

NOHFC Application Form

Northern Ontario Youth Internship and Co-op Program

Program Component being applied to: (Check one only)							
Co-op Placement:		<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Summer			
Internship:		<input type="checkbox"/>					
Applicant Name (Exact Legal)							
Operating As (If Applicable)							
Date Business Registered/Incorporated And Registration #				Under Laws Of			
Mailing Address:		City or Town:			Postal Code:		
Telephone Number:		Fax Number:			Email Address:		
Project Location:				Lead Contact:			
Type of Organization:							
<input type="checkbox"/> For-Profit Corporation		<input type="checkbox"/> Municipality		<input type="checkbox"/> Not-for-Profit Corporation			
<input type="checkbox"/> First Nation		<input type="checkbox"/> Other Please specify: _____					
Number of Employees:				Number of years in business:			
Type of workplace safety insurance:				Liability Insurance:			
<input type="checkbox"/> WSIB		<input type="checkbox"/> Alternate workplace safety insurance coverage		Amount:			
Type of Business:							
<input type="checkbox"/> Health Care		<input type="checkbox"/> Social Services		<input type="checkbox"/> Value-added manufacturing			
<input type="checkbox"/> Telecommunications		<input type="checkbox"/> Bio-Technology		<input type="checkbox"/> Emerging technologies			
<input type="checkbox"/> Other		Explain: _____		<input type="checkbox"/> Environmental Sciences			
Job Profile (Please complete either A or B)							
(A) Co-op Placements							
Job Title	Expected Start Date	Expected End Date	# of weeks	Hours per week	Hourly Rate Paid to Student*	Total Paid to Student*	Requested Subsidy
Note: Amount requested from NOHFC cannot exceed 50% of hourly rate, to a maximum of \$6.00 per hour. Cost of benefits are the responsibility of the applicant.							
(B) Internships							
Job Title	Expected Start Date	Expected End Date	# of weeks	Hours per week	Total Salary Paid	Requested Subsidy	
Note: Amount requested from NOHFC, combined with funding from other sources cannot exceed 50% of annual salary for for-profit-corporations and 90% of annual salary for not- for-profit corporations, First Nation communities and municipalities, to a maximum contribution of \$27,500. Cost of benefits are the responsibility of the applicant.							

Other Sources of Funding

Will you be receiving funding from any other government source for this position? Yes No *If yes, indicate source of funding and amount.*
Source: _____ Amount (\$): _____

Benefits

Describe the anticipated impact and benefits for the intern/student, including the long-term employment potential with your organization or another.

Status of Other Applications

Is the applicant currently applying for other programs within the NOHFC? Yes No *If yes, provide information.*

If the applicant has previously received assistance under the Internship/Co-op Program has that assistance concluded? Yes No

If yes, provide the employment status of the Intern/Co-op hired with the previous assistance.

- Has the intern been hired full-time by this organization? Yes No
- Has the intern secured full-time employment elsewhere as a result of the training received? Yes No
- None of the above. Yes No

Certification

As the lead contact and as an authorized signing officer of the Applicant, I certify to the Northern Ontario Heritage Fund Corporation (NOHFC) that the information contained in this application, which includes the supporting documentation submitted herewith, is true and complete in all respects. I also certify that the proposed position as outlined above is a new position. If NOHFC discovers that this application contains a material misrepresentation, this application shall be deemed to be withdrawn immediately by the Applicant.

The Applicant agrees to provide any additional information that NOHFC or its authorized program administrator may reasonably require for purposes of assessing this application and administering the Program.

Authorized Signature

Date

Name (Print)

Title

Applications must be completed and submitted to:

Northern Ontario Heritage Fund Corporation
70 Foster Drive, Suite 200
Sault Ste. Marie, Ontario P6A 6V8
Telephone: 1-800-461-8329 or 705-945-6700
Fax : 705-945-6701

Email nohfc@ndm.gov.on.ca:

See Attached Training Plan

Training Plan

Northern Ontario Youth Internship and Co-op Program

Note: A training plan is to be completed for each position being applied for under the Northern Ontario Youth Internship and Co-op Program of the NOHFC.

Job Title:

Provide a brief description of the internship/co-op opportunity:

Describe the learning objectives for the internship/co-op placement:

Identify the key responsibilities and activities to be undertaken by the employee under the internship/co-op opportunity to meet the learning objectives:

Describe the knowledge and skills that the employee will develop as a result of the position: