

## COOPERATIVE EMPLOYMENT PROGRAM WINTER 2009-2010 FUNDING APPLICATION

**Only on-line, mailed or hand-delivered applications will be accepted. NO FAXES.**

*Please keep a copy of the completed application for your files.*

**Mailed applications must be postmarked no later than September 11, 2009.**

FOR OFFICE USE ONLY:

This form must be completed in full, even if you are attaching additional information	2009	
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**ORGANIZATION**

1. Organization Name

2. Organization Civic and Postal Mailing Address

Postal Code

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3. Organization Telephone #

Organization Fax #

Other (if applicable)

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4. Division/Department (if applicable)

5. Division Mailing Address (if different from #2)

Postal Code

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6. Division Telephone #

Division Fax#

Contact Person's Email address

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7. Name of Contact Person (signs all program forms)

Mr. Ms. Other

Contact's Daytime Phone - Ext. #

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8. Brief statement of the organization's purpose (please write in space below)

9. Brief statement of the division's purpose (if different from organization's)

**THIS SECTION MUST BE FULLY COMPLETED:** Please read the Program Guidelines. **If you have any questions, please call us prior to submission. Failure to provide proper information will result in your application being disqualified.**

10. Please check one of the following to identify your organization:

- Municipal Government
- Government-funded Organization: universities/colleges, schools, school boards, medical clinics, hospitals and special care facilities are classified as government-funded organizations under this program.  
**Private health care facilities are not eligible.**
- Not for Profit Organizations

**All organizations must provide at least one of the following:**

Societies Act Number: \_\_\_\_\_ (Must be ACTIVE with Registry of Joint Stocks to be considered eligible)

OR Canada Customs and Revenue Agency Charitable #: \_\_\_\_\_ RR \_\_\_\_\_ (Is Not RP or Business Number)

OR Companies Act Number / NS Limited by Guarantee\*: \_\_\_\_\_

OR Acts of Legislature: Act Name, Chapter Number and Year\*: \_\_\_\_\_

\*If using this designation, a **copy** of your Articles of Incorporation or By-Laws clearly showing that proceeds from the sale of assets would be distributed to a recognized charity, (not the members) **must be included** in order to be considered.

11. Brief statement of the project (information needs to be written in this space to be considered)

12. Brief description of benefits to the organization (information needs to be written in this space to be considered)

**Project Application CONTINUED on reverse side - MUST BE COMPLETED**

## CO-OP PROGRAM: 2009-2010 WINTER - POSITION DESCRIPTION

13. Position Start Date	14. Position End Date	15. # hrs/week	16. Hourly Wage <i>(Does not include vacation pay)</i>	
			Frequency of Pay <i>(circle which applies)</i>	
			Weekly	Bi-Weekly
			Monthly	

17. Actual Work Location (name of town, village, community)	18. COUNTY of Actual Work Location

**EDUCATIONAL INSTITUTION (Selected from list provided with application form)**

19. Preferred Institution	20. Field of Study	21. Co-op Coordinator	22. Date Contacted

23.

1. A position description **MUST BE ATTACHED** or if completing On-Line, sent separately (faxes acceptable). If faxed, please quote Reference Number. The description should include organization name, position title, and duties.

2. A copy of the description and this application must be sent to the Co-op Coordinators identified above.

3. Complete Sections 24 and 25.

**\*Position Title must match the title on the position description document you attach to this application.**

24. **POSITION TITLE** (Circle ONE or write in) - **\*Must match title on your attached position description document.**

Accountant Activity Worker Administrative Assistant Administrator Analyst Assistant Auditor Bio Technologist Bookkeeper Computer Assistant Computer Instructor Coordinator Counselor	Designer Director Editor Financial Officer Facilitator Field Worker GIS Technician Instructor Interpreter LAN Administrator Marketing Specialist Naturalist Manager Paralegal	Personal Care Worker Program Analyst Programmer Public Health Inspector Records Assistant Researcher Supervisor Surveyor Technician Tour Guide Web Page Developer Other: _____
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25. **POSITION FUNCTIONS.** Circle ALL skills that best describe the position requirements. If an important responsibility or duty is missing from the list, write it in OTHER area. **Please refer to definitions in Appendix A.**

<b>List A</b> Reading Text Document Use Writing Numeracy Problem Solving Decision Making Job Task Planning Significant Use of Memory Finding Information Oral Communication Computer Use Continuous Learning  <b>List B</b> Accounting Analyzing Auditing	Cartography Conducting Experiments Counseling Collecting Data Designing/Dev. Databases, Software and/or Websites Drafting Faxing Filing Financial Modeling Fund-raising Inspecting Instructing/Training Marketing Press Releases Public Speaking Report Writing Research Records Management	Technical Writing Word Processing Testing Translation Other: _____  <b>List C</b> Administering Budgeting Consulting Developing Evaluating Implementing Interviewing Managing Staff Monitoring Negotiating Organizing	Planning Recruiting  <b>List D</b> Working Alone Working with Others Working with the Public Working in an Industrial Setting Working in a Lab Environment  Other: _____
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I certify this application for funding is complete and all required documentation is attached. If not included, the application may not be considered. I am sending a copy of the application and position description to the Co-op Coordinator(s) identified.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of contact person (see #7)

Please return completed applications to: Cooperative Employment Program  
 Economic and Rural Development  
 P.O. Box 2311  
 Halifax, NS B3J 3C8

Courier Address:  
 1660 Hollis Street, Suite 600  
 Halifax, NS B3J 1V7

Phone: 1-800-424-5418 (toll free) or 424-6000 (within Halifax Metro)      Email: SEPINFO@gov.ns.ca