

FIRST NATIONS AND INUIT YOUTH WORK EXPERIENCE PROGRAM

PROGRAM GUIDELINES

1. Background

This is one of four programs administered by Indian and Northern Affairs Canada (INAC) under the First Nations and Inuit Youth Employment Strategy (FNIYES). The FNIYES, with a national annual budget of \$24 million, is a component of the Government of Canada's Youth Employment Strategy.

The national annual budget for INAC's *Youth Work Experience Program* is \$9,675,000.

2. Objectives

- Support the provision of opportunities for mentored work experience;
- Support the development and enhancement of essential employability skills, such as communication, problem solving, and working with others;
- Expose youth to a variety of career options;
- Promote the benefits of education as being key to labour market participation.

3. Key Activities

- Mentored work experience;
- Career planning and counselling activities, including a youth needs assessment for **each** participant;
- Life and work skills development for the participant.

4. Eligible Recipients

First Nation and Inuit governments and organizations may submit proposals.

5. Eligible Participants

First Nations and Inuit youth aged 15 to 30 ordinarily resident on reserve or in recognized communities who are out of school, unemployed or underemployed.

6. Eligible Proposals

Proposals must:

- be in accordance with these program guidelines;
- outline the activities that support any or all of the above objectives;
- demonstrate that the activities will provide assistance only to eligible participants;
- provide an estimate of eligible costs to be incurred, including any share to be borne by partners;

- outline the results to be achieved, and;
- be gender-balanced.

NOTE: Projects must not exceed 11 months and must be completed by March 31.

7. Wage Rates

The delivery agency will pay participants the applicable provincial/ territorial minimum wage.

8. Maximum Program Contributions

The non-profit sector is eligible to receive a contribution of up to 100% of the applicable minimum wage plus mandatory employment related costs (MERC) and the private sector up to 50% of the applicable minimum wage only.

NOTE: Where a participant with disabilities is hired, **all** employers are eligible to apply for 100% of the wage. A maximum contribution of \$3,000 per participant may be available, on an actual cost basis, for special equipment and facilities to accommodate the participant's needs.

9. Proposal Outline

The form and content of the proposal template is attached in Annex One.

10. Review and Approval Process

Proposals will be reviewed and approved by the INAC regional office or by the First Nations or Inuit organization managing the program.

11. Funding Arrangements

Funding will be distributed to eligible recipients according to INAC's funding authorities.

12. Reporting Requirements

A final activity report, evaluation report and a youth needs assessment for each participant are required by **March 31**. Organizations who do not submit an evaluation report **within 30 days** of the above-noted date **will not be eligible for funding in the following fiscal year**.

The form and content of the final activity report and evaluation report is attached in Annex Two and the form and content of the youth needs assessment is attached in Annex Three.

For information regarding other federal youth programs, please refer to the Government of Canada's website at www.youth.gc.ca or contact 1-800-622-6232.

Annex One

Youth Work Experience Program

Proposal Outline

Please refer to the program guidelines to ensure that your proposal meets all necessary criteria. Should you have any questions when you are completing your proposal, please contact your INAC regional office or administering organization.

1. Name and address of First Nation or Inuit community/ organization seeking funding:

Contact person: _____

Phone: (): _____ Fax: (): _____

Email address: _____

2. Project outline to include: (Please attach additional sheets)

- description of activities/ work placement
- location and duration of each work placement
- name of potential employer(s)
- project objectives/outcomes/ results to be achieved
- indication that a youth needs assessment for each participant will be completed

3. Anticipated number of youth who will participate in the program:

Female: _____ Male: _____ Total: _____

4. Indicate the number of participants with disabilities:

Total: _____

5. Anticipated number of participants whose age is:

15-19:_____ 20-24: _____ 25-29: _____ 30: _____ Total: _____

6. Anticipated number of participants whose highest level of education is:

Less than secondary: _____

Some secondary: _____

Secondary graduation: _____

Some post-secondary: _____

Post-secondary graduation: _____

7. Proposed budget:

Please provide a proposed budget for each work placement and the total requested amount for all work placements.

Proposed budget for each work placement to include:

- wage rate (the provincial/territorial minimum hourly wage rate in which the work experience takes place);
- total wages (total hours X wage rate per hour);
- other mandatory employment related costs (MERC), including the gross employee share of CPP, QPP, EI, vacation pay, WCB/CSST (Quebec) and, where applicable, health insurance premiums;
- other necessary costs directly related to the proposed jobs, itemized (e.g. travel to job-site, Internet hook-up, work clothing allowance e.g. work boots) up to a maximum of \$200 per participant, if applicable;
- cost per participant of required day care, including a description of the type of arrangements available in the community, if applicable;
- if applicable, administrative costs are not to exceed 10% of the total cost of the contribution;
- actual cost for special equipment and facilities to accommodate the needs of a disabled participant up to a maximum of \$3,000, if applicable;
- the proposed budget must indicate any other sources of funding or support

accessed from other partners.

NOTE:

- **The non-profit sector is eligible to receive a contribution of up to 100% of the applicable minimum wage plus mandatory employment related costs (MERC) and the private sector up to 50% of the applicable minimum wage only;**
- **Wage costs per participant shall not exceed the minimum wage in the province/ territory in which the work experience takes place;**
- **Eligible costs do not include infrastructure and equipment purchases.**

For information regarding other federal youth programs, please refer to the Government of Canada's website at www.youth.gc.ca or contact 1-800-622-6232.

**Youth Work Experience Program
Final Activity Report
DUE: MARCH 31**

Fiscal Year 20__ - 20__

Name of First Nation or Inuit Community/ Organization

1. Total number of youth					
2. Total number of female youth					
3. Total number of male youth					
4. Total number of youth with disabilities					
5. Total number of needs assessments completed					
6. Total number of weeks worked (multiplied by number of youth)					
7. Total number of youth who completed the program					
8. Total number of youth aged:		15-19	20-24	25-29	30
9. Indicate total number of youth whose highest level of education is:					
Less than secondary					
Some secondary					
Secondary graduation					
Some post-secondary					
Post-secondary graduation					
FINANCIAL INFORMATION					
10. Total amount spent					
11. Total revenue from INAC					
12. Revenue from other sources (if applicable)					
13. Total wages paid to youth in the non-profit sector					
14. Total wages paid to youth in the private sector					
15. Total amount spent to support access for disabled youth (maximum \$3,000 per youth):					

The information provided is accurate to the best of my knowledge.

Prepared by:

Title:

Signature:

Date:

**Youth Work Experience Program
Evaluation Report
DUE: MARCH 31**

Fiscal Year 20__ - 20__

Name of First Nation or Inuit/ Community/ Organization	Contact Person:
Number:	
Address:	Telephone:
	Fax:
	Email:

A Youth Needs Assessment report for each youth participant (see Youth Needs Assessment Report) must be attached to this form.

Please provide the following:

- A description of the work experience opportunities.
- A list of employers/ organizations who participated in this program.

Please answer the following:

- What employability skills did the youth learn?
- Were the youths' existing skills enhanced? If so, how?

Please attach comments/ stories from at least two participants (either employers or youth) to this form, outlining:

- The benefits of participating in the program.
- Their level of satisfaction with the activities provided.
- Were the youths' awareness/ appreciation of the benefits of school enhanced?
- What are the students' plans for the following academic year? Will they be seeking employment or returning to school?

Please provide feedback and recommendations.'

The information provided is accurate to the best of my knowledge.

Prepared by:	Title:
Signature:	Date:

**Youth Work Experience Program
Youth Needs Assessment Report
DUE: MARCH 31**

Fiscal Year 20__ - 20__

Instructions:

A Youth Needs Assessment Report must be completed for each youth participant, and each participant report is to be submitted to INAC with the final activity and evaluation reports for the Youth Work Experience program:

- **Parts A & B** are to be completed upon intake / selection of the youth for a work experience opportunity.
- **Part C** is to be completed upon termination / completion of the work experience opportunity.

COORDINATOR to complete upon intake/selection

A CLIENT INFORMATION	
1.	Surname _____ Given Name(s) _____
2.	Social Insurance Number ____ - ____ - ____ <i>(If you do not have a SIN, you MUST obtain one before the end of the program. Application must be made prior to start of program)</i>
3.	<input type="radio"/> Male <input type="radio"/> Female
4.	Age _____
5.	Does the participant have a disability? <input type="radio"/> Yes <input type="radio"/> No If Yes, please state nature of disability _____
6.	What was the highest grade level of education completed? <input type="radio"/> Less than Secondary <input type="radio"/> Some Secondary <input type="radio"/> Secondary Graduation <input type="radio"/> Some Post-Secondary <input type="radio"/> Post Secondary Graduation <input type="radio"/> Other? _____
7.	What year was the highest level of education completed? (YYYY)
8.	What is the participant's current employment status? <input type="radio"/> Employed: type of Employment? _____ <input type="radio"/> Unemployed <input type="radio"/> Student / Attending School
9.	If unemployed: Plan on returning to school? <input type="radio"/> Yes <input type="radio"/> No Actively searching for employment? <input type="radio"/> Yes <input type="radio"/> No

COORDINATOR to complete upon intake/selection

B ACTION PLAN	
10. Does the youth meet the all of the basic eligibility criteria for the Youth Work Experience Program?	
Between 15 and 30 years of age (inclusive)	<input type="radio"/> Yes <input type="radio"/> No
No longer in School / Unemployed / Underemployed	<input type="radio"/> Yes <input type="radio"/> No
11. Anticipated Program Start Date (DD/MM/YYYY): _____	
12. Anticipated Finish Date (DD/MM/YYYY): _____	

COORDINATOR to complete upon completion / termination of the program

C YOUTH OUTCOMES	
13. Program Start Date (DD/MM/YYYY): _____	
14. Did the youth complete the program? <input type="radio"/> Yes <input type="radio"/> No	
15. If NO, please complete the below:	
Date of Termination (DD/MM/YYYY): _____	
Reason(s): <input type="radio"/> Did not follow through	
<input type="radio"/> Found a job	
<input type="radio"/> Moved	
<input type="radio"/> No longer searching for employment	
<input type="radio"/> Returned to school	
<input type="radio"/> Other? _____	
16. If YES, please complete the below:	
Date of Completion (DD/MM/YYYY): _____	
Participant is now: <input type="radio"/> Searching for Employment	
<input type="radio"/> Making Career Decisions	
<input type="radio"/> Skills Enhancement	
<input type="radio"/> Found a Job	
<input type="radio"/> Returned to School	
<input type="radio"/> Not Employed	
<input type="radio"/> Other? _____	

The information provided is accurate to the best of my knowledge.

Prepared by:	Title:
Signature:	Date: