

CARIBOO CHILCOTIN ABORIGINAL TRAINING EMPLOYMENT CENTRE
Summer Career Program Proposal Guidelines

All Completed Proposals Must Be Submitted No Later Than Friday May 3, 2024

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 if applicable
- Numbers of members 15-64 (working age population) if applicable
- 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)*
- Worker's Compensation Board Number (WCB)
- Board Motion or Band Council Resolution in support of proposal

3. Summary of Training Requested Detailing:

- Detailed job description
- Who will be trained (male female, youth, disabled), the number of secondary / post-secondary students
- What the expected or desired outcome of the work experience
- The skills to be acquired or learned and how they will address career related goals / general work experience
- Work plan including start and end dates
- Location of work experience

4. Cost Summary for Funds Requested:

- Student's wages, mandatory related costs, travel etc (see spreadsheet)
- Summary of in-kind contribution or other sources of funding

5. List of:

- Student names
- Social Insurance Numbers MUST BE PROVIDED*
- Process used for selection of participants

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

ATTENTION:

Cariboo Chilcotin Aboriginal Training Employment Centre
205-197 North Second Avenue, Williams Lake, BC V2G 1Z5

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 change 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)

Cash Flow Forecast

Date: _____

Name: _____

Program: _____

File#: _____

Acct #	Trainee Costs	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
5505	Wages													\$
5510	Mercs (10.28%)													\$
5515	Travel													\$
5520	Day care													\$
5525	Living Expenses													\$
5530	Supplies													\$
5535	Tuition													\$
Training Costs														
5555	Wages													\$
5560	Mercs (10.28%)													\$
5565	Consultant Fees													\$
5570	Travel													\$
5575	Accommodations													\$
5580	Meals													\$
5585	Private Course Cost													\$
5590	Public Course Cost													\$
5595	Prerequisite Course Cost – Functional													\$
5600	Prerequisite Course Cost – Medical													\$
5605	Prerequisite Course Cost – Other													\$
Project Management														
5615	Wages / Instructor													\$
5620	Mercs (10.28%)													\$
5625	Travel													\$
5630	Equipment Rental													\$
5635	Administration													\$
5640	Rent													\$
5645	Supplies (under \$250.00)													\$
5650	Capital Purchase (over \$250.00)													\$
Childcare														
5660	Band Seat Purchase													\$
5665	Day care Renovations													\$
TOTALS		\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$