

SAMPLE WOP SUMMARY FORM

| | | |
|--|-------------------------------|---------------------------------|
| [Insert Administering Authority Logo Here] | Administering Authority Name: | Administering Authority Number: |
|--|-------------------------------|---------------------------------|

SECTION A: PROJECT INFORMATION

| | | | | | |
|---|--|---|--|------------|--|
| Project Title: | Duration of Project: From _____ 20____ To _____ 20____ | One of the following documents: <input type="checkbox"/> Band Council Resolution <input type="checkbox"/> Equivalent Letter | Type of Project: <input type="checkbox"/> Environmental Improvement <input type="checkbox"/> Social Service <input type="checkbox"/> Other <input type="checkbox"/> Economic Development/ Band Enterprise <input type="checkbox"/> Construction of Community Facility | | |
| Name of Project Manager: | Address: | Postal Code: | Title: | Telephone: | |
| Name of Band Social Development Worker: | Address: | Postal Code: | Fax: | Telephone: | |

SECTION B: INCOME ASSISTANCE TRANSFER

| List the Job Title(s) and Participants: | Monthly IA Basic Amount: | + | Monthly Shelter Amount: | = | Total Monthly IA Entitlement: | x | Number of Months: | x | Monthly Wages Rates: | = | Total Monthly Wages: |
|---|--------------------------|---|-------------------------|---|-------------------------------|---|-------------------|---|----------------------|---|----------------------|
| 1. | \$ | | \$ | | \$ | | | | \$ | | \$ |
| 2. | \$ | | \$ | | \$ | | | | \$ | | \$ |
| 3. | \$ | | \$ | | \$ | | | | \$ | | \$ |
| 4. | \$ | | \$ | | \$ | | | | \$ | | \$ |
| Total Wages (IA Transfer): | | | | | | | | | | | \$ |

SECTION C: FINANCIAL RESOURCES

| | | | | | | | | |
|-----------------------------------|---|---|---|---|---|--|---|----------------------------------|
| Income Assistance Transfer: \$ | + | Other Expenses: Employee Benefits: EI \$____ + CPP____ + WCB____ +HP____ = \$____ | + | Sources of Funding: Band Funds—Specify: \$____ Other Funds: \$____ Specify Source: \$____ Project Revenue—Specify: \$____ = \$____ | + | Administration Overhead: Material and Supplies –Specify \$____ Equipment Rental –Specify \$____ Miscellaneous –Specify \$____ | = | Total Project Cost: \$ |
|-----------------------------------|---|---|---|---|---|--|---|----------------------------------|

SECTION D: PROJECT OBJECTIVES

| | |
|---|---|
| How will employability/independence of participants increase? | How will the project enhance the environment of reserve/add to services or increase economic prospects for the community? |
|---|---|

9. SOURCES OF FUNDING (Please attach confirmation as appropriate)

(A) SOURCE

Social Development Program _____ = \$ _____

Band Funds - Specify _____ = \$ _____

Other Contributions _____ = \$ _____

Source: _____

Source: _____

Revenue - please note _____ = \$ _____

If it is anticipated that REVENUE will be generated as a result of the project activities, enter your projections. Please note "PROFITS" are expected to defer WOP subsidy.

TOTAL PROJECT FUNDS \$0.00

10. EVALUATION OF PROJECT (Explain how the project will be evaluated and by whom)

INDIVIDUAL SOCIAL ASSISTANCE ENTITLEMENTS

| Name | FINANCIAL STATUS PREVIOUS 12 MONTHS (Number of Months) | | | | | | | Monthly Social Assistance Entitlement |
|------|---|-----|----------|--------------------|-----------|-------------|---------------|---------------------------------------|
| | Social Assistance | WOP | Employed | Training Allowance | S/A Basic | S/A Shelter | Other Specify | |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |

TOTAL MONTHLY S/A ENTITLEMENT: (A) \$0.00
 NUMBER OF MONTHS: (B) _____
 TOTAL ELIGIBLE FUNDING: (A x B) \$0.00

Certified by issuing authority that the above information is accurate and that the persons identified are eligible for social assistance benefits on the date the project starts.

 AUTHORIZED FN OFFICIAL DATE

SAMPLE WOP CASH FLOW FORM

| INCOME ASSISTANCE RECIPIENT LISTING BY TITLE | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | TOTAL |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| 1. | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | |
| TOTAL MONTHLY REQUIREMENTS: | | | | | | | | | | | | | |

NOTE:
 Provincial minimum wage rates must be adhered to at all times.
 Administering Authorities may need to issue Cash/Payroll Advance (first pay repayment as per company policy or duration of project period.)