

For Official Use Only		
File Number		
1. Original		Amendment No.
2. Amendment		

CONTRIBUTION REQUEST

PARTICIPANT WAGES							Youth/Student Development Program, Workplace Training Program, Job Development (Individual & Projects) , Employment Services, Delivery Assistance, HRIF (JCP, Targeted Wage Subsidy)
OCCUPATION	NO. OF PARTICIPANTS	NO. OF WEEKS	HRS PER WEEK	WAGE RATE	OTDC SUBSIDY	REQUESTED	
PROJECT MANAGER							
COORDINATOR(S)							
WAGE TOTAL >							
MERC (Mandatory Benefits - EI, CPP, Vac Pay, WCB or Equivalent)							
WAGE & MERC TOTAL >							

PARTICIPANT ALLOWANCES		PROGRAMS - Course/Seat Purchase, HRIF (Training Purchase)					REQUESTED
COURSE NAME	NO. OF PARTICIPANTS	NO. OF WEEKS	HRS PER WEEK	ALLOWANCE RATE	OTDC SUBSIDY	REQUESTED	
Allowance TOTAL >							

OVERHEAD COSTS		COSTS - Travel, Supplies, Materials, Bookkeeping, Management Fees, Other (DESCRIBE)					REQUESTED
Overhead Costs TOTAL >							
SPECIAL COSTS		Equip Lease/Purchase, Capital Costs, Costs to Assist Disabled Wkrs, Fee For Service Costs , Delivery Costs , (DESCRIBE)					
Special Costs TOTAL >							

TRAINING COSTS:		Tuition, Training Fees, Course Materials, Supplies, Travel , Accomm. & Meals (DESCRIBE)					REQUESTED
Training Costs TOTAL >							

TOTAL REQUESTED	
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FUNDS FROM OTHER SOURCES (Please Specify)	

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A SEPARATE SHEET.
 IS A MORE DETAILED BREAKDOWN OF COSTS INCLUDED? YES NO
 IS A BCR, TCR OR LETTER FROM SOCIETY BOARD INCLUDED? YES NO TO FOLLOW

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PROGRAM OFFICER /COUNCIL RECOMMENDATION	OTDC APPROVAL
DURATION: From: _____ To: _____	
TOTAL AMOUNT RECOMMENDED _____	OTDC SIGNATURE _____
OTDC. AUTHORITY. _____ DATE _____	DATE: _____