

SAMPLE WOP SUMMARY FORM

[Insert Administering Authority Logo Here]	Administering Authority Name:	Administering Authority Number:
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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: \$
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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?
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