



## SPECIALIZED TRAINING FUND PROPOSAL

Title of Proposal: \_\_\_\_\_

Department/Agency: \_\_\_\_\_

Division: \_\_\_\_\_

### 1. Contacts

**Training Project Lead** (*responsible for developing the proposal, coordinating and administering the training project, liaising with HR as needed, and submitting a final report following training completion*):

	Project Lead (required)	Alternate Project Lead (optional)
<b>Name</b>		
<b>Email</b>		
<b>Phone #</b>		

**Finance Contact** (*responsible for preparing interdepartmental JV(s) for reimbursement of approved expenses, along with a detailed account analyst report/financial backup, and quarterly variance reports as requested*):

	Finance Contact (required)	Alternate Finance Contact (optional)
<b>Name</b>		
<b>Email</b>		
<b>Phone #</b>		

### 2. Timeline and Location

Anticipated Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Training Location (Community/Facility): \_\_\_\_\_

### 3. Training Description

On the next page(s), please provide a brief but detailed description of proposed specialized training that answers each of the following questions:

- What is the training? What topics will be covered/what activities will happen?
- What job-specific competencies (skills, knowledge, abilities) will be developed?
- Why are these competencies essential to the position and/or division?
- What are the expected outcomes? Will certification be received? How will the training be transferred to (or reinforced in) the workplace?
- How does this training reflect Katujjiluta and Inuit Societal Values? How does this training address the skill development of Nunavut Inuit employees?

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#### 4. **Delivery Agent / Service Provider**

Please answer each of the following:

Who has been identified to deliver the training? (*List potential delivery agents.*)

What criteria were used in selecting the (potential) service provider?

Is the service provider on a Government of Nunavut SOA list? If so, what is the SOA #?

*Optional: if a delivery quote has been obtained, please attach it to this proposal.*



**6. Budget Information**

Please list detailed costs where applicable. For a multi-year budget, use Appendix A.

<b>Program Development and Delivery</b>	<b>Requested HR Contribution</b>
Instructor/Consultant Fees	
Curriculum Development Costs	
Instructor Travel	
Instructor Accommodations	
Instructor Per Diems	
GN Participant Airfare (in Nunavut)*	
GN Participant Accommodations*	
GN Participant Per Diems*	
Training/Course Materials	
Facility Rental**	
Equipment Rental**	
Interpretation	
Translation***	
Other (specify):	
<b>TOTAL REQUESTED FROM HR</b>	
	<b>Departmental Contribution</b>
GN Participant Airfare (in Nunavut)	
Participant Accommodations	
Participant Per Diems	
Catering	
Other (specify):	
<b>TOTAL REQUESTED FROM DEPT.</b>	
<b>TOTAL TRAINING COST (HR + DEPT.)</b>	

\* Total HR contribution for participant travel costs should not to exceed \$50,000 (use attached spreadsheet-Appendix B)

\*\* If funds are being requested for facility/equipment rental, please explain:

\*\*\* Generally, GN Translations can provide translations at no cost to GN Departments.

**7. JV Coding (to be obtained from your department’s Corporate Services)**

Interdepartmental JV coding (HR): 04237/01/1/111/0400000/01/3508

Departmental coding string: \_\_\_\_\_

\* Not applicable for agencies and corporations, who will submit invoices instead of JVs.

**8. Divisional/Departmental Training Profile**

Is your division submitting more than one proposal to the Training Fund this year?

- No
- Yes, and this proposal is priority \_\_\_ of \_\_\_ (*priority ranking is mandatory*)

Has your division submitted any proposals to the Training Fund in the last three years?

- No
- Yes: \_\_\_\_\_

*(Please note that proposals for repetitive capacity building do not qualify for funding.)*

What divisional/departmental and internal training initiatives have been undertaken in the last three fiscal years? (*point form*)

What are the division's/department's long-term priorities for staff training and development? (*point form*)

**9. Contingency Plan**

In the event that HR is unable to fund this proposal in its entirety this fiscal year, should this proposal be considered for a partial and/or multi-year funding contribution?

- No
- Yes (*please clearly outline your department's contingency plan below*)



## **10. Authorization**

*Proposals will only be evaluated if they have been signed by the Deputy Minister of the department submitting the proposal. Deputy Ministers are responsible to sign this document, not to submit the proposal to HR.*

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Date

**Please submit completed proposals to:**

[training@gov.nu.ca](mailto:training@gov.nu.ca)

**Appendix A: Multi-Year Budget (Optional)**

Please list detailed costs where applicable.

Training Delivery	Requested HR Contribution			
Instructor/Consultant Fees				
Curriculum Development Costs				
Instructor Travel				
Instructor Accommodations				
Instructor Per Diems				
GN Participant Airfare (in Nunavut)*				
GN Participant Accommodations*				
GN Participant Per Diems*				
Training/Course Materials				
Facility Rental**				
Equipment Rental**				
Interpretation				
Translation				
Other (specify):				
<b>TOTAL REQUESTED FROM HR</b>				
	Departmental Contribution			
GN Participant Airfare (in Nunavut)				
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Other (specify):				
<b>TOTAL REQUESTED FROM DEPT.</b>				
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