



Eastern Ontario Development Program
BUSINESS DEVELOPMENT FUND
Skills Development Program

Purpose:

To assist local businesses and organizations to meet the growing need for training of business owners and employees, and to supplement the rising costs of such training.

Eligible Secondary Recipients:

Eligible Secondary Recipients are:

- Non-profit organizations (including municipalities, municipal organizations, corporations, community development organizations, and associations);
- Legal commercial entities including individuals, corporations, partnerships, cooperatives or trusts;
- Aboriginal organizations; and,
- Groups or alliances of those described above where a lead recipient has been identified.

Eligible Activities:

Eligible Activities may include but are not limited to:

- on-the-job training;
- in-house or outsourced classroom training;
- workshops;
- seminars; and,
- trade show attendance, in alternate years.

Eligible Activities relate to training for new hires or existing employees. Training for summer students temporary jobs, or part time jobs less than 20 hours per week are normally not eligible.

Note that for soft skills training, which does not relate directly to the stated mandate of your organization, there must be a clearly identified link between completion of the training and a direct and measurable increase in business activity or fulfilment of an identified community need.

Eligible Costs:

Eligible Costs are reasonable, incremental and required to carry out the Eligible Activities specified, including but not limited to:

- trainers wages and benefits;
- travel expenses;
- software, textbooks, manuals, etc. directly related to the skill training;
- registration fees;
- course purchases;
- professional fees; and,
- certification fees.

South Lake CFDC may contribute be up to **50%** of the total Eligible Costs. The maximum contribution with respect to any one employee will normally not exceed \$5,000 with a maximum of \$25,000 available to any one Secondary Recipient.

All funds must be committed by March 31, 2011.



South Lake

Community Futures Development Corporation



Application Process:

- Complete and sign the Skills Development Program application package and send to:

**South Lake Community Futures Development Corporation
Community Economic Development Committee
183 The Queensway South
Keswick, Ontario
L4P 2A3
Fax: 905-476-9978
Toll Free Fax: 1-866-606-1244**

- Applications will be accepted monthly until such time as all available funds are committed.
- **Applications must be submitted by the end of business two Fridays prior to the last Wednesday of the month.**
- The Community Economic Development (CED) Committee reviews the applications on the Monday preceding the last Wednesday of the month and the Board then makes its decisions at its monthly meeting on the final Wednesday of the month.
- **Please submit the following with the application:**
 - Supplementary information concerning overall training details and plans, quotes for outsourced training, and any other relevant information
 - Business License/ Incorporation documents/ Letters Patent noting not-for-profit status
 - For incorporated businesses, a list of individuals with greater than 10% voting control of the corporation
 - For not-for-profit organizations, a list of the volunteer Board of Directors
- Applicants will be notified of the funding decision following the monthly Board Meeting
- If the application is approved, South Lake CFDC will prepare a Letter of Offer outlining the terms and conditions of funding. CFDC contributions will be subject to a **10% hold back** until the applicant has completed the project and met all reporting requirements as laid out in the Letter of Offer
- All projects will be required to submit a Final Report which will include a summary of activities, accomplishments and a financial reconciliation of the project

Please contact the office at 905-476-1244 or Toll Free at 1-866-605-1244 for questions regarding the Application Process and Eligibility Requirements.

**WHEN COMPLETING THE APPLICATION, YOU ARE NOT LIMITED TO THE SPACE PROVIDED.
PLEASE USE ADDITIONAL SPACE AS NEEDED.**



183 The Queensway South, Keswick, Ontario, L4P 2A3
Tel: 905 476-1244 Fax: 905 476-9978 E-mail: pbudreo@ils.net
www.southlakecfdc.org





Eastern Ontario Development Program
BUSINESS DEVELOPMENT FUND
Skills Development Program

1. REQUEST FOR FUNDING

Legal Name of Applicant:	
Operating Name:	
Business/ Mailing Address:	
Telephone Number:	
Fax Number:	
Contact Person:	
Telephone Number:	
Email Address:	

Training Summary: <i>Provide a brief description of the training that would be undertaken.</i>
Amount Requested: \$

Costs and Financing: <i>Itemize each detailed expense on a separate line.</i>			
Costs	Amount	Sources of Funding	Amount
	\$	South Lake CFDC (up to 50%)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Costs:	\$	Total Financing:	\$

Authorized by:	
Title:	
Date:	
Signature:	



2. BUSINESS/ ORGANIZATION PROFILE

A. Type of Business/ Organization: *Check (✓) appropriate classification*

Business - Sole Proprietor	<input type="checkbox"/>	Municipal Government	<input type="checkbox"/>	Other (specify below)
Business - Partnership	<input type="checkbox"/>	Not-For-Profit	<input type="checkbox"/>	
Business - Incorporated	<input type="checkbox"/>	First Nations	<input type="checkbox"/>	

B. Classification of Business/ Organization: *Circle appropriate response(s)*

Retail	Food	Tourism	Manufacturing
Service	Construction	Wholesale	Other (specify)

C. Length of Time in Business:

Years:	<input type="text"/>	Months:	<input type="text"/>
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D. Business/ Organization's Mandate: *Describe the business/ organization's main activities.*

E. Organizational Structure:

Number of full time employees:	<input type="text"/>	Number of full time employees to be trained:	<input type="text"/>
Number of part time employees:	<input type="text"/>	Number of part time employees (>20 hrs per wk) to be trained:	<input type="text"/>
Total number of employees:	<input type="text"/>	Total number of employees to be trained:	<input type="text"/>

F. Funding History

Have you received funding from South Lake CFDC through the Skills Development Program before? <i>(Circle appropriate response)</i>	YES	NO
Have you received funding from South Lake CFDC through another EODP initiative? <i>(Circle appropriate response)</i>	YES	NO
Please indicate the total amount of funds received from South Lake CFDC?	\$ <input type="text"/>	



3. SKILLS PROFILE

A. Skills Investment

Course Title	Course Description	Employee(s) to be Trained (Name and Position)	Type of Training	Source of Training*	Timing (mm/dd/yy)	Measure of Completion
			<input type="checkbox"/> On-the-job <input type="checkbox"/> Classroom <input type="checkbox"/> Combination	<input type="checkbox"/> In-house** <input type="checkbox"/> Out-sourced <input type="checkbox"/> Combination	Start Date: End Date:	<input type="checkbox"/> Certificate <input type="checkbox"/> Testing <input type="checkbox"/> Other (specify)
			<input type="checkbox"/> On-the-job <input type="checkbox"/> Classroom <input type="checkbox"/> Combination	<input type="checkbox"/> In-house <input type="checkbox"/> Out-sourced <input type="checkbox"/> Combination	Start Date: End Date:	<input type="checkbox"/> Certificate <input type="checkbox"/> Testing <input type="checkbox"/> Other (specify)
			<input type="checkbox"/> On-the-job <input type="checkbox"/> Classroom <input type="checkbox"/> Combination	<input type="checkbox"/> In-house <input type="checkbox"/> Out-sourced <input type="checkbox"/> Combination	Start Date: End Date:	<input type="checkbox"/> Certificate <input type="checkbox"/> Testing <input type="checkbox"/> Other (specify)
			<input type="checkbox"/> On-the-job <input type="checkbox"/> Classroom <input type="checkbox"/> Combination	<input type="checkbox"/> In-house <input type="checkbox"/> Out-sourced <input type="checkbox"/> Combination	Start Date: End Date:	<input type="checkbox"/> Certificate <input type="checkbox"/> Testing <input type="checkbox"/> Other (specify)
			<input type="checkbox"/> On-the-job <input type="checkbox"/> Classroom <input type="checkbox"/> Combination	<input type="checkbox"/> In-house <input type="checkbox"/> Out-sourced <input type="checkbox"/> Combination	Start Date: End Date:	<input type="checkbox"/> Certificate <input type="checkbox"/> Testing <input type="checkbox"/> Other (specify)

****The cost of delivering in-house training can be calculated based on the following:**

Total Cost = (Gross hourly rate of employee + employer costs) x (# of employees to be trained) x (# of hours required for training) + (training materials)



***Source of Training**

If training is in-house, please complete the following:

Specify the relevant credentials of the in-house trainer who will be conducting the training.

If training is out-sourced, please complete the following:

Business/ Organization providing the training	Contact Information

B. Impact of Skills Development: Detail the expected benefit to your business/organization associated with this training.

Note that for soft skills training, which does not relate directly to the stated mandate of your organization, there must be a clearly identified link between completion of the training and a direct and measurable increase in business activity or fulfilment of an identified community need.

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4. ATTACHMENTS

- Business License/ Incorporation documents/ Letters Patent noting not-for-profit status
- Supplementary information available concerning overall training details and plans, quotes for outsourced training, and any other relevant information.
- For incorporated businesses, a list of individuals with greater than 10% voting control of the corporation
- For not-for-profit organizations, a list of the volunteer Board of Directors