**Manitoba Keewatinowi Okimakanak Inc.**

# Indigenous Skills & Employment Training (ISET)

**Wage Subsidy Program (WSP)**

The Wage Subsidy Program is a financial assistance program that encourages employers to hire individuals to provide them with direct work experience and/or on-the-job training. Upon approval, the employer receives a wage subsidy to hire the client for a specific period to provide the client with sufficient skills to find employment at the end of this time either with the same employer or another.

The Wage Subsidy Program partners with employers to generate long-term employment for eligible program candidates through a combination of on-the-job skills training, direct work experience and the provision of wage subsidies.

* Both employers and participants benefit from this program. Support to employers will enable them to dedicate the time they need to develop the skills and abilities of new employees maximizing their potential and contributing to the ongoing success and productivity of the business.
* The length and level of support will be negotiatedwith 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. **An employer contribution of a percentage of the wage is a requirement.**
* The maximum length of support is 52 weeks. Overtime pay is not an eligible cost.

## Eligible Employers

* Employer Partners must be able to commit to providing on-the-job training, have the ability to offer ongoing employment opportunities and are:
	+ Private Sector Employers
	+ Non-Profit or Community Organizations
	+ Crown Corporations
	+ Educational Institutions
	+ Municipal Governments
	+ Employer partners must have been in operation for a minimum of one year.

## Eligible Jobs

* Minimum of 30 hours per week.
* Jobs cannot be paid strictly on a commission, piece work or kilometer basis.
* Jobs cannot already be subsidized by other funding sources.
* Jobs that do not displace permanent employees on layoff, vacation, parental or sick leave.
* Jobs that are part of the employer’s normal business operations or are a result of a planned workforce expansion.
* Jobs that are not specifically created jobs that would not be sustained without financial support.
* Jobs that have not started prior to funding approval.
* Jobs must meet the provincial minimum wage legislation.

## Eligible Participants

* Unemployed or underemployed MKO community members.

# WAGE SUBSIDY APPLICATION FORM

## EMPLOYER INFORMATION

|  |  |
| --- | --- |
| Name of Employer: | 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 [ ]  Crown Corporation [ ]  |
| Business Services Provided: |
| Canada Revenue Agency Business Number | Number of Employees |
| Do you have Workers Compensation Coverage or Third-Party Liability Insurance? Yes [ ]  No[ ]  If Yes, please provide your policy # |
| Have you received funding support from the Manitoba Keewatinowi Okimakanak Inc. ISET program in the past? Yes [ ]  No [ ] If yes, please provide details on the type of program support and the year support was provided. |

**POSITION INFORMATION**

|  |  |
| --- | --- |
| Position Title | Training Location |
| Training Plan:How will the employer ensure the participant develops the knowledge, skills and abilities needed to achieve competency in the position.What specific skills and abilities will be learned, how will these be taught? How will the training be delivered? (i.e. on the job, job shadowing, classroom learning, mentoring, etc.) |

|  |
| --- |
| Please provide a brief description of the duties and activities of the position, including any equipment, tools, or machinery that the participant will be required to operate. (Please attach a job description). |
| Name, title and qualifications of the individual who will be responsible for the daily supervision and training of this participant. |
| How will the participant’s new skills and competencies be evaluated 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 must provide to start. Are these items provided to the trainee/employee when they start work? |

**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 (i.e. safety certification, tuition, course materials, etc.) |

**EMPLOYER SIGNATURE**

**I verify that the information I have provided in this Wage Subsidy Application form is correct and I am an authorized signing authority.**

|  |  |  |
| --- | --- | --- |
| Name (Please Print) | Signature | Date |