

**VALLEY HEARTLAND  
COMMUNITY FUTURES DEVELOPMENT CORPORATION**

**Skills Development Projects**

Application Form

(The following format is recommended to ensure that the required information necessary for the review and approval process by the adjudication panel. Should the panel approve the application, further documentation regarding the financial position will be requested at that time)

1. Legal Business name: \_\_\_\_\_  
Operating as: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Applicant name: \_\_\_\_\_ Position: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Legal Form:      Incorporated    Proprietorship    Partnership  
                   Co-operative    Society            Other (explain) \_\_\_\_\_  
Number of Employees: \_\_\_\_\_ Full-time   \_\_\_\_\_ Part-time
  
2. Please provide a brief background on the nature of your business, core product or service, and strategic plan for the short to medium term:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Describe what technology your business will develop, produce, or integrate:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Briefly describe your overall Human Resource plan over the next 6-12 months (short term) and over the next 36 months (medium term):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Number of employees requiring training: New Employees \_\_\_\_ Existing Employees \_\_\_\_  
(Please attach a list of names for existing employees to be trained)
  
6. Describe specifically what the training would entail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Training will be provided:  In-house    Outsourced    Other  
(In-house training is conducted by internal employees; Outsourced training is conducted on-site, off-site or on-line by a training institution or consultant)
  
8. If you are using an external source for training, please provide the name and location of the organization: \_\_\_\_\_ Have you received quotes from any other training providers?    Yes    No.

9. Please provide details of the actual training costs:

**In-house:**

- Use hourly rate of employee being trained as cost
- Number of estimated hours/days/months per employee
- Estimated cost per employee X employees identified in Question #5 = Total training cost

\_\_\_\_\_

\_\_\_\_\_

**Total Cost** \_\_\_\_\_

If training materials will be required in order to facilitate the in-house training, please give a description and cost. \_\_\_\_\_

\_\_\_\_\_ A  
reasonable amount for training materials relevant to the specific training will be considered (manuals, workbooks, etc.). Add these costs to the total training cost figure.

**New Total** \_\_\_\_\_

**Outsourced Training / Other:**

- use actual cost of courses X employees enrolled

\_\_\_\_\_

**Total Cost** \_\_\_\_\_

10. Provide the following measurements for the training:

- Start Date \_\_\_\_\_ Completion Date: \_\_\_\_\_
- Major training milestones (if any) to be measured in between:  
\_\_\_\_\_
- Measurement of completion (certification, testing, etc.)  
\_\_\_\_\_

11. Are you receiving any other financial assistance for this training, project or employee(s) (wage subsidies, other training funding, apprenticeship assistance, tax credits, etc.)?

No  Yes  If yes, give details \_\_\_\_\_

I, the undersigned, being an officer of the company and having signing authority, declare that all information contained in, or accompanying this application is true and accurate.

\_\_\_\_\_  
Officer of the Company

\_\_\_\_\_  
Date

**Please sign, date and return completed Application Form, along with a covering letter, to:**

Jennifer Lynch, Program Officer  
 Tel: 613-283-7002 ext. 113 (888-784-7605) Fax: 613-283-7005  
[youth@valley.on.ca](mailto:youth@valley.on.ca)  
 91 Cornelia Street West, Smiths Falls, ON K7A 5L3

If sending application and covering letter via email or fax, please follow-up with a signed hard copy.