

Tri-Association Manufacturers' Initiative

APPLICATION FOR REIMBURSEMENT

An initiative made possible with support from the Federal Community Adjustment Fund

The four economic development organizations of the City of Kawartha Lakes, Greater Peterborough Area Economic Development Corporation, Northumberland County Economic Development and Quinte Economic Development Commission have received Federal Community Adjustment Funding in the amount of \$1.55 million dollars to deliver the Tri-Association Manufacturers' Initiative.

Manufacturing members of the Kawartha, Northumberland and Quinte Manufacturers' Associations are eligible for rebate funding to support manufacturers that invest in third-party delivered workforce training and/or hire youth interns 29 years of age or younger or displaced manufacturing workers who have lost their previous job due to plant closure or lay-off.

Manufacturers can receive a 50% rebate on the direct costs of training and/or a \$1,000 rebate per intern/displaced worker hired for a minimum of three months.

Steps for applying:

Step 1 – Complete attached application form and return for training or intern request approval

Step 2 – Conduct third-party delivered training or hire interns/displaced workers

Step 3 – Submit a copy of the invoice with proof of payment and/or proof of payroll.

Please Note:

- The program is scheduled to end on March 31, 2011 but depending on manufacturer participation the funds may be allocated before then. You will be advised if there is still funding available when you submit your application form.
- GST, PST or HST is non-refundable, only the NET Training Cost will be rebated.
- Claims will be submitted on a regular basis to the Community Adjustment Fund once the invoices and proof of payments have been received. Claims may take several weeks to be processed before the rebate cheque is returned.

For more information, or to submit your application please contact:

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**Quinte
Manufacturers
Association**

TRI-ASSOCIATION MANUFACTURERS' INITIATIVE

Application for Reimbursement

Company Information	
Company Name:	
Address:	
Contact Person:	
Phone Number:	
Fax Number:	
Email:	
Manufacturing Association:	(Please circle one) KMA NMA QMA

Training Information	
1. Date and type of training:	
Number of employees:	
Cost of Training:	\$
2. Date and type of training:	
Number of employees:	
Cost of Training:	\$
3. Date and type of Training:	
Number of employees:	
Cost of Training:	\$
Please provide a brief summary and any perceived benefits to be received from the training:	

Intern/Displaced Worker Information	
Name of Employee:	
Youth Intern DOB:	
Or Previous Employer:	
Intern start Date:	
Intern End Date (if applicable):	
	Maximum rebate \$1,000 per intern
Name of Employee:	
Youth Intern DOB:	
Or Previous Employer:	
Intern start Date:	
Intern End Date (if applicable):	
	Maximum rebate \$1,000 per intern
Please provide a brief description of employee's position and skills acquired:	