



**Canada-Nova Scotia Labour Market Agreement
APPLICATION FOR FUNDING
Labour Market Agreement (LMA) and
Strategic Training & Transition Fund (STTF)**

All applicants must complete this form

Section 1: Applicant Information

Program under which you are applying <input type="checkbox"/> Labour Market Agreement (LMA) OR <input type="checkbox"/> Strategic Training & Transition Fund (STTF)			
Name of Applicant			
Legal Name of Applicant (if different)			
Mailing Address		City/Town	Province
Postal Code	Area Code/Telephone Number () -	Area Code/Fax Number () -	
E-Mail Address			
Location of Activity (if different from mailing address of applicant)			
Address		City/Town	Province Postal Code
Name and Title of Contact Person		Area Code/Telephone Number () -	Area Code/Fax Number () -
E-Mail Address (if different)		Organization Established (Y/M/D)	
Language Correspondence <input type="checkbox"/> English <input type="checkbox"/> French Service <input type="checkbox"/> English <input type="checkbox"/> French		Major Product or Service	
Organization Type (Please select the organization type that best describes your organization from Appendix A of this form and enter it here)			
Number of Employees (if applicable)		Business No. (Canada Customs and Revenue Agency)	
Incorporation No.	GST, HST or Rebate Number		Rebate %

Legal Signing Officers for Agreement Purposes
(According to Letters Patent or Other Incorporating Documents)

Title	Name	Specimen Signature

How many of the above signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement?

What combination of signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement?

Legal Signing Officers for Cheque Purposes

Please provide name, title, and specimen signature for the person(s) authorized to sign

Title	Name	Specimen Signature

How many signatures are required to sign a cheque on behalf of your organization? _____

What combination of signatures is required to sign a cheque on behalf of your organization? _____

Signing Officers for Payment Claims or other Reports submitted to Labour and Workforce Development (LWD)
(Please provide name, title and specimen signature of the person(s) authorized to sign)

Title	Name	Specimen Signature

How many signatures are required to sign a payment claim form or other report submitted to LWD? _____

What combination of signatures is required to sign a payment claim form or other report submitted to LWD? _____

Accounting Practices

<input type="checkbox"/> Internal <input type="checkbox"/> External ► Telephone number (including area code) () - Name of accounting firm Name of contact person		
<input type="checkbox"/> Manual <input type="checkbox"/> Computerized (indicate name of software package) ►		
Is it a requirement for your organization to undergo: <input type="checkbox"/> an annual audit? <input type="checkbox"/> an annual financial review? <input type="checkbox"/> not applicable <input type="checkbox"/> other (please specify)		
If your organization undergoes an annual audit or financial review, when is this regularly performed and by who?		
Name of Bookkeeper	Area Code/Telephone Number () -	Organization Fiscal Year End (if applicable) YYYY MM DD

Insurance Coverage

What accident insurance do you have for employees? (Check appropriate item) <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Private Coverage (specify) ► _____	
Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify coverage ► _____	
Workers' Compensation (If Registered) <input type="checkbox"/> Rate (per \$100) _____	
Firm Number	Account Number

If applicable, has union concurrence for proposed activities been obtained? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach written evidence of union concurrence. If no, please explain:
--

Section 2: Proposal Description and Budget

Project Title																	
Duration of Activity		YYYY	MM	DD	to	YYYY	MM	DD	and	from	YYYY	MM	DD	to	YYYY	MM	DD
from																	
Total Number of Participants	Primary clients groups to be served																
	Immigrants	Social/Income Assistance recipients	Older Workers	Youth	Aboriginal	African Nova Scotia	New Entrants & Re-entrants										
	Previously Self-Employed	Women	People With Disabilities	Low-Skilled Employed													

Proposal Description: Please attach the following information. Please also submit an electronic version of the proposal, if possible:

- Project Objectives (objectives should be clear, concise and measurable)
- Proposed community to be served and assessed labour market need (if applicable, include link to community economic development strategies and activities)
- Proposed activities and timelines
- Description of the targeted participants or beneficiaries (if applicable)
- List all partner organizations, identify their roles and responsibilities, and financial contributions (monetary or in-kind)
- Please specify whether these contributions had been confirmed at the time of the submission of this application
- Expected results
- Means by which success will be measured
- Applicant’s background, mandate and expertise with respect to the project activities and targeted clientele
- Past projects with the Province of Nova Scotia (or other level of government) and their achievements
- Budget Narrative (an explanation of budget expenses outlined in the attached budget template)
- Two letters of support for the proposed activity

Section 3: Budget Template:

A. Activity-Related Project Costs (non-capital)	Total Item Cost	Costs Calculations and Rationale
Category		
Project Staff Salaries and Mandatory Employment Related Costs	\$	
Benefits	\$	
Professional Fees	\$	
Travel	\$	
Rent and Utilities	\$	

A. Activity-Related Project Costs (non-capital)	Total Item Cost	Costs Calculations and Rationale
Category		
Office Supplies	\$	
Printing and Communications	\$	
Resources	\$	
Professional Development	\$	
Other Activity-Related Project Costs	\$	
Total A. Activity-Related Project Costs	\$	

B. Participant-Related Project Costs	Total Item Cost	Costs Calculations and Rationale
Category		
Child Care	\$	
Travel	\$	
Disability-Related Costs	\$	
Incidentals	\$	
Training Allowances	\$	
Wage Subsidies	\$	

B. Participant-Related Project Costs	Total Item Cost	Costs Calculations and Rationale
Category		
Other Participant Supports	\$	
Total B. Participant-Related Project Costs	\$	

C. Capital Items	Total Item Cost	Costs Calculations and Rationale
Category		
Capital Items	\$	
Total C. Capital Items	\$	

D. Administration	Total Item Cost	Costs Calculations and Rationale
Category		
Administrative Items not to exceed 15% of A and B.	\$	
Total D. Administration	\$	

Project Category	Total Item Cost
Total A.	\$
Total B.	\$
Total C.	\$
Total D.	\$
Total Project Costs (A+B+C+D)	\$

Section 4: Access and Privacy

The collection, use and disclosure of information provided is subject to the provisions of the NS Freedom of Information & Protection of Privacy [FOIPOP] Act, the NS Personal Information International Disclosure Protection [PIIDPA] Act, and relevant access and privacy legislation and policies. Personal information and confidential information (including financial) will be used for program administration and will only be disclosed in keeping with the provisions of legislation.

Questions concerning the collection or disclosure of information collected may be directed to:
 Information Access & Privacy Manager, NS Labour & Workforce Development, PO Box 697, Halifax, NS B3J 2T8 LWDaccess@gov.ns.ca

Section 5: Signature(s) Required

I/We certify that I/We have read and understood the information provided above.

I/We declare that the information in this application is accurate.

Applicant Name (please print)	Position
-------------------------------	----------

Signature	Date YYYY MM DD
-----------	-----------------

Applicant Name (please print)	Position
-------------------------------	----------

Signature	Date YYYY MM DD
-----------	-----------------

Official Use Only

LMA Priority	Responsible RC	Budget RC	LMA Officer
--------------	----------------	-----------	-------------

Activity	Year of Operation	Organization Type
----------	-------------------	-------------------

Application Reviewed and Decision made to:

Assess **Reject** **Withdraw** **Signature ►**

Print Name	Date
------------	------

APPLICATION FOR FUNDING

APENDIX A Organization Types

Individuals

Individuals (excl. Aboriginals)
Individuals – First Nations
Students

Not-for-Profit-Sector

Aboriginal not-for-profit groups
Association of workers and/or of employers
International NGOs
Local community, charitable, voluntary org.
NGOs with a focus to encourage employment
National NGOs
Not-for-profit Band councils
Provincial NGOs
Sector councils
Unions

Private Sector

Banks
Businesses, bodies incorporated or unincorporated
Indian Band corporations (profit basis)
International Sector
Private Band councils
Private universities and colleges

Public Sector

International governmental organizations
Municipal governments and agencies
Provincial governments and agencies
Public Health
Public community colleges and vocational schools
Public degree-granting colleges
Public degree-granting universities
School board/Other educ. Inst. Not elsewhere class