



Capacity Development

Box 130, Carcross, Yukon Y0B 1B0
P (867) 821-4251 **F** (867) 821-8214
www.ctfn.ca

Post Sec / ISETS / CTF
 20____ - 20____

C/TFN Wage Subsidy & Work Gear Loan Application

Funding Eligibility:

- Post-Secondary/ISETS Funding: must be a C/TFN Citizen or Beneficiary.
- Community Training Funding: must be a C/TFN Citizen or Beneficiary OR live in the Carcross/Tagish area.

Please check off the option that applies to you:

- I am a C/TFN Citizen or Beneficiary
- I am not a C/TFN Citizen or Beneficiary but I live in the Carcross or Tagish area.

SECTION 1 PERSONAL INFORMATION	
Name (First, Middle Initial, Last)	
SIN #	
Status # or Beneficiary #	

SECTION 2 ELIGIBILITY CHECKLIST <i>Check off each statement once complete</i>	
	I meet the funding eligibility requirements listed above.
	I have completed/updated my client intake form with the Education Employment Training Officer.
	I am legally entitled to work in Canada.
	I have read C/TFN's Capacity Development Policy on Wage Subsidies & Work Gear Loans: "ISETS Student Support" & "Community Training Fund". (Available at: www.ctfn.ca)

SECTION 3
ADDITIONAL DOCUMENTS CHECKLIST
Check off each document once added to application

	<p>Letter from employer that specifies:</p> <ul style="list-style-type: none"> • Start date of employment • End date of employment • Type of Job • Work-Gear Required but not provided by employer (ONLY IF APPLYING FOR WORK GEAR LOAN) • Hourly Wage and request for % of wage to be covered by C/TFN (ONLY IF APPLYING FOR WAGE SUBSIDY) <p>*A Wage Subsidy is an agreement between an employer and a funder to split the cost of an individual's wages for a temporary period of time (ex. split the wages 60/40 or 50/50). Its purpose is to assist employers in hiring individuals that they may not normally hire because they require mentorship or on-the-job training in order to build readiness for permanent employment. Wage subsidies can run for a maximum of 8 months; they are not intended to continuously fund permanent positions but are meant to fill skill-gaps for individuals.</p>
	<p>Action plan that outlines:</p> <ul style="list-style-type: none"> • Your career goals & the steps you will take to reach your goals • Why you are applying for funding • Any other information that will help the Capacity Development Department make a decision

SECTION 4
EMPLOYMENT INFORMATION

Employing Company	
Job Title That You Will Have	
Location of Job	
Employment Start Date	Employment End Date



SECTION 5
CLIENT DECLARATION
Read the following carefully

I hereby declare that all information I have provided is complete and true. I understand that any misleading or fraudulent information will disqualify me from obtaining funding from Carcross/Tagish First Nation and that I could be charged with a criminal offence and be liable for full repayment of any assistance provided.

I understand that it is my responsibility to provide the Carcross/Tagish First Nation Capacity Development Department with written notice of any and all changes that may affect this funding agreement.

I understand that if I do not complete my employment position for the dates specified for any unjustified reason, I may be required to reimburse the Carcross/Tagish First Nation for the full amount of funding received.

I understand that I must provide proof of completion of my employment term to the Capacity Department as soon as possible when the term is completed or I may be required to reimburse Carcross/Tagish First Nation for the full amount of funding received.

I authorize the Carcross/Tagish First Nation Capacity Development Department to share the information in this funding application and in my client intake forms with departments of the Yukon Territorial Government, the Government of Canada, the employer in question, or funding providers.

I authorize my employer to invoice Carcross/Tagish First Nation Capacity Development Department directly for the costs of my wage subsidy.

I have read and understand the contents of this letter, signing this document will allow the employer to provide the Capacity Development Office of Carcross/Tagish First Nation with information regarding my employment as required to continue my funding.

ONCE SIGNED, I THE CLIENT UNDERSTAND THAT THIS LETTER WILL LIFT THE “ACCESS TO INFORMATION AND PRIVACY ACT” RESTRICTIONS AND THAT THE SPONSOR, BEING CARCROSS/TAGISH FIRST NATION CAPACITY DEPARTMENT, MAY CONTACT MY EMPLOYER FOR INFORMATION WHEN THERE IS A QUESTION SPECIFICALLY RELATING TO OR AFFECTING MY WAGE SUBSIDY OR WORK GEAR LOAN FUNDING.

Client Name

Date

Education & Employment Training Officer

Date

**SECTION 6
BUDGET PLAN - OFFICE SECTION**

For EETO to fill out – Students please DO NOT fill out this section

Wage Subsidy	Work Gear Loan
<i>Hourly Wage:</i>	<i>Work Gear Required:</i>
<i>Total wages for specified employment dates:</i>	<i>Store that work gear will be obtained from:</i>
<i>% to be covered by C/TFN:</i>	<i>PO or Receipt-Reimbursement?</i>
<i>% to be covered by employer:</i>	<i>Total loan amount requested:</i>
<i>Total funding request from C/TFN for specified employment dates:</i>	<i>Are you a student/elder/on Social Assistance currently?:</i>
<i>Calculate Merc's:</i>	<i>Date that 50% of loan needs to be repaid by:</i>
TOTAL COST:	



WAGE SUBSIDY/WORK GEAR
Date: _____

Box 130, Carcross, Yukon Y0B 1B0
P (867) 821-4251 F (867) 821-4802
www.ctfn.ca

Repayment Agreement
G/CTFN Financial Policy 2-0275

CHECK A) or B)

___A) In accepting this offer of education/training funding from G/CTFN I acknowledge outstanding arrears to G/CTFN for:

Rent	\$ _____
Pump-outs	\$ _____
Fuel	\$ _____
Maintenance/Repairs	\$ _____
Education Sponsorship	\$ _____
Day Care Services	\$ _____
Emergency Loans	\$ _____
Other _____	\$ _____
TOTAL \$ _____	

I understand that, as a condition of receiving government services and funding, I must resolve this matter by repaying G/CTFN. Payments will be deducted through my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums, and this must be no less than 10% or \$50.00 of the total outstanding arrears (whichever is greater).

I understand that refusal to enter into an agreement signifies that I cannot receive government educational/training funding.

Please deduct \$ _____ from each of my bi-weekly Payroll Wages, Temporary Family Assistance, monthly living allowance or honorariums starting immediately, without interruption, until the total arrears are paid on (month/day/year) _____.

Citizen/Beneficiary/Employee (initial) _____ (date) _____

___B) In accepting this offer of educational/training funding from G/CTFN, to the best of my knowledge, I do not owe outstanding arrears to G/CTFN. I understand that, as a condition of service and funding, if I am found to owe outstanding arrears to G/CTFN, I am required to sign a repayment agreement. Refusal to do so may cause a suspension of assistance or sponsorship and will be considered in future applications for funding.

Citizen/Beneficiary/Employee (initial) _____ (date) _____

Confirmed by calls to Finance, Wellness & Education:

Human Resources (sign) _____ (print) _____

Agreed to by:

Citizen/Beneficiary/Employee (sign) _____ (print) _____

Director of: _____ (sign) _____ (print) _____

Date: _____ Location: _____ Account code: _____/_____

Finance Manager: (sign) _____ (print) _____

FOR OFFICE USE ONLY <i>For EETO to fill out</i>			
Received Date			
Reviewed <i>(circle once complete)</i>	By EETO	By Education Advisory Committee	
Status <i>(circle one)</i>	Approved	Conditionally Approved	Denied
Notes			
Applicant Informed Date			