



Financial Assistance Application
 Employment Creation Initiatives (C1) - ETSC
 Summer Career Placement (C1) - ETSC

For administration use only File number:

Name of company/organization			
Name of person authorized to file this application			
Address			City
Province	Postal code		Telephone no.
Name of contact person		Email	
Registration no. (if non-profit organization)			
Registration date:			
If non-profit organization, please provide corporate charter			
Briefly outline objectives and results of activities (attach detailed documentation if necessary)			
Have you submitted an application elsewhere? If so, to whom? For what amount?			
Project duration: du <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>			
D	M	Y	D
M	Y	D	Y

Occupations held by participants	Number of individuals	Number of weeks	Total work weeks	Number of hours/week	Total number of hours	Hourly rate	Contribution amount requested
1.							
2.							
3.							
Total							



For non-profit organizations only		
Mandatory Employment Related Costs (MERCs)		Total
CNESST	% X =	
Employment insurance	% X =	
Vacation	% X =	
QPIP	% X =	
Other (specify)	% X =	

Training costs (please provide your training plan in attachment)	
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Sources of other funding (grant, financial participation of the company or organization, etc.)	
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Total amount requested from the ETSC	
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Total cost of the project	
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Participant information (if applicable)			
Last name, First name	Permanent address	Apt #.	City



Province	Postal code	Telephone no.	
S.I.N.	Gender	Date of birth	Band no.
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email address	
If so, briefly describe the type of disability:			
Do you require any workplace accommodation?			

Parties agree that the activities and training objectives outlined herein shall be carried out in accordance with the following schedule of completion.	
_____	_____
Promoter's signature	Date