

CCATEC
Proposal Guidelines

All Proposals Must Be Submitted A Minimum Of One Month Prior To The Requested Start Date

Proposals must include:

1. Information on Applicant/Sponsor:

- Full legal name and any other name that the applicant does business under
- Address & postal code
- Phone, fax and e-mail if available
- Number of employees
- Number of members both on and off reserve
- Numbers of members 15-64 (working age population)
- Contact person for this proposal

2. Supporting Documents:

- Current Signing Authorization form (*not required if updated information is on file*)
- Certificate of Insurance stating a minimum 1 million dollar liability (*not required if updated information is on file*)
- Board Motions or Band Council Resolution in support of proposal
- Band Council Resolution for organizations submitting a proposal on behalf of a band/community
- Worker's Compensation Board Number (WCB)
- Criminal Record Check must be conducted for worker working with youth

3. Summary of Training Requested Detailing:

- How training need was identified (the need)
- Who will be trained (male female, youth, disabled), the number and how they were chosen
- What the expected or desired outcome of the training will be
- Number of jobs that will be created
- The skills to be acquired or learned and how they will address the need
- Timeframes with detailed training schedule, including start and end dates
- Location of training
- Training hours, both on and off the job
- Name of the trainers, if consultant, then resume detailing experience in area of training must be provided, if not provide: the name and address and a description of the training agency

4. Cost Summary for Funds Requested:

- Trainees wages, mandatory related costs, travel etc (see spreadsheet)
- Training cost, consulting fees and associated cost, private and public course costs
- Project management costs, wages and associated costs for a project manager and other related costs as detailed in the attached spreadsheet
- Rational to support costs
- Summary of in kind contribution or other sources of funding

5. List of:

- Participants, with social insurance numbers and source of income
- Process used for selection of participants

6. Other items to include:

- Further training that might be required after the completion of this project
- Indication of job opportunities with the band or other sources

IF YOU OWE MONEY TO CCATEC FROM A PRIOR CONTRACT OR IF A CURRENT CONTRACT IS NOT UP TO DATE ON REPORTING REQUIREMENTS NO NEW CONTRACT WILL BE ENTERED INTO UNTIL THE MONEY IS REPAYED OR THE REPORTING REQUIREMENTS ARE MET

ATTENTION:

Cariboo Chilcotin Aboriginal Training Employment Centre
205-197 North Second Avenue, Williams Lake, BC V2G 1Z5
Fax: 250-392-2570

DELEGATION OF SIGNING AUTHORITY

Date:	
Name of Organization:	
Address:	
City/Town, Province:	
Postal Code:	
Expiry Date:	

The following people are authorized **to sign contracts or contract amendments** between our agency and the Cariboo Chilcotin Aboriginal Training Employment Centre.

Name (please print)	Specimen Signature	Title

Signing authority for **payment claim forms** is delegated to any one of the persons indicated above or anyone of the persons indicated below.

Name (please print)	Specimen Signature	Title

We understand that if any one of the above signing authorities changes it is our responsibility to notify the Cariboo Chilcotin Aboriginal Training Employment Centre by completion of a new form.

We further understand that the Cariboo Chilcotin Aboriginal Training Employment Centre will not process any contractual document or payment claim form unless signed by the designated authorities shown on this document.

CERTIFICATE OF INSURANCE

TO: Cariboo Chilcotin Aboriginal Training Employment Centre
 205-197 North Second Avenue, Williams Lake, BC V2G 1Z5
 Telephone: 250-392-2510 Fax: 250-392-2570

THIS IS TO CERTIFY THAT INSURANCE POLICY NO. _____ **EXPIRING ON**
 _____ **HAS BEEN ISSUED BY THE** _____
 (Name of Insurance Company)

TO: (Please provide name of insured)

Coverage	Limits of Liability	
Bodily Injury Liability and Property Damage Liability Inclusive	Each Occurrence \$	Aggregate Limit each Policy Year \$
Bodily Injury Liability	Each Person \$ Each Occurrence \$	Aggregate Limit each Policy Year \$
Property Damage Liability	Each Occurrence \$	Aggregate Limit \$
Operations Covered:		

Subject to term, conditions, wordings and exclusions of the policy:

The undersigned hereby certifies that the above policy is now in force and it is hereby agreed that if the said policy is cancelled or changed during its term in such a manner as to affect this certificate, ten days prior written notice of such change or cancellation will be given by us, by letter mailed to you at the above address.

PER:

 Authorized Representative (Broker)

 Date

Cash Flow Forecast

Date: _____

Name: _____

Program: _____

File#: _____

Acct #		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
7145	Trainee Costs													\$
7145	Wages													\$
7060	Mercs (10.28%)													\$
7115	Travel													\$
7065	Daycare													\$
7070	Living Expenses													\$
7095	Supplies													\$
7125	Tuition													\$
Training Costs														
7135	Wages													\$
7017	Consultant Fees													\$
7105	Travel													\$
7005	Accommodations													\$
7040	Meals													\$
7018	Private Course Cost													\$
7019	Public Course Cost													\$
7152	Prerequisite Course Cost – Functional													\$
7154	Prerequisite Course Cost – Medical													\$
7156	Prerequisite Course Cost – Other													\$
Project Management														
7140	Wages / Instructor													\$
7110	Travel													\$
7055	Mercs													\$
7030	Equipment Rental													\$
7035	Administration													\$
7080	Rent													\$
7010	Additional Disability Expense													\$
7090	Supplies (under \$250.00)													\$
7015	Capital Purchase (over \$250.00)													\$
Childcare														
7067	Band Seat Purchase													\$
7069	Daycare Renovations													\$
TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$