



## Youth Intern Initiative

Thank you for applying to the 1000 Islands Community Development Corporation **Youth Intern Initiative**. Detailed below are the contents of the supporting documentation package that must be submitted with your request for funding. This should provide sufficient information to permit an assessment and decision on your application. We may request additional information or clarification of the data provided. All information provided will be kept strictly confidential.

Please complete the accompanying request for funding form and return it with the supporting documentation package to:

1000 Islands Community Development Corporation  
 3 Market Street West, Suite #3  
 Brockville, Ontario  
 K6V 7L2  
 Tel: (613) 345-6216 / 800-431-6015

Applications may also be sent via fax to (613) 345-2391 or via e-mail to [ticdc@ticdc.ca](mailto:ticdc@ticdc.ca)

Applications are assessed on the following criteria:

- a. A not-for-profit organization located and conducting activities in 1000 Islands CDC service territory.
- b. Proposed intern is under the age of 30 years old and has graduated with a degree, diploma or Ontario Ministry Certificate from a post-secondary institution.
- c. Preference will be given to graduates in the fields of economic/business development, telecommunications, engineering, marketing, sciences, technology and trade.
- d. Potential for long-term job creation.
- e. Community and economic development impact in 1000 Islands CDC service territory.
- f. Sound project budget and work plan.

If the application is approved, we will prepare a letter of understanding with terms, conditions and a funding disbursement schedule. 1000 Islands CDC contributions may be subject to a 10% hold back until applicant has completed the project, met all project requirements as laid out in the letter of understanding and/or until we receive a final report and budget.

The following checklist has been provided for your convenience. Please ensure that it is completed and also returned with your application:

Enclosed	Yes
1. Request for funding	
2. Statement of Work to be undertaken	
3. History of Association/Organization	
4. Persons Responsible for Supervising/Mentoring the intern	
5. Description of Hiring Process & Plans for Supervising/Mentoring the Intern	
6. Description of Exit Plan to assist intern in securing employment at end of internship	
7. Other Supporting Documentation	

REQUEST FOR FUNDING

<b>LEGAL NAME OF APPLICANT</b>	
<b>OPERATING NAME</b>	
<b>ADDRESS</b>	
<b>CONTACT PERSON</b>	___ Mr. ___ Mrs. ___ Ms. ___ Blank
<b>TELEPHONE NUMBER</b>	
<b>FACSIMILE NUMBER</b>	
<b>E-MAIL ADDRESS</b>	
<b>TYPE OF BUSINESS</b>	

<b>Project Description:</b> Short description of the Project which the Intern would undertake

<b>PROJECT COSTS</b>	<b>Amount</b>	<b>SOURCES OF FUNDS</b>	<b>Amount</b>
Salary:	\$		\$
Benefits:	\$		\$
Other Costs:	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>TOTAL COSTS</b>	\$	<b>TOTAL FINANCING</b>	\$

Any application not signed by proper authority of the organization cannot be processed. The undersigned certifies that all information provided is true and complete, and undertakes to provide any further information that may be required for 1000 Islands CDC to render a decision in a timely manner. The undersigned also herewith provides consent for 1000 Islands CDC to make sufficient credit and other enquiries that may be necessary in the evaluation of this request for funding.

<b>Authorized by:</b>	
<b>Title:</b>	
<b>Date:</b>	



**HISTORY OF ASSOCIATION/ORGANIZATION**

Identify the key contact person(s) of the association/organization.

Full Name	Position	Telephone

NOTE: Please respond in **point form** to all of the following items:

History of Organization: How was the association/organization started? When and where was the association/organization established? Changes in membership or orientation since the association/organization was established?

What is the mandate of the association/organization?

Organization/Association Profile: Brief description of the organization (number of staff and/or membership, office locations(s), catchment area served, its activities and other characteristics).

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**4. PERSONS RESPONSIBLE FOR SUPERVISING/MENTORING THE INTERN**

<b>Name:</b>	
<b>Position w/ Organization:</b>	
<b>Address:</b>	

Responsibilities, experience, education and background directly related to this association/organization:

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**THE INTERNSHIP**

Describe hiring process to be used (advertising, interview process, hiring protocols and so on).

Identify proposed mentor and identify the form and frequency of supervision.

Highlight anticipated impact and benefits for the Intern focussing on long-term employment potential, either with your organization or otherwise.

**6. DESCRIPTION OF EXIT PLAN TO ASSIST THE INTERN IN SECURING EMPLOYMENT AT THE END OF THE INTERNSHIP**

How will you assist the Intern in finding long term meaningful employment in local area?

**7. OTHER SUPPORTING DOCUMENTATION**

Attach the following required supporting documents to complete your application package.

Enclosed	Yes
1. Proof of Non-Profit status (with legal name)	
2. Cash Flow Projections (by month, for intern's employment period)	
3. Other	

**8. PAYMENT OF 1000 ISLANDS CDC CONTRIBUTIONS**

Detailed instructions and claim forms will be provided to applicants after their projects are approved by 1000 Islands CDC. However, applicants may find the following general information useful in their financial planning.

In order to receive payment, applicants must file a claim. The claim must include a listing of all costs incurred for the project. Copies of all invoices over \$100 must accompany the claim.

Applicants may claim 100% of the approved 1000 Islands CDC contribution during the implementation phase of the project, however 10% of the approved contribution may be held back and only released following completion of the project and upon submission of the required final report. Applicants are required to maintain proper books and records of the costs of the project, including invoices and cancelled cheques, and to provide 1000 Islands CDC with access to these records when requested.

If applicants arrange for bridge financing of their 1000 Islands CDC contribution with a bank or other financial institution, 1000 Islands CDC will accept a direction to pay proceeds jointly to an applicant and the financial institution who is providing bridge financing.

If advance payments are required, please provide justification through your financial statements and any interim statements.