



**WORK OPPORTUNITY PROGRAM (WOP) OR
ABORIGINAL SOCIAL ASSISTANCE RECIPIENT EMPLOYMENT TRAINING (ASARET)**

WOP

ASARET

First Nation: _____ Contact Person: _____

Project Details

Project Name: _____

Proposed Start Date: _____ Proposed End Date: _____

Project Description/Activities:

Total Number of Positions: _____

OTHER SOURCES OF FUNDING

ASETS: \$ _____ Specify Program: _____

Contact Person _____ Phone _____

(Please Attach Cost Sharing Agreement, Mandatory for ASARET)

Other INAC: \$ _____ Specify Program: _____

Contact Person: _____ Phone: _____

Other: \$ _____ Specify Program: _____

Contact Person: _____ Phone: _____

Other: \$ _____ Specify Program: _____

Contact Person: _____ Phone: _____

Subtotal: \$ _____

Estimated Income Assistance Conversion: \$ _____

Total Project Cost: \$ _____

Signature of Issuing Authority: _____ Date: _____

SEE APPROVALS REQUIRED ON NEXT PAGE

For Work Opportunity Program (WOP): Chief and Council or Designated Authority must sign approval for project

For Aboriginal Social Assistance Recipient Employment Training (ASARET): Departmental Approvals are required from Funding Services Officer or the Social Development Operational Specialist

Work Opportunity Program (WOP) Project Approved By:

Name of Project: _____

Chief: _____ Date: _____

Councillor: _____ Date: _____

Councillor: _____ Date: _____

Councillor: _____ Date: _____

Councillor: _____ Date: _____

Councillor: _____ Date: _____

For Aboriginal Social Assistance Recipient Employment Training (ASARET) Approved by :

Name of Project: _____

Departmental Official Signature: _____ Date: _____

Print Name: _____

Please ensure you have a listing of IA participants and all supporting documents in the project file for Compliance purposes.