



COMMUNITY COORDINATOR OPPORTUNITIES FUND FOR PERSONS WITH DISABILITIES

As a Coordinator our job is to help people with disabilities prepare for, obtain and maintain employment. We offer **wage subsidies** to employers to hire persons disabilities, a wage subsidy will cover a portion of a participant's wages for a set number of weeks. The goal for the participant is to sustain employment beyond the subsidy or enter into a post secondary training program.

We are also able to provide funding for dependent care, first aid training, travel, adaptive technology as well as disability related supports should it be deemed necessary for the participant to meet the requirements of their employment.

For an individual to qualify for the Opportunities Fund Program, 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 (EI) or similar provincial assistance programs
- Require assistance to obtain and keep employment

A business or an organization may recruit a person with a disability who fits the program criteria or you may contact us to assist you in securing a candidate.

If you would like more information about this program, please contact *Paula Hayes* or *Rachel Warren* at 754-1399, ext: 225 or by email@ paula@eastersealsnl.ca or rachel@eastersealsnl.ca.



EMPLOYER APPLICATION FOR FUNDING

Opportunities Fund for Persons with Disabilities Wage Subsidy 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

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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 include a brief description of the employment activities which will take place during the duration of your agreement.

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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