

| |
|-------------------|
| Official Use Only |
| File Number: |

**TARGETED WAGE SUBSIDIES
EMPLOYER APPLICATION FOR FUNDING
ALL APPLICANTS MUST COMPLETE THIS FORM**

Section 1: Applicant Information

| | | |
|--|----------------------------|--|
| Name of Applicant (Business Name) | | |
| Legal Business Name (if different) | | |
| Mailing Address | | City/Town Province |
| Postal Code | Area Code/Telephone Number | Area Code/Fax Number |
| E-mail Address | | Business No. (Canada Customs and Revenue Agency) |
| Location of Activity (if different from mailing address of applicant) | | Date Business was established: |
| Name and Title of Contact Person | | Area Code/Telephone Number (if different) Area Code/Fax Number (if different) |
| E-mail Address (if different) | | Organization Established (Y/M/D) |
| Language of Correspondence English <input type="checkbox"/> French <input type="checkbox"/> | | Major Product or Service |
| Number of Employees (if applicable) | | Organization Type <input type="checkbox"/> Not for profit Organization <input type="checkbox"/> Private <input type="checkbox"/> Public |

Are there any employees on lay off and/or waiting notice of recall? Yes No

Will the subsidy result in the displacement of existing employees or volunteers? Yes No

Is there a labour stoppage or labour-management dispute in progress? Yes No

Is there a reasonable opportunity for the individuals hired to be retained as part of your Regular workforce after the subsidy ends? Yes No

**Legal Signing Officers
(1) Contract Purposes**

| Name | Title | 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 combinations of signatures (according to your letters patent or other incorporating documents) are required to bind your organization into a legal agreement?

(2) Payment Claims submitted to LWD ENS

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

| Name | Title | Specimen Signature |
|------|-------|--------------------|
| | | |
| | | |
| | | |

How many signatures are required to sign a payment claim form submitted to LWD ENS?

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

Are your financial records kept manually or electronically? Manual Electronic

Contact Name of Accountant/Bookkeeper: _____ Firm: _____

Area Code/Telephone Number: _____

Insurance Coverage

Accident: None Private Coverage Firm: _____

Liability: Yes No Firm: _____

Worker's Compensation: Yes No Account: _____

Section 2: Previous Experience with Government Funding

List all other projects your organization has received funding for in the last five (5) years, including those funded by Service Canada. Use additional paper if necessary.

| Name of Project | Funding Source | Year | General Outcomes (i.e. # of completions, jobs, etc) |
|-----------------|----------------|------|---|
| | | | |
| | | | |
| | | | |

Section 3: Job Description and Budget

| Number of Participants | Duration of Activity | From (YYYY/MM/DD) | To: (YYYY/MM/DD) |
|------------------------|----------------------|-------------------|------------------|
| | | | |

Job Description: Please provide the following information about each employee to be hired in an attachment to this application:

- Name and Social Insurance Number of unemployed worker to be hired
- Wage Rate and Hours per Week
- Plans for supervision of participants
- Job Title and detailed description of the job duties
- Duration of job and expected results

Budget

| Item | LWD ENS Contribution | Applicant/Other Contribution | Total Cost |
|---|----------------------|------------------------------|------------|
| Participant Wages | \$ | \$ | \$ |
| Participant MERCs | \$ | \$ | \$ |
| Other Participant Related Project Costs | \$ | \$ | \$ |

Section 4: Note to Applicants regarding lobbyists

Applicants are responsible that any person lobbying on their behalf is registered with Service Nova Scotia and Municipal Relations pursuant to the *Lobbyists' Registration Act*. In addition, applicants who seek outside assistance to solicit, negotiate or obtain a contribution from the department may not use Employment Nova Scotia contribution funds to pay a contingency fee for such assistance.

At the agreement stage, applicants requesting funding of \$25,000 or more will be asked to declare that the above requirements concerning lobbyist registration and contingency fees have been met.

Lobbyists may register on-line, by mail, by fax or by dropping off a form at any Access Nova Scotia location. For further information please go to www.gov.ns.ca/lobbyist or contact 1-800-670-4357.

Information on this form is collected under the authority of the Employment Insurance Act, and the Nova Scotia Freedom of Information & Protection of Privacy Act and is to be used for the administration of the employment benefit or support measure to which you have applied. Under the provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act individuals have the right to protection of and access to their personal information. To obtain access to, or to request correction of your personal information collected and used by NS Labour & Workforce Development please contact the Department's Information Access & Privacy Manager by email LWDaccess@gov.ns.ca or phone (902) 424-8472. The personal information collected will only used and disclosed in keeping with the access and privacy provisions of the Nova Scotia Freedom of Information and Protection of Privacy Act and the Nova Scotia Personal Information International Disclosure Protection Act. Personal information provided may be shared with Revenue Canada in keeping with the data-sharing provisions of the Labour Market Development Agreement.

Section 5: Declaration

| | | | | |
|--|----------------|-----------------------------|------------------------|-------------------|
| <p>I/We certify that any proposed participants are not currently employed with the business. The hiring of these participants will not commence until an agreement has been signed with ENS and the agreement start date established. I/We have read and understood the information provided above. I/We declare that the information in this application is accurate.</p> | | | | |
| Applicant Name (please print) | | Position | | |
| Signature | | Date YYYY MM DD | | |
| Applicant Name (please print) | | Position | | |
| Signature | | Date YYYY MM DD | | |
| Official Use Only | | | | |
| Option | Responsible RC | Budget RC | ENS Officer | NOC |
| SIC | Activity | Year of Operation | Special Interest Group | Organization Type |
| <p>Application reviewed and decision made to:</p> <input type="checkbox"/> Assess <input type="checkbox"/> Reject <input type="checkbox"/> Withdraw Signature: | | | | |
| Print Name | | Date | | |