

OKANAGAN TRAINING & DEVELOPMENT COUNCIL (OTDC)
101 - 1865 Dilworth Drive, Suite 339, Kelowna BC, V1Y 9T1
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For Official Use Only		
File Number		
1. Original 2. Amendment	1	Amendment No.

Amendment No.

APPLICATION FORM

IDENTIFICATION			
NAME OF EMPLOYER/COORDINATOR/ CLIENT:			
LEGAL NAME OF EMPLOYER/COORDINATOR/ CLIENT:			
MAILING ADDRESS:			
CITY/TOWN:		PROVINCE: BC	POSTAL CODE:
TEL:	CELL/MESSAGES:		FAX:
EMAIL:			
NAME OF CONTACT PERSON:		TEL: (If Different)	

LOCATION OF ACTIVITY

PROGRAM	
COURSE/SEAT PURCHASE	<input type="checkbox"/>
YOUTH/STUDENT DEVELOPMENT	<input type="checkbox"/>
WORKPLACE TRAINING	<input type="checkbox"/>
CLIENT SUPPORTS	<input type="checkbox"/>
JOB DEVELOPMENT – INDIVIDUAL	<input type="checkbox"/>
JOB DEVELOPMENT - PROJECT	<input type="checkbox"/>
EMPLOYMENT ASSISTANCE	<input type="checkbox"/>
	<input type="checkbox"/>
HRIF (Employment Insurance)	<input type="checkbox"/>

☐[illegible][illegible]

CLIENT (Seat Purchase, Youth, Workplace Training, Job Development, Wage Subsidy)		ARMS Client ID Number
NAME(S)[Attach if required]		

[illegible]

TO:

SIGNATURES			
NAME (Please Print)	POSITION (if appropriate)	SIGNATURE	DATE

WEApplication1&2.March2020

File Number

1. Original
2. Amendment

1

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NAME:

Application Form Page 2

CONTRIBUTION REQUEST

PARTICIPANT WAGES

PROGRAMS – 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 MONTHS	HOURS PER WEEK	WAGE RATE	OTDC SUBSIDY	REQUESTED
WAGE TOTAL >						
MERC % (Mandatory Benefits - EI, CPP, Vac Pay, WCB or Equivalent) >						
WAGE & MERC TOTAL >						

PARTICIPANT ALLOWANCES

PROGRAMS - Course/Seat Purchase, HRIF (Training Purchase)

COURSE NAME	NO. OF PARTICIPANTS	NO. OF WEEKS MONTHS	HOURS 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

Equipment Lease/Purchase, Capital Costs, Costs to Assist Disabled Workers,
Fee For Service Costs, Delivery Costs (DESCRIBE)

REQUESTED

Special Costs TOTAL >		

TRAINING COSTS

Tuition, Training Fees, Course Materials, Supplies,
Travel, Accommodation and/or Meals (DESCRIBE)

REQUESTED

Training Costs TOTAL >		

TOTAL REQUESTED

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:SIGNING
AUTHORITY:

DATE:

DATE: