobs (Federal), Green Team (Province of Manitoba), Other.

3 (of 3) – CERTIFICATION

1. I/We, (undersigned), hereby declare that we are duly authorized representatives of the organization named in the applicant information section of this proposal.

2. I/We have completed all applicable information under the program details section for which I/we are requesting program funding. I/We understand that this and any subsequent information submitted by the organization or representatives of the organization and approved under the program must comprise part of this proposal.

3. I/We understand that the officials responsible for the program have the authority to assess each application on its individual merits and will exercise their discretion in determining the amount (if any) of grant funding approved for each program.

4. I/We understand that upon approval of this proposal, the legal entity or the individual, as the case may be, named in the applicant information section undertakes to comply with all terms and conditions as set out in all program documentation.

5. I/We understand that upon approval of this proposal, the officials responsible for the program have the authority to monitor each program site and audit financial information related to the program without prior notice to the applicant.

6. I/We understand that if the applicant named in the applicant information section fails to meet any or all of the conditions as set out in the proposal and supporting materials, the applicant shall, upon request by the government of Manitoba, be required to repay all funds paid to the organization.

Authorized Signatory

Witness

Name

Name

Position/Title

Position/Title

Signature (or e-signature)

Signature (or e-signature)

Date

Date