



# Fort Smith Job Creation Fund

The Fort Smith Job Creation Fund is a program which supports local businesses in the creation of new jobs to help their businesses thrive. The program is provided through funding from the GNWT department of Education, Culture, and Employment.

## Expression of Interest Application Form

### SECTION 1

\* Required

1. Date \*

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*Example: January 7, 2019*

2. Name of Business \*

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3. Contact Person's Name and Position \*

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4. Contact Person's phone number - cell \*

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5. Email Address \*

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6. Business Address \*

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## SECTION 2

Please describe the proposed new job(s) to be created.

If you have more than one new position, please use additional spaces on the form to add the information.

7. Employee 1 - Job Title \*

8. Explain why you need this new position in your business. (How will the creation of this new position help your business).

9. Employee Name (if known) \*

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10. Employee Wage (amount per hour) \*

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11. Start Date \*

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*Example: January 7, 2019*

12. End Date \*

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*Example: January 7, 2019*

13. # of hours / week \*

14. # of weeks / year \*



15. Employee 2 - Job Title

16. Explain why you need this new position in your business. (How will the creation of this new position help your business).

17. Employee Name (if known)

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18. Employee Wage (amount per hour)

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19. Start Date

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*Example: January 7, 2019*

20. End Date

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*Example: January 7, 2019*

21. # of hours/ week

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22. # of weeks / year



23. Employee 3 - Job Title

24. Explain why you need this new position in your business. (How will the creation of this new position help your business).

25. Employee Name (if known)

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26. Employee Wage (amount per hour)

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27. Start Date

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*Example: January 7, 2019*

28. End Date

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*Example: January 7, 2019*

29. # of hours / week

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30. # of Weeks / year



### SECTION 3

#### Benefits

Describe how this financial support will improve and provide benefits to the new employee(s), the business operations, and community infrastructure and/ or economic development in Fort Smith.

#### 31. Benefits for the new employee(s) \*

*Check all that apply.*

- provide full time employment
- Provide part-time employment
- Employee will receive on-the-job training
- Increase employee's skills in a specific sector
- Employee will receive livable wage
- Employee will receive training or certification to increase skills
- Provide flexible work hours
- Other: \_\_\_\_\_

#### 32. Benefits to your business operations \*

*Check all that apply.*

- Will increase business operation efficiency
- Increase number of employees for my business
- Will increase manufacturing output
- Will increase sales
- Expand number of services and/or product offers
- Expands business budget to allow for infrastructure development
- Other: \_\_\_\_\_



33. Benefits to community infrastructure and /or economic development within Fort Smith \*

*Check all that apply.*

- Keep northern employees in the North
- Grow the Fort Smith business offerings
- Grow or develop a specific sector in Fort Smith
- Spur innovation and growth in the business community
- Strengthen local labour market
- Other: \_\_\_\_\_

**SECTION 4**

**Proposed Job Details**

34. How much financial support are you requesting?

Cash dollar amount

\_\_\_\_\_

35. How much is the business contributing to the proposed position(s)?

Cash dollar amount.

\_\_\_\_\_

36. Number of Full-time new jobs created with this funding: \*

\_\_\_\_\_

37. Number of part-time new jobs created with this funding: \*

\_\_\_\_\_

38. Number of existing full-time jobs supported (if this is your second year applying): \*

\_\_\_\_\_



39. Number of existing part-time jobs supported with this this funding (if this is your second year applying): \*

\_\_\_\_\_

40. Number of summer / seasonal jobs created: \*

\_\_\_\_\_

**SECTION 5**

**Authorization**

I am the Employer’s authorized representative or designate.

I certify that the information given above is true and complete in every respect. I am aware legal action may be taken against me for making false statements or failing to inform the Town of Fort Smith of changes to the above information. I understand I must report, as soon as possible, any changes in the above information, such as a change to the status of the training or employment of an apprentice, including but not limited to resignation, layoff, or termination.

I agree to participate in the evaluation process by completing a survey to determine if skills training needs have been met by our participation in the program.

I agree to pay all wages, statutory payments, Workers’ Compensation and Employment Insurance contributions, (where appropriate) and to provide all necessary documentation prior to receiving reimbursement of eligible expenses.

Signature and Title (Please print and sign)

\_\_\_\_\_

Date

\_\_\_\_\_  
*Example: January 7, 2023*

