**Manitoba Keewatinowi Okimakanak Inc.**

# Indigenous Skills & Employment Training (ISET)

**Job Creation Partnership Program**

The Job Creation Partnerships (JCP) is a program designed to support projects that will provide eligible participants with meaningful work experience that will improve their employment prospects. While project activities should benefit both the participant and the community, the focus of JCP is to aid participants in acquiring work experience that will assist them in finding full time employment. The individual will have developed transferable and recognized skills as a result of participating in this project.

* The length and level of support will be negotiated with the employer partner and will depend on the skill development needs of the identified participant, the job requirements and complexities of the job, local labour market considerations and the availability of funds.
* The maximum length of support is 52 weeks.
* Overtime pay is not an eligible cost.
* Jobs cannot start prior to funding approval.
* *Please note that participants cannot be hired under the program until eligibility has been verified and approval has been provided by MKO ISET.*

## Eligible Employers

* Not-for-Profit Businesses or Organizations; Public Sector Businesses and Crown Corporations; Private Sector Businesses and Co-operatives with share capital.
* Employers must be able to provide a minimum of 30 hours and a maximum of 40 hours of employment per week to the participant(s).
* Employers must have a Canada Revenue Agency Business Number.
* Businesses must have been in operation for a minimum of one year prior to applying.

## Eligible Participants

* Unemployed or underemployed MKO Community members.
* Legally entitled to work in Canada

## Jobs

* Jobs that are not paid strictly on a commission, piece work or kilometer basis.
* Jobs cannot be already subsidized by other funding sources.
* Jobs that do not displace permanent employees on layoff, vacation, parental or sick leave.
* Jobs that are part of either the employer’s normal business operations or are a result of a planned workforce expansion and are not specifically created jobs that would not be sustained without financial support.
* Jobs must meet the provincial minimum wage legislation.

# Recruitment

* All approved positions must be advertised / posted in the community.

**Eligible Costs**

* Wage contribution up to a maximum of $11.95/hour (Mb minimum wage effective October 1/21)
* Up to a maximum of 14% for employers share of Mandatory Employment Related Costs (MERC’s)

**Job Creation Partnerships Subsidy Application Form**

1. **Employer/Business/Organization Information**

|  |  |
| --- | --- |
| Name of Employer / Business / Organization | Legal Business Name (if Different) |
| Business Address (Street, City/Town, Postal Code) |
| Mailing Address (if different from above) |
| Phone/Cell Number | Fax Number |
| Contact Person | Title |
| Email Address  |
| Type of Business [ ]  Private [ ]  Non-Profit [ ]  Public/Government Services/Crown Corporations |
| Services Provided |
| Canada Revenue Agency Business Number | Number of Employees |
| Do you have Workers Compensation Coverage or Third Party Liability Insurance? [ ]  Yes [ ]  NoIf Yes, please provide your policy # |
| Legal Signing Officers: Those who have authority to sign the legal agreement, amendments, and other project documents on behalf of your organization. |
| **Name** | **Title** | **Signature** |
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|  |  |  |
| Signing Authority for financial and activity reports is designated to: |
| **Name** | **Title** | **Signature** |
|  |  |  |
| Business / Organization has been in existence since: DD – MM - YYYY |
| Other funding – Have you also applied to other funding sources for any of the jobs proposed in this application? [ ] Yes [ ] No  If yes, please provide details:  |

1. **POSITION INFORMATION**

|  |  |
| --- | --- |
| Job Title | Job Location |
| Please provide a brief description of the duties and/or activities of the position, including any equipment, tools or machinery that the participant will be required to operate. |
| Please provide details on how you plan to recruit for this position. |
| A detailed training plan is required to ensure the participant develops the knowledge, skills and abilities needed to achieve competency in the position. What specific knowledge, skills and abilities will be learned? How will these knowledge, skills and abilities be taught? How will the training be conducted? i.e. on the job, job shadowing, mentoring, formalized classroom learning, etc. |
| Name and Title of the individual who will be responsible for the daily supervision and training of this participant. |

|  |
| --- |
| How will the participant’s acquisition of new skills and competencies be evaluated or measured and how often? |
| Does this position fall under an active collective bargaining agreement? [ ]  Yes [ ]  No If yes, please provide documentation that the union concurs with this training position. |
| Please list any protective clothing/equipment/uniforms that the participant will require. |

1. **SUBSIDY REQUEST**

|  |  |  |
| --- | --- | --- |
| Proposed Start Date | Proposed End Date | # of Weeks of Subsidy Requested |
| # of Hours of Work Per Week | Proposed Hourly Wage | Percentage of Wage Requested |
| Formalized Training Costs for Participant (eg. workshop fees, safety certification, tuition, course materials, etc.) |

**EMPLOYER SIGNATURE**

I verify that the information provided in this application is accurate and correct and that I am an authorized signing authority.

Name: **Title:**

(Please Print) (Please Print)

Signature: