



COMMUNITY COORDINATOR OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES

The Opportunities Fund for Persons with Disabilities helps people with disabilities prepare for, obtain and maintain employment.

As a Community Coordinator for Opportunities Fund for Persons with Disabilities, Easter Seals Newfoundland and Labrador Inc. is able to offer wage subsidies to employers to hire a person with a disability. The wage subsidy will cover a portion of wages for a set number of weeks.

For an individual to qualify for the Opportunities Fund, they must meet the following criteria:

- Self identify as having a permanent disability (physical or mental) that restricts their ability to perform daily activities
- Be unemployed
- Legally entitled to work in Canada
- Not eligible to receive Employment Insurance or similar provincial assistance programs
- Requires assistance to obtain and keep employment

Businesses or organizations may recruit a person with a disability who fits the program criteria or you may contact the Community Coordinator who will assist you in securing a candidate.

Under the Opportunities Fund for Persons with Disabilities, there are two types of subsidies that a business or organization may apply for:

Work Experience:

In a work experience agreement, a business or organization will create a position that is above and beyond the normal activities of the business, which will help the employee gain valuable work experience, better preparing them for future employment.

Wage Subsidy:

In a wage subsidy agreement, the participant will fill an available position, with the goal to sustain employment beyond the subsidy.

If you are unsure what subsidy is the best fit for your business or organization or would like more information about Opportunities Fund for Persons with Disabilities, please contact Paula Hayes or Rachel Warren at 754-1399 or by email@ paula@eastersealsnl.ca or rachel@eastersealsnl.ca.



EMPLOYER APPLICATION FOR FUNDING

**Opportunities Fund for Persons with Disabilities
Wage Subsidy/Work Experience Program**

Section A - Applicant Information

Name of Applicant (Business Name):		
Mailing Address		
Town/City	Province	Postal Code
Area Code & Phone Number	Area Code & Fax Number	Email Address
Location of Employment (If different from mailing address):		
Name of Contact Person/Supervisor:		Position of Contact Person/Supervisor:
Area Code & Phone Number	Area Code & Fax Number	Email Address
Name of Financial Officer:		Position:
Area Code & Phone Number	Area Code & Fax Number	Email Address
Business Number:	Organization Type: (For Example, private, non profit or public.)	Number of Employees

Please answer **yes** or **no** to the following questions:

Are there any employees on lay off and/or waiting a notice of recall? _____

Will the subsidy result in the displacement of existing employees? _____

Is there a labour stoppage or labour-management dispute in progress? _____

Is there a possibility of employment for the individual after the subsidy or work experience ends? _____

Legal Signing Officers

How many Signatures are required to bind your organization into a legal agreement? _____

Please provide Name, Title and Signature of the person(s) authorized to sign

Name	Title	Signature

Insurance Coverage

Accident: (None or Private Coverage) _____

Firm: _____

Liability: (yes or no) _____

Firm: _____

Worker's Compensation

Are you registered: (yes or no) _____

Section B - Budget and Job description

Budget:

Duration of Activity (# of Weeks):	From (YYYY/MM/DD):	To (YYYY/MM/DD):
Name of Candidate (if Known):		Social Insurance Number:
Hourly Wage:	Number of Hours Per Week:	
Position Title:		

Job Description:

Please attach a brief description of the employment activities which will take place during the period of funding.

I declare that:

- a) I have read and understood the information provided in this application package;
- b) The information I have provided to the Community Coordinator in this application and supporting documentation is true, accurate and complete;
- c) If the information above is false or misleading, I, the undersigned, understand that I may be required to repay some or all of the financial contribution of the Community Coordinator.

Submitted by:

Name:	Position:
Signature:	Date:

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