

Alternate Contact		
First Name	Last Name	
Title (if applicable)	Telephone (include Area Code)	Email Address
Are you authorized to sign on behalf of the organization/entity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preferred Contact Method <input type="checkbox"/> Telephone <input type="checkbox"/> Email		
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Inuktitut <input type="checkbox"/> Other: _____		

B – Organization Information

B – Part 1: Lead Organization Information

- Have you received funding from the WSCC in the past?
 Yes No
 If yes, please provide the Contribution Agreement number _____ and year of most recent funding _____
- What is the legal status of your organization?

<input type="checkbox"/> NWT Corporation	<input type="checkbox"/> NU Corporation	<input type="checkbox"/> Extra-territorial Corporation
<input type="checkbox"/> NWT Non-Profit Society	<input type="checkbox"/> NU Non-Profit Society	<input type="checkbox"/> Extra-Territorial Non-Profit Society
<input type="checkbox"/> Co-operative Association	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Indigenous Government	<input type="checkbox"/> Hamlet, Village, Town	<input type="checkbox"/> Other: _____
- How many years has your organization been in operation?
- Where is your organization's head office located?
 - If your head office is located outside NWT or NU, do you have an operations office in NWT or NU?
 Yes No
 If yes, please provide name of community where operations office is located _____
- Compliance – complete “A” or “B” (whichever applies):
 - For organizations with a head office in the NWT or NU.** Are you in compliance with the *Societies Act*, *Business Corporations Act*, or *Co-operative Associations Act* for your territory?
 Yes No If no, please explain: _____

Required Supporting Document:
 Yes, I have included with my application the appropriate evidence of compliance.
 NWT NU
 - For organizations with a head office outside the NWT or NU.** Are you compliant in your province or territory with the equivalent of the NWT or NU: *Societies Act*, *Business Corporations Act*, or *Co-operative Associations Act*?
 Yes No If no, please explain: _____

Required Supporting Document:
 Yes, I have included with my application the appropriate evidence of compliance from my province or territory.
- What is your organization's core business operation?

7. You must provide evidence of your organization's ability to successfully deliver results for the OHS initiative you are proposing. Submit with your application two (2) signed letters that provide evidence of the organization's experience and expertise. Letters can be from organizations you have provided OHS services to in the past, previous funders, community leaders, or employment references.

Required Supporting Document:

Yes, I have included with my application two (2) signed letters as evidence of the organization's experience and expertise.

8. Are you a registered employer with the WSCC?

Yes No

If yes, please provide your WSCC Employer Number: _____

If no, please explain: _____

9. Are you a Safe Workplace or an Advanced Safe Workplace according to the WSCC's Safe Workplace program?

Yes No

If yes, I have included with my application a copy of a current Safe Workplace or Advanced Safe Workplace Certificate.

If no, I have discussed with the OHS Funding Program Administrator how I can provide suitable evidence of my organization's commitment to a safe workplace.

10. **For organizations with a head office outside of NWT or NU.** To be eligible, your organization must have no outstanding financial liabilities with your jurisdiction's workers' compensation board.

Are you in good standing with your jurisdiction's workers' compensation board?

Yes No If no, please explain: _____

Required Supporting Document:

Yes, I have included with my application a clearance letter from the workers' compensation board of my organization's province or territory.

B – Part 2: Partner Organization Information (if applicable)

A Partner Organization provides support with preparing, promoting, delivering and/or measuring the success of an OHS initiative. They may also provide financial or in-kind support to the applicant organization.

11. Are you partnering with another organization for this initiative?

Yes No

If yes, please complete the remainder of "B – Part 2".

If no, go to "B – Part 3" to continue.

12. **What is your Partner Organization's role in this initiative?** (select all that apply):

Support with preparing for, promoting, delivering and/or measuring the success of the initiative

Delivering training required by safety legislation

Providing in-kind support

Providing financial support

You must include a signed letter from your Partner Organization confirming their role in the initiative, as indicated in the checked boxes above.

Yes, I have included with my application a signed letter from my Partner Organization confirming their role in the initiative.

Note: *You are not eligible to receive funding if your Partner Organization is receiving funding from the WSCC for the same OHS initiative.*

13. Partner Organization Contact Information (if applicable)

Partner Organization (legal name)

Trade Name (if different)

Mailing Address

Community/City

Territory/Province

Postal Code

Organization's website address

Chief Executive Officer or Equivalent

First Name	Last Name
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Title (if applicable)	Telephone (include Area Code)	Email Address
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Primary Contact

First Name	Last Name
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Title (if applicable)	Telephone (include Area Code)	Email Address
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Are they authorized to sign on behalf of the organization/entity?
 Yes No

Preferred Contact Method
 Telephone Email

Preferred Language
 English French Inuktitut Other: _____

14. What is the legal status of the Partner Organization?

<input type="checkbox"/> NWT Corporation	<input type="checkbox"/> NU Corporation	<input type="checkbox"/> Extra-territorial Corporation
<input type="checkbox"/> NWT Non-Profit Society	<input type="checkbox"/> NU Non-Profit Society	<input type="checkbox"/> Extra-Territorial Non-Profit Society
<input type="checkbox"/> Co-operative Association	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Indigenous Government	<input type="checkbox"/> Hamlet, Village, Town	<input type="checkbox"/> Other: _____

Required Supporting Document:

Yes, I have included with my application my Partner Organization’s evidence of compliance with the *Societies Act, Business Corporations Act, or Co-operative Associations Act* of the NWT or NU.

NWT NU

15. What is your Partner Organization’s core business operation?

B – Part 3: External Funder Information (if applicable)

An External Funder is an organization that provides **only** financial or in-kind support to the applicant organization.

16. Do you have External Funder(s) for this initiative?

Yes No

If yes, please list the names of External Funder(s):

Note: WSCC may request a signed letter from your External Funder(s) that clearly states their contribution.

C – OHS Initiative Information

If applying for funding for more than one initiative, complete a separate application form for each.

C – Part 1: Description and Purpose

17. Title of Initiative:

18. Describe the OHS initiative your team will be delivering:

19. Does the OHS initiative include:

Supervisor OHS Familiarization training:

Yes No

First Aid training:

Yes No

Job-specific training as required by safety legislation:

Yes No

If **yes**, please list job-specific training being offered:

Note: If delivering **First Aid** or **Supervisor OHS Familiarization training**, the course provider must be approved by WSCC's Chief Safety Officer. If delivering any other **job-specific training** required by safety legislation, the course being offered must meet industry standards and the instructors must have the necessary qualifications, as determined by WSCC's Chief Safety Officer.

20. Describe the overall goal of this initiative.

Example: To increase the number of trained First Aid attendants in (name of community).

21. Describe how your initiative will help to meet the goals of the OHS Funding Program:

- Increase the **availability** of OHS initiatives in communities outside of Yellowknife and Iqaluit
- Increase **accessibility** to OHS initiatives (examples: decrease cost, language barriers)

22. Why is this initiative needed in this region and at this time?

23. How have you determined that this need exists?

Example: You have heard from organizations that there are no First Aid providers available in the region.

Note: Consider including letters from organizations that have requested your services or any other evidence of the need you've identified.

Yes, I have included evidence of a need for this initiative.

C – Part 2: Initiative Plan

Preparation

24. What are some key actions you will take to prepare for this initiative?

Examples: Conduct a service-based needs assessment, train your team, create a schedule for delivery.

25. **Resource Needs for Preparation:**

What existing resources do you already have for the preparation of your initiative?

Example: Train-the-trainer materials

What resources do you need for the preparation of your initiative?

Example: A contractor to conduct a needs assessment

Promotion

26. Will you need to promote your initiative to ensure participation?

Yes No

If yes, please complete the remainder of “Promotion”.

If no, go to “Delivery” to continue.

27. This initiative will be promoted to (check all that apply):

Employers Workers Educators Youth Other (please specify): _____

28. What promotional methods will you use?

Examples: Social media, radio advertising, direct emails, phone calls.

29. **Resource Needs for Promotion**

What existing resources do you already have for the promotion of your initiative?

Examples: In-house graphic design support, existing promotional materials.

What resources do you need for the promotion of your initiative?

Examples: Contractor for graphic design work, money for placing radio ads.

Delivery

30. If the delivery of your initiative cannot be described in questions 31 through 37, please reach out to the OHS Funding Program Administrator at least **2 weeks before** the application deadline to discuss how to submit this information.

I have included with my application a separate document with this information.

31. Course Name(s):

32. If course(s) must be audited to ensure compliance with industry standards, please provide proof of audit(s).

Yes, I have included with my application a proof of audit(s).

33. Delivery Method:

Check all that apply:

In-person Virtual Instructor-led Virtual Self-directed

If delivering in person, how will you ensure attendance? _____

34. Community(ies):

Where will the course(s) be delivered? _____

35. Course Duration:

Number of days: _____ Number of hours per day: _____

36. Participants:

Estimated number of participants per course: _____ Estimated number of total participants: _____

37. Will there be a cost to participants?

Yes No

If yes, provide details: _____

38. Resource Needs for Delivery:

What existing resources do you already have to deliver this initiative?

Examples: Curriculum, workbooks.

What resources do you need to deliver this initiative?

Examples: Facilities rental, caterer.

Measuring Success

39. Outcomes:

What is the desired impact of your initiative on participants' knowledge, skills, abilities, attitudes, awareness, or behaviours?

Example: Supervisors have an increased understanding of their responsibilities under the Safety Act.

40. Indicators:

What will you be measuring to determine the impact of the initiative?

Quantitative examples: Number of events held, number of participants, number of safety plans created, number of participants who passed the exam.

Qualitative examples: May include questions that capture specific changes in participants' knowledge, attitudes, or awareness before and after the event: "On a scale of 1-10, how would you rate your understanding of a supervisor's responsibility in terms of safety of their employees?"

41. Methods and Tools:

What evaluation methods and tools will you use to measure the impact of the initiative?

Quantitative examples: Attendance, forms, other data collection tools.

Qualitative examples: Evaluations, surveys, pre- and post-participant questionnaires.

C – Part 4: Delivery Team

44. What is the total number of team members who will be delivering this initiative?

Note: If more than 3 team members, provide the additional team member information in a separate document.

Yes, I have included with my application a separate document for additional team members.

45. How many resumés are you including with the application?

Note: You must include a resumé for the team lead or co-leads, and for any team member who will be instructing training that requires specific credentials. Resumés for other team members are optional.

Team Member #1 (Lead)

First Name

Last Name

Title (if applicable)

Required Supporting Document:

Yes, I have included with my application a resumé and relevant credentials for the lead team member.

46. Has this person lived in the NWT and/or NU?

Yes No

If yes, how many years? _____

47. Has this person worked in the NWT and/or NU?

Yes No

If yes, how many years? _____

48. What is this person's relationship with your organization? (select one):

Employee of organization

Employee of Partner Organization

Consultant (if applicable). Name of consultant: _____

Contractor (if applicable). Name of contractor: _____

Volunteer

Other: _____

49. What is this person's role in the initiative?

50. Please list their expertise (specialized training and/or credentials) and experience related to the initiative:

51. Please list the cultural awareness training they have completed that is specific to the territory where the initiative will take place:

Example: GNWT's Living Well Together - Indigenous Cultural Awareness and Sensitivity Training.

Team Member #2	
First Name	Last Name
Title (if applicable) Is this team member a co-lead? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a resume and/or relevant credentials included for this team member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Has this person lived in the NWT and/or NU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	
53. Has this person worked in the NWT and/or NU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	
54. What is this person's relationship with your organization? (select one): <input type="checkbox"/> Employee of organization <input type="checkbox"/> Employee of Partner Organization <input type="checkbox"/> Consultant (if applicable). Name of consultant: _____ <input type="checkbox"/> Contractor (if applicable). Name of contractor: _____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
55. What is this person's role in the initiative?	
56. Please list their expertise (specialized training and/or credentials) and experience related to the initiative:	
57. Please list the cultural awareness training they have completed that is specific to the territory where the initiative will take place: <i>Example: GNWT's Living Well Together – Indigenous Cultural Awareness and Sensitivity Training.</i>	

Team Member #3	
First Name	Last Name
Title (if applicable) Is this team member a co-lead? <input type="checkbox"/> Yes <input type="checkbox"/> No Is a resume and/or relevant credentials included for this team member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
58. Has this person lived in the NWT and/or NU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	
59. Has this person worked in the NWT and/or NU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	
60. What is this person's relationship with your organization? (select one): <input type="checkbox"/> Employee of organization <input type="checkbox"/> Employee of Partner Organization <input type="checkbox"/> Consultant (if applicable). Name of consultant: _____ <input type="checkbox"/> Contractor (if applicable). Name of contractor: _____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: _____	
61. What is this person's role in the initiative?	
62. Please list their expertise (specialized training and/or credentials) and experience related to the initiative:	
63. Please list the cultural awareness training they have completed that is specific to the territory where the initiative will take place: <i>Example: GNWT's Living Well Together – Indigenous Cultural Awareness and Sensitivity Training.</i>	

C – Part 5: Budget Proposal Worksheet

Please see the OHS Funding Program Information Guide for types of eligible and non-eligible expenses.

Note: You can strengthen your application by providing details about the unique expenses in each budget category. You may choose to submit a detailed breakdown of expenses in a separate document.

Yes, I have included with my application a detailed breakdown of expenses.

Section 1 – General

Single- or Multi-Year Funding Request:

Reminder: First-time applicants with the WSCC, or those who have no prior partnership history with the WSCC, are not eligible for multi-year funding.

Single Year

Multi-Year _____ years (Multi-year funding is available from 2 to 5 years)

Multi-Year Funding Requests Only:

Period Covered: January 1, 20 _____ to December 31, 20 _____

Please explain your rationale for a multi-year funding request:

Section 2 – Eligible Initiative Expenses (Annual)

Eligible Initiative Expenses <i>Note: All eligible expenses must exclude GST/HST.</i>	Total Budget (Annual)	Funding Requested (Annual)
Salaries and Benefits/Wages (directly related to initiative)	\$ _____	\$ _____
Professional Fees/Contract Services	\$ _____	\$ _____
Honoraria	\$ _____	\$ _____
Rent (facilities/venue/equipment/vehicle)	\$ _____	\$ _____
Materials and Supplies	\$ _____	\$ _____
Advertising and Promotion	\$ _____	\$ _____
Travel (airfare/accommodations/ground transportation/per diems)	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Subtotals – Eligible Initiative Expenses (Annual) (A)	\$ _____	\$ _____ (A)

Section 3 – Non-Eligible Initiative Expenses – if any (Annual)

Non-Eligible Initiative Expenses (specify)		NOT APPLICABLE
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal – Non-Eligible Initiative Expenses (Annual)	\$ _____	
Total Budgeted Initiative Expenses (Annual)	\$ _____	

Section 4 – For Start-Up or Non-Profit Only – Administrative Expenses (Annual)

The WSCC will offset up to 15% of the total funding request for administrative expenses for start-ups and non-profit organizations. Administrative expenses are associated with the maintenance and administration of the organization on a day-to-day basis. If requesting funding for administrative expenses, indicate which type of organization you are:

Start-Up Non-Profit

Maximum allowable administrative expenses (B) (B = A x .15)		\$ _____ (B)
Eligible Administrative Expenses <i>Note: All eligible expenses must exclude GST/HST.</i>	Total Budget (Annual)	Funding Requested (Annual)
Rent	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Telecommunications	\$ _____	\$ _____
Vehicle Expenses	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____
Salaries and Benefits/Wages	\$ _____	\$ _____
Other (specify): _____	\$ _____	\$ _____
Subtotals – Administrative Expenses (Annual) (C) <i>Amount requested (C) not to exceed the maximum allowable amount (B)</i>	\$ _____	\$ _____ (C)

Section 5 – Total Funding Request (Full Term)

Total Eligible Initiative Expenses (Annual) (D) (D = A + C)	NOT APPLICABLE	\$ _____ (D)
Total Number of Years (5 maximum) (E)		_____ (E)
Total Funding Request (Full Term): (F) (F = D x E)		\$ _____ (F)

Section 6 – Advanced Funding Request (Annual)

Are you applying for advanced funding?

Yes No

If yes, explain why you are unable to carry out the initiative without an advance payment:

Maximum Allowable Advanced Funding (Annual) (G) (G = F x .50 / E) Note: Advanced funding will not exceed 50% of the total amount awarded and will be distributed over the multi-year funding period. Example: Total amount awarded = \$80,000 over 4-year term Maximum advanced funding over 4-year term = \$40,000 Yearly advancement = Maximum of \$10,000 at the beginning of each year	NOT APPLICABLE	\$ _____ (G)
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Optional: Advanced Funding Amount Requested (Annual) (H) <i>If you are requesting advanced funding for less than the maximum allowable (G), please enter the amount here</i>	NOT APPLICABLE	\$ _____ (H)
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Section 7 – Revenue from Other Sources (Annual)		
Partner Organization	\$ _____	NOT APPLICABLE
External Funder(s): _____	\$ _____	
Revenue from Initiative (course fees, etc.)	\$ _____	
Total Revenue from Other Sources (Annual)	\$ _____	

If your Total Initiative Funding request is more than **\$50,000** or is for **multi-year funding**, or you are requesting **advanced funding**, you must include **a copy of your organization’s past year’s audited financial statements**.

Note: If the applicant is a start-up in their first year of operations and/or does not have any historical audited financial statements to submit with their application, the WSCC may conduct a credit check. Credit checks will not be conducted without the consent of applicants; however, failure to consent to a credit check request may prevent the processing of applications.

Yes, I have included with my application a copy of the past year’s audited financial statements (if applicable).

D – Declaration of Conflict of Interest (if applicable)

Applicants must declare any real or perceived conflict of interest.

If you are aware of a conflict of interest related to the proposed initiative, briefly explain the circumstances of this conflict:

Note: Stating a conflict of interest does not necessarily disqualify your application from consideration. However, non-disclosure of a conflict may eliminate your application and could affect the consideration of any future funding for you or your organization. If you are unsure whether you have a conflict, please contact the Program Administrator.

E – Terms and Conditions of Application

- Applications will not be considered if the applicant does not meet the eligibility criteria (Policy 00.09).
- Incomplete or late funding applications for the Occupational Health and Safety Funding Program will not be considered by the WSCC. It is the applicant’s responsibility to ensure that their application is complete and accurate.
- Applicants may not change their application after the deadline unless such a change is the result of a request by the WSCC, or further discussion initiated by the WSCC.
- The WSCC, solely at its own discretion, may choose to accept applications with minor errors, omissions or inadequacies, but will be under no obligation to do so.
- The application and accompanying documentation submitted by the applicant will not be returned.
- The WSCC is not liable for any costs of preparation or presentation of Applications, including for postage or delivery.
- Any delays in applicants receiving notifications from the WSCC resulting from the applicant’s chosen method of communication will not be the WSCC’s responsibility. It is the applicant’s responsibility to consider such delays.
- Applicants may withdraw their application at any time and should do so if they do not intend to follow through with the initiative if approved for funding.
- All questions or inquiries concerning this application should be directed to the Program Administrator by phone or email no later than two business days prior to the Application Submission Deadline. Verbal responses to any inquiry cannot be relied upon and are not binding on either party.
- By signing the application form, the applicant authorizes the WSCC to disclose any information received in the application within the WSCC or to outside entities for the following purposes: to reach a decision on the application, to administer and monitor the implementation of the initiative, or to evaluate the results of the initiative after completion.
- In the event of an access to information request regarding the present funding application or any relevant information about the organization in the WSCC’s possession, the information provided to the WSCC will be entirely disclosed, with the exception of personal information, which will be treated in accordance with the *Access to Information and Protection of Privacy Act*.
- The application must be signed and dated, whether submitted electronically or as a hard copy.
 - A funding request of \$5,000-\$50,000 must be signed by the applicant.
 - A funding request of \$50,001- \$250,000 must be signed by the applicant and the Chief Executive Officer (or equivalent).

F – Declarations

1. I declare that all information provided in this application is true, complete, and accurate to the best of my knowledge.
2. I confirm that I have the authority to submit this application on behalf of the organization.
3. I authorize the WSCC to verify any information provided in this application and to disclose information as necessary for verification.
4. I confirm that I have read and agree to the Terms and Conditions, listed in Section E.
5. I understand that it is my responsibility to confirm which documents and information are necessary for my application and to ensure that all information necessary to process my application is provided.
6. I understand that submitting this application does not guarantee funding, and that any funding provided will be subject to specific terms and conditions pursuant to an agreement with the WSCC.
7. I acknowledge and agree that, if this application is approved, the name of the recipient, amount of funding, and purpose may be made public.
8. I understand that, if approved for funding, I will be required to provide proof of insurance as described in the Contribution Agreement before funds will be disbursed.
9. I consent to the collection, use, and disclosure of personal information as described in the OHS Funding Program Information Guide.
10. I understand that a credit check may be required for applicants that are in the first year of operations and/or that do not have historical audited financial statements. Credit checks will not be conducted without the consent of applicants, however, failure to consent to a credit check request may prevent the processing of applications.
11. I confirm that I have disclosed any actual or perceived conflict of interest in relation to this application.
12. I confirm that I have disclosed all other sources of funding we are receiving for this initiative.
13. I declare that I have read and understand the OHS Funding Program Information Guide.

G – Signatures

Applicant's Name

X _____

Signature of Applicant (required)

Date (YYYY-MM-DD)

Name of Chief Executive Officer or equivalent

X _____

Signature of Chief Executive Officer or equivalent (for funding request of \$50,001- \$250,000)

Date (YYYY-MM-DD)

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

Yellowknife: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596
Toll Free Fax: 1-866-277-3677 • Email: Funding@wsc.nt.ca

or

Iqaluit: 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501
Toll Free Fax: 1-866-979-8501 • Email: Funding@wsc.nu.ca

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