

WAHNAPITAE FIRST NATION FNX/KGHM EDUCATION AND TRAINING FUND POLICY

Amended by Band Council Motion: BCM WFN 21/22-05-27
At Chief and Council Meeting of: May 17, 2021

Adopted by Band Council Motion: 12/13 #124
At Chief and Council Meeting of December 7th, 2012

DEFINITIONS: According to the Impact Benefit Agreement with FNX/KGHM Mining Company Inc. and policies set out by Wahnapitae First Nation.

Band Member: Means a registered Status Indian, as defined in the Indian Act, whose name appears on the WFN Band List.

Community Member: A Band Member, a spouse of a Band Member, or a child of a Band Member residing within the WFN Reserve No. 11.

Implementation Committee: Means the implementation Committee under this Impact Benefit Agreement, which committee shall be the head committee whose role is to exercise and implement the objectives and responsibilities of the FNX/KGHM and WFN set out in this Impact Benefit Agreement. Upon this Agreement becoming effective, the Implementation Committee will replace the Liaison Committee.

Conflict of Interest: "Conflict of Interest means `` Related person `` a spouse in a common law relationship, parent, parent-in-law, aunt, uncle, niece or nephew or any person with whom that person currently resides, or a corporation in which that person has an interest.

Allocation: Members and Community Members as per the Definitions stated above as per the Impact Benefit Agreement.

OBJECTIVES:

To assist members and community members who require assistance to overcome existing or anticipated labor market barriers by funding training and education with qualified trainers and institutes in the most appropriate option that will make them more employable.

PURPOSE:

To ensure the implementation of the FNX/KGHM education and training fund dollars in a fair and equitable manner for the benefit of the Wahnapiatae First Nation Community. This allocation is intended to enhance the education and training of our members and community members so they can gain the education or training required to make them more employable.

ELIGIBLE FUNDING CRITERIA:

- Applicant must be a member or community member (see definition above)
- Applicant must be unemployed or underemployed to access this funding and that the training or education that they are seeking is going to make them more employable.

FUNDING LIMITATIONS:

- The funding will be allocated on a first come basis.
- The funding will not fund on-line courses unless it is a Certified College or University within Canada.
- Training must be recognized through the ministry of colleges or universities, and or apprenticeship training institute.
- This funding will not be paid out twice for the same course if the applicant does not complete or has not passed the training or education they will be required to pay for the training or course themselves to retake it.
- The maximum amount that can be approved for one person is \$10,000.00 per year. (if amount requested exceeds \$10,000.00, this request will be referred to Chief and Council for approval.

APPLICATION PROCESS:

The applicant will be able to apply for funding from the FNX/KGHM Education and Training fund by filling out a Client Data Information Sheet and the Consent to Release Form, along with a letter stating what it is that the client is looking for in the following step;

1. The applicant will also provide a detailed breakdown of the education or training information from the education or training facility where the training will take place. The FNX/KGHM Education and Training fund can be applied for at any time through obtaining the client Data Sheet, and the Consent to Release form from the Education Department at the Band Office.
2. Once the information is complete with all the required information, it can be emailed to education department at Marilyn.nicholls@wahnapitaefn.com or mail to 259 Taighwenini Trail Rd, Capreol, ON. P0M 1H0.
3. The submission will then be given to the Education Department for review of the application of the FNX/KGHM education and training fund. If the application fits within this policy and within budget the Education Director will provide a briefing note to the Executive Director with a recommendation for the request. If the application exceeds this policy and budget the Executive Director will submit to Chief and Council for review.
4. Once the application is reviewed, the Education Director will then inform the client in writing of the decision within a reasonable time frame. Arrangements with the Finance Director and Education Director on how the funding is to be paid out whether it is to be paid to the client for reimbursement or to the institute directly.

APPEAL PROCESS:

Client driven appeals: Appeal policy for Member and Community Member applicants:

If an applicant is denied (in part or in full), they have the right to appeal. The applicant has (15) working days from the date on decision letter to appeal this decision by submitting a written letter by email to Executive Director at julie.fontaine@wahnapitaefn.com.

The Executive Director shall review the written appeal together with all materials in the file and any other materials that are relevant to the appeal. When the review is complete the Executive Director will respond to the applicant within (15) working days from the date of appeal.

If the applicant is still not satisfied with the decision of the Executive Director of Wahnapitae First Nation, they can submit a written appeal to Chief and Council-Decision is final.

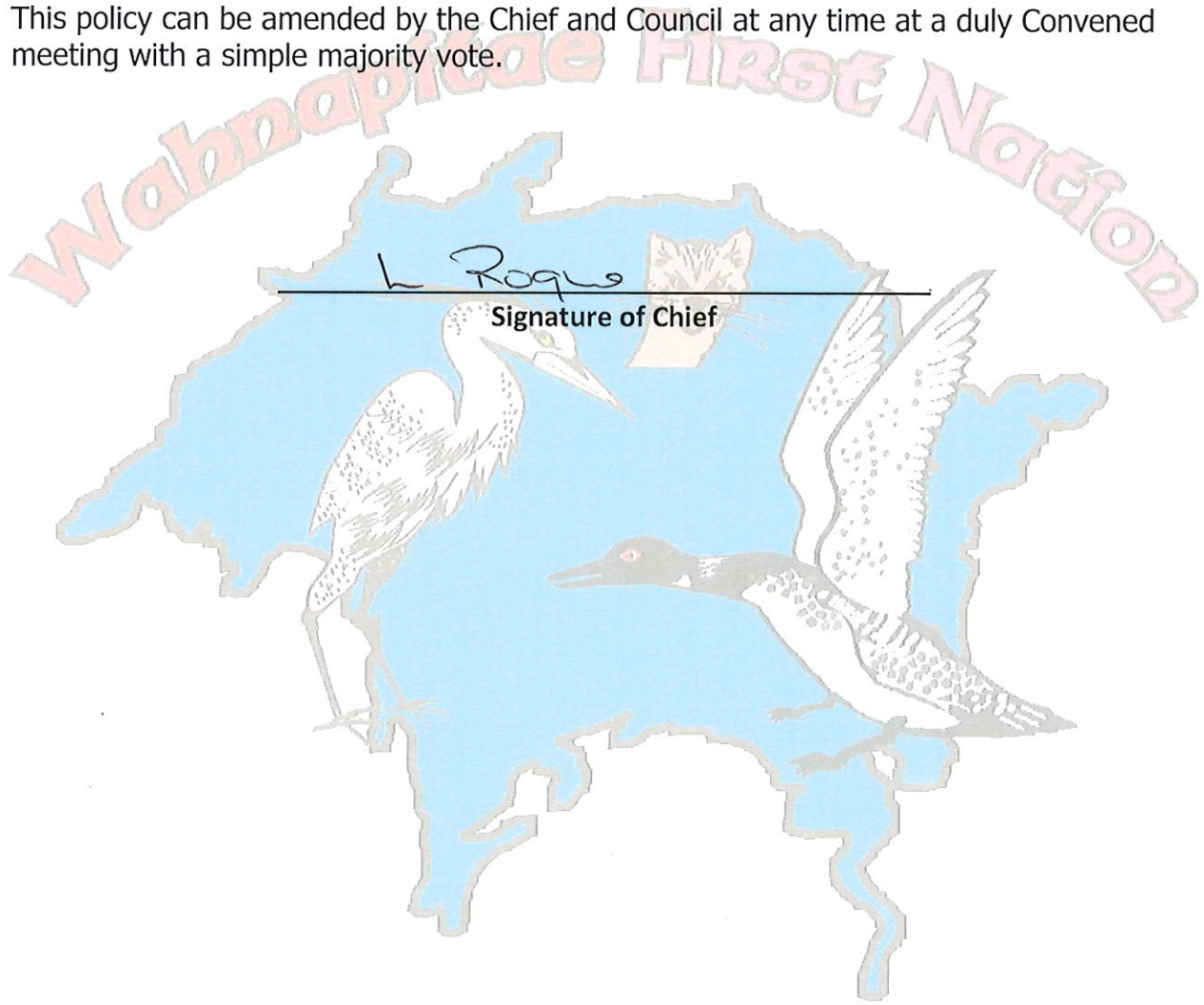
If the application is denied due to lack of funds, the decision cannot be appealed. The application will be put on a waiting list. Applications will only be put on the waiting list once the assessment stage has been completed and the request has been deemed eligible.

REPORTING:

The Education department ministering the funding allocations must provide a report to the Executive Director on quarterly bases so an update can be provided Chief and Council.

AMENDMENTS:

This policy can be amended by the Chief and Council at any time at a duly Convened meeting with a simple majority vote.



APPENDIX A

CLIENT DATA SHEET: CLIENT INFORMATION

1. PERSONAL INFORMATION			
Social Insurance Number:		Surname:	First Name:
Home Telephone:	Cell:	Email:	Birth date:
Local Street Address:		City:	Province:
Postal Code:		Postal Code:	Postal Code:
Alternate Address		City:	Province:
Postal Code:		Postal Code:	Postal Code:
Alternate Telephone Number:			

2. CHARACTERISTICS			
Language of Service: <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Referred by:	
Member: <input type="checkbox"/> On-Reserve <input type="checkbox"/> Off-Reserve <input type="checkbox"/> Community Member			
First Nation:	Band Number:	Marital Status:	
Dependant Ages: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Access to Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Relocate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers Licence: <input type="checkbox"/> Yes <input type="checkbox"/> No	DL Type:	Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. EDUCATION	
Highest Level of Education: <input type="checkbox"/> Grade 1-8 <input type="checkbox"/> Grade 9-10 <input type="checkbox"/> Grade 11-12 <input type="checkbox"/> Post Secondary <input type="checkbox"/> Degree	
Year Attained:	Discipline:
Certificates or Diplomas:	
Other Training and Certification:	
Licence/Trade Certificate:	Union or Professional Association:

4. EMPLOYMENT HISTORY			
Current/Last Employment			
Employer's Name:		Job Title:	
From (dd/mm/yy):	To (dd/mm/yy):	Wages: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid/Volunteer	
Reason for Leaving:	<input type="checkbox"/> Accepted job <input type="checkbox"/> Business Closed <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Downsizing <input type="checkbox"/> End of Contract	<input type="checkbox"/> Seasonal work <input type="checkbox"/> Fired <input type="checkbox"/> Illness <input type="checkbox"/> Incarceration <input type="checkbox"/> Moved	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Project Complete <input type="checkbox"/> Quit <input type="checkbox"/> Retired <input type="checkbox"/> Returned to School
<input type="checkbox"/> Shortage of Work <input type="checkbox"/> Strike/Lockout <input type="checkbox"/> Other:			
AMOUNT APPLIED FOR FROM FNX EDUCATION AND TRAINING FUND			
Amount of funding requested \$	Breakdown Attached: Yes No		
Have you received this funding in the past Yes No year			
Is institutional informational attached Yes No			
Second Previous Employment			
Job Title:			
From (dd/mm/yy):	To (dd/mm/yy):	Wages: <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid/Volunteer	
Reason for Leaving:			
Participants Signature:			Date:

APPENDIX B

CONSENT TO THE RELEASE OF INFORMATION FORM

I, _____ consent to the release of information between any representative of the Wahnapiatae First Nation and representatives of the following agencies, with respect to my education, training or employment-related activities:

1. Service Canada _____
2. Employment Ontario/MTCU _____
3. Training Institution: _____
4. Social Services: _____
5. First Nation: _____
6. Other LDM: _____
7. Employer: _____
8. Other: _____
9. Gezhtoojig _____

As sponsoring agent, we require any information in regard to Course duration, attendance, academic performance, or any other information required by Wahnapiatae First Nation. Any exchange of information will be held confidential between all parties noted above.

Dated at Wahnapiatae First Nation, this ____ day of _____ 20____.

Signature

Witness