



# Targeted Wage Subsidy Guidelines

## 1.0 Objective

Targeted Wage Subsidy is a client self-marketing and/or employer based program designed to support on-the-job training/work experience for band members who encounter barriers when entering the labour force.

## 2.0 Scope

### 2.1 Wiikwemkoong Unceded Territory Band Members

The client must:

- a) Provide proof of WUT band membership;
- b) Must be unemployed, in receipt of Employment Insurance, Social Assistance, disability and/or have no source of income; or
- c) Demonstrate themselves to be underemployed:
  - i) Underemployment for our purposes is defined as “the underutilization of a band member’s skills, experience and/or availability to work”.

### 2.2 Non WUT Band Members

If the client is not a registered WUT band member:

- a) Wii-ni n’guch-tood LMS will forward a request for funding to the home LDM of the applicant;
- b) If the home LDM approves the requested amount WLMS will follow the home LDM’s contracting procedures; and
- c) If the client’s home LDM does not approve the request the WLMS will accept the other LDM’s decision.

### 2.3 Non Eligible Clients

WLMS does not fund non-aboriginal clients as funding is designated for Aboriginal people.

### 2.4 Employer Eligibility

Employer eligibility is defined under the *Organizational and Employer Eligibility Requirements*.

## 3.0 Approval Limits

WLMS can potentially approve Targeted Wage Subsidy requests up to a maximum of \$22,000.00. Requests greater than \$22,000.00 must be approved by the WDC Board.

### 3.1 Guidelines for Approval

The following guidelines will be used to negotiate WLMS’s contract contributions for both private and public sector employers:

- a) A negotiated wage contribution to a maximum of 75% of wage and benefits (WSIB, Employment Insurance, Canada Pension Plan, MERC etc.);

- b) A weekly work schedule that is a minimum 30 hours per week to a maximum of 40 hours per week;
- c) That is a maximum of 52 weeks per position;
- d) That is a maximum of one employee per position;
- e) Third party training contributions to a maximum of \$800 per position; and
- f) A negotiated and detailed training plan and/or work plan.

### 3.2 Eligible Applications

The training must:

- a) Enhance employability;
- b) Have a clear goal/objective;
- c) Meet a need for skilled people in the area of training; and
- d) Provide a work experience that is relevant to the client's career path.

### 3.3 Immediate Family Members

The client hired cannot be an immediate family member of the employer. For our purposes "immediate family member" is defined as: a father, mother, step-father, step-mother, foster parent, brother, sister, spouse or common-law partner, child (including child of common-law partner), step-child, ward, father-in-law, mother-in-law, or any relative permanently residing with the employer.

### 3.4 Requirements for a Job Posting

Where a client has found an employer willing to hire them, the requirement for a job posting is not necessary. In all other cases, the employer must post the position being funded to include the following stipulations:

- a) The client must meet the Targeted Wage Guidelines under Section 2.0 (b); and
- b) The client must pre-register with the Wii-ni n'guch-tood LMS to determine their eligibility.

The employer is responsible for screening the applicants and providing the screened list to WLMS for client assessments and recommendations. A list of eligible clients will then be forwarded back to the employer for their final approval.

### 3.5 Ineligible Expenses

Applications submitted after a client has started employment will not be eligible.

### 3.6 Time Frame for assessment

The minimum duration for proper intake and assessment of a completed application is twenty (20) to thirty (30) business days. A completed application includes all required documentation as prescribed in the Application for Targeted Wage Subsidy (CKL-LMS 003).

## 4.0 Employer and Client Requirements

There is a shared responsibility between the Employer and the WLMS to monitor the employment/training progress of the client as outlined in the following:

## 4.1 The Employer

The Employer must make the following information available to the WLMS to ensure that training is completed according to the training plan and contribution amounts identified in the contract:

- a) A written report on activities outlined in training plan and/or work plan of the client;
- b) Financial records of wages, benefits and any third party training that may have been incorporated in the training plan (this may include system generated reports, photocopies of receipts or cancelled cheques);
- c) A written report at the completion of training outlining the following:
  - Strengths and weaknesses of the client;
  - Recommendations for future training; and
  - Recommendations for guideline changes.
- d) The Employer must provide adequate time for a minimum of two monitoring visits by a WLMS staff member to review the information.

## 4.2 The Client

The client must make the following information available to the WLMS to ensure that training is completed according to the training plan and contribution amounts identified:

- a) A written report at the completion of the training outlining the following:
  - Strengths and weaknesses of the employer as a trainer;
  - Problems or concerns with the employer;
  - Recommendations for guideline changes; and
  - Confirmation that the client was paid at the rate of pay contracted.
- b) For statistical purposes the client agrees to update the WLMS on their employment status 12 months after completion of the Targeted Wage Subsidy.

## 4.3 Client Eligibility for Future Funding

Clients are eligible for Targeted Wage Subsidy every two years. However, registered apprentices can potentially apply and be eligible every year.

## 5.0 Compliance

All reporting must be submitted within thirty (30) business days from the end date of the contract. Failure to comply will result in a default by the employer of the 10% hold back and/or balance owing to the contract. In the event of default the employer will be ineligible to access WLMS program funding for a period of two (2) years.

# Appendix A

Training Plan Requirements	Checklist
<b>1. Executive Summary/Background Information</b> <ul style="list-style-type: none"><li>- Provides a summary/background information of your business/organization, i.e., your mandate, areas of expertise, services provided</li><li>- Demonstrates the ability and credibility of your business/organization to deliver training</li><li>- Identifies who you are and your accomplishments</li><li>- States the reason for your request, i.e., issue, problem, need; in a clear, concise and interesting manner</li><li>- States briefly what the training objectives are and what the activity types are that will achieve those objectives</li><li>- Includes the total cost, i.e., funding from other sources and the amount requested</li><li>- Provides an opportunity to interpret the training requirements for the funding agency</li><li>- Usually prepared after the entire proposal is completed</li></ul>	<input type="checkbox"/>
<b>2. Statement of Need</b> <ul style="list-style-type: none"><li>- Provides background information in respect to the proposed training position, title and definition of occupation for which training is being provided, and training prerequisites (minimum academic and/or skill level requirements)</li><li>- States the outcomes of the training initiative, i.e., what is the training addressing or changing</li><li>- Relates to the purpose, the goals and the mandate of the organization</li><li>- Described the existing condition that the training will counter alleviate</li><li>- Explains the need or the problem to be resolved or the services to be improved as a result of the training</li><li>- Presents evidence that the problem exists in terms of clients and services</li><li>- States what is being done to address or alleviate the need or the problem</li><li>- Explains how the proposed training will impact the success of the need or the problem</li></ul>	<input type="checkbox"/>
<b>3. Training Objectives/Outcomes</b> <ul style="list-style-type: none"><li>- Outlines and states what the training objectives/outcomes are, i.e., what will your training achieve, what are the training outcomes</li><li>- Describe in detail the training skills or enhancements to be acquired over the course of training for each objective/outcome</li><li>- Training objectives/outcomes should be clear, brief and address the organization's intent, support (financial and community), and value</li></ul>	<input type="checkbox"/>
<b>4. Training Description/Activities/Schedules</b> <ul style="list-style-type: none"><li>- Describes how your organization will achieve the proposed training objectives, i.e., describe your plan of action, include the activities and their sequence, the activities should flow from the <i>Statement and Need</i> and the <i>Training Objectives</i></li><li>- States the training duration and includes the time frames for the training components detailing: completion of training provisions and by whom, reporting relationships specifying what types of reports and how often</li><li>- Explains in detail the training methodology, i.e., what are the training activities, what is the trainer teaching, what is the trainee learning</li></ul>	<input type="checkbox"/>

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- Describe the rationale to support the training methodology, i.e., why you think these methods will work, how will the training affect the services being delivered, who will benefit from the training, who else will be involved in the training and to what extent
  - Describes who will be responsible for overseeing the proposed training and what is their background as trainers, who will ensure compliance of WLMS's reporting and information requirements, how will the training be managed and who will be accountable
  - Includes any other information that may be pertinent to the proposed training
- 

**5. Training Structure**

- Provides profile of trainer, i.e., name, title and qualifications/experience of trainer, trainer portfolio/curricula vitae
  - Provides description of training facility/site/location, i.e., where is the training taking place
- 

**6. Training Evaluation**

- Explains how the success of the training will be evaluated, i.e., how are the training objectives/outcomes to be achieved and/or determined
  - Stated the criteria to be used to determine training success
  - Describes the methods to be used to evaluate the training
  - Indicates who will be responsible for overseeing the training evaluation process
  - Indicates how the success of the training will improve your business/organization
  - Describes the reports to be produced to indicate the outcomes of the training evaluation
- 

**7. Appendices**

- What will you include to support your training request?
- Includes relevant information about your business/organization, i.e., brochures, outline of previous successes or achievements
- Includes relevant information for training request, i.e., trainer portfolio or vitae, job description for trainee position
- Includes letters of support from credible sources or affiliations



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## WII-NI N'GUCH-TOOD Labour Market Services

# Client Registration Form

Date: \_\_\_\_\_

### Client Identification

Have you ever accessed funding from Wii ni n'guch-Tood? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, for what purpose: _____					
Year: _____					
Social Insurance Number:		Last Name:		First Name:	
				Middle Initial:	
Phone Number #1:		Alternate Number:		Email Address:	
Date of Birth: (dd / mm / yy):		Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Type:			
Language: <input type="checkbox"/> English <input type="checkbox"/> Other: _____ <input type="checkbox"/> Written <input type="checkbox"/> Spoken		<input type="checkbox"/> Unspecified		<input type="checkbox"/> Developmental	
		<input type="checkbox"/> Mental Health		<input type="checkbox"/> Physical	
		<input type="checkbox"/> Speech		<input type="checkbox"/> Hearing	
		<input type="checkbox"/> Addiction		<input type="checkbox"/> Other: _____	
Band Name:			Band Number:		
Address (Place of residence):			Mailing Address (if different):		
City:		Province:	Postal Code:		City:

### Status at time of Application – Check all that apply

Employment:	Residency:	Financial Recipient of:	Family Status:
<input type="checkbox"/> Employed	<input type="checkbox"/> Status	<input type="checkbox"/> Social Assistance	<input type="checkbox"/> Single <input type="checkbox"/> Widowed
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Status	<input type="checkbox"/> Canada Pension Plan	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
<input type="checkbox"/> Full-Time	<input type="checkbox"/> On Reserve <input type="checkbox"/> Off Reserve	<input type="checkbox"/> Ontario Disability Support Prg.	<input type="checkbox"/> Married or Equivalent
<input type="checkbox"/> Self-Employed		<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Number of Dependents _____
<input type="checkbox"/> Unemployed		<input type="checkbox"/> Employment Insurance	Spouse Name:
<input type="checkbox"/> Employed Spouse		<input type="checkbox"/> Other (Please Specify): _____	_____

### Barriers to Employment – Check all that apply

<input type="checkbox"/> Lack of Labour force attachment	<input type="checkbox"/> Lack of work experience	<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Remoteness
<input type="checkbox"/> Language	<input type="checkbox"/> Education	<input type="checkbox"/> Economic	<input type="checkbox"/> Dependent care
<input type="checkbox"/> Physical, emotional, or mental health	<input type="checkbox"/> Drug and Alcohol	<input type="checkbox"/> Other barrier not listed: _____	

### Service Type (Check one)

<input type="checkbox"/> Course Purchase	<input type="checkbox"/> Pre-registration	<input type="checkbox"/> Projects
<input type="checkbox"/> Mobility Assistance	<input type="checkbox"/> Targeted Wage Subsidy	<input type="checkbox"/> Self Employment Assistance
<input type="checkbox"/> Skill Enhancement	<input type="checkbox"/> Post-Sec. Summer Employment	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> SCP Program	<input type="checkbox"/> Youth Focus

### Training/Employer Information

Training Provider/Employer: _____
Training Type/Job Title: _____
Start Date: _____ End Date: _____ Duration: _____

### Financial Assistance Required

Living Allowance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care: <input type="checkbox"/> Yes <input type="checkbox"/> No
Books:	Tuition:
Other:	

I certify to the best of my knowledge that the above information is accurate and complete and I understand that it may be subject to verification by the Wii ni n'guch-tood or its representatives.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LMS Representative

\_\_\_\_\_  
Date



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Labour Market Services

## Client Consent to Data Disclosure

I authorize an ongoing exchange of information between the Wii-ni n'guch-tood L.M.S. and

- a) Service Canada (Human Resource Development Canada);
- b) Wiwemikong Unceded Indian Reserve (band administration/payroll/Ontario Works) and related departments;
- c) Wiwemikong Board of Education/Counsellor;
- d) Training Institution/College;
- d) Social Assistance/Caseworker;
- e) Other (please list): \_\_\_\_\_

This information exchange relates to my application for assistance with employment services and training programs associated with the Wii-ni n'guch-tood. I realize this information will be used only as an aid in vocational guidance and for verification of Employment Insurance (E.I.) and other eligibility requirements.

For Statistical purposes the trainee agrees to update Wii-ni n'guch-tood LMS on employment status 12 months upon completion of intervention. Trainees can either mail/telephone/fax information to: Enaadmaagehjik (Wiwemikong Development Commission) 2102 Wiwemikong Way, Wiwemikong, ON P0P 2J0 Telephone (705) 859-3001 Fax (705) 859-2000 or Toll free 1-888-801-9422

I also authorize the release of my progress report, final grades and certification to the Wii-ni n'guch-tood L.M.S. staff.

I acknowledge that I have read and received a copy of the Policies and Guidelines for my reference.

CLIENT:

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Privacy and Access to Information:**

Information on this form is collected under the authority of the Employment Insurance Act, and is to be used for the administration of the employment benefit to which you have applied. Completion is voluntary; however, failure to complete this form will result in you not being considered for the employment benefit. The information collected may be shared with the Canada Revenue Agency and/or the Department of Justice for the purposes of administering the Income Tax Act and/or the Family Orders and Agreements Enforcement Assistance Act. The information will also be shared with Social Development Canada to administer the Employment Insurance Act. The information may also be used for policy analysis, research and/or evaluation purposes. In order to conduct these activities, information under the custody and control of Human Resources and Skills Development Canada may be linked. Your personal information is administered in accordance with the Employment Insurance Act and the Privacy Act. This authorization will remain in effect until I give written instruction to cancel the authorization.



## Conflict of Interest Form

**Are you related directly (i.e. family member) to the Employment Training Officer or Operations Supervisor/Intake Worker and/or staff at Wii-ni n'guch-tood L.M.S.**

This acknowledges that even if there is no direct conflict of interest, any potential or perceived conflict of interest is being declared in order to prevent misunderstandings. The Employment Training Officer or Operations Supervisor/Intake Worker acknowledges that the program intervention stated in the contract is based on individual need of the client and is not agreed upon as a result of any relationship between the Employment Training Officer or Operations Supervisor/Intake Worker and the client.

The term "Immediate Family" means:

Spouse (including same sex and opposite sex partners in a legal marriage or a common law relationship), son, daughter, father, mother, brother, sister, stepson or stepdaughter, or a person residing in the same household.

This document recognizes the Declaration of Conflict of Interest between the undersigned and understands and agrees to the terms outlined within.

**I declare no Conflict of Interest; if conflict please indicate staff member name below.**

Staff Member: \_\_\_\_\_ Client/Applicant Relationship: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Employment Training Officer/Operations Supervisor/Intake Worker:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date





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 Labour Market Services

**SSEP /**  **YOUTH FOCUS /**  
 **PROJECTS/**  **TWS**

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Training Provider: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Note: LMS staff authorized to add or note non-applicable forms relevant for each program.*

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Updated Resume                     | <input type="checkbox"/> 5. Conflict of Interest form-LDM008     |
| <input type="checkbox"/> 2. Copy of status card (front & back) | <input type="checkbox"/> 6. Photo Release-LDM012                 |
| <input type="checkbox"/> 3. Client Registration form LDM002    | <input type="checkbox"/> 7. Academic Transcripts (if applicable) |
| <input type="checkbox"/> 4. Data Disclosure-LDM003             | <input type="checkbox"/> 8. Documentation from funding Agency    |
- Verifying academic sponsorship for 2016/17

<b>Apprentice:</b> <input type="checkbox"/> <b>YES</b>	<b>Trade:</b>	<b>Level:</b>
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**ALL FORMS ARE SIGNED AND COMPLETED**

**Employer Portion**

- |   |  |
|---|--|
| <input type="checkbox"/> Application form                                   | <input type="checkbox"/> Revenue Canada  |
| <input type="checkbox"/> Detailed Training Plan (except SSEP & Youth Focus) | <input type="checkbox"/> WSIB or Insurance Coverage ( <b>attach letter with rate</b> ) |
| <input type="checkbox"/> E.I. Verification form - (if applicable)           | <input type="checkbox"/> Job Description   |
| <input type="checkbox"/> Other:   |  |

**LDM Staff only:**

Initial ARMS input – Intake  Yes  No

Approval input – ETO  Yes  No

Is the client compliant?  Yes  No

Applications should be sent to: Administrative Support Worker - Lillian Baibomcowai-Dell

Email: [lbde1lms@wikydevcom.ca](mailto:lbde1lms@wikydevcom.ca) Fax: 705-859-2000 Telephone: 705-859-3001

**Notes:**

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 Labour Market Services

## Photo/Statement Release Form

I hereby grant WII-ni n'guch-tood Labour Market Services (WLMS) to use my photograph and/or any statements made by me in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that the photo and/or statement will become the property of WLMS and will not be returned.

I hereby authorize WLMS to edit, alter, copy, exhibit, publish or distribute this photo and/or statement for purposes of marketing WLMS programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photograph appears.

I hereby hold harmless and release and discharge WLMS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

- I give permission to WLMS to use my photo in any publications and/or website entries by WII-ni n'guch tood L.M.S.
- I do not wish have my photo used in any publications and/or website entries by WII-ni n'guch tood L.M.S.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Printed Name and Date)

**If the person signing is under age 16, there must be consent by a parent/ guardian as follows: I hereby certify that I am the parent/guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.**

\_\_\_\_\_  
 (Parent/Guardian's Signature)

\_\_\_\_\_  
 (Parent/Guardian's Printed Name and Date)

# WII-NI N'GUCH-TOOD L.M.S.

## APPLICATION FORM

Original ( )

Targeted Wage Subsidy( )

APPLICATION NO.

Amendment ( )

Youth Focus ( )

On-reserve ( )

Opportunities for the Disabled ( )

Off-reserve ( )

Projects ( )

Summer Student Employment Program ( )

(1) Legal Name of Business, Organization and or Training Provider

(2) Revenue Canada Number

(3) Mailing Address

(4) W.S.I.B. Account Number

(5) Coordinator or Contact Per:

(6) Telephone Number

(7) Facsimile Number

(8)	Job Title	Hourly Rate	No. Of Hrs./Wk.	No. Of Wks.	No. Of Persons	Sponsor Contribution	Wii-ni n'guch-tood LMS Requested
<b>Wages</b>							
						<b>3</b>	<b>(a) (A)</b>

(9)	Benefits		
<b>Benefits</b>			
			<b>(b) (B)</b>

(10)	Description		
<b>Overhead Costs</b>			
			<b>(c) (C)</b>

(11)	Description		
<b>Training Costs</b>			
			<b>(d) (D)</b>

(12)	Description		
<b>Capital Costs</b>			
			<b>(e) (E)</b>

TOTAL Wii-ni n'guch-tood L.M.S. CONTRIBUTION REQUESTED (A+B+C+D) (13) **(F)**

TOTAL SPONSOR CONTRIBUTION (a+b+c+d+e) (14) **(G)**

TOTAL PROJECT COST (F+G) (15) **(H)**

### Proposed Start/End dates

M D Y

M D Y

Duration of Activity	FROM		TO	
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### Employer's Signature

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

