

Self-Employment Assistance Program Guidelines



2023-2024



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1.0 PROGRAM OBJECTIVE

Tewatohnni'saktha's Workforce Development's Self-Employment Assistance Program is intended to further the economic development of Kahnawà:ke by providing newly self-employed individuals with financial support in the first year of business operations. The objective of the program is to support those who wish to pursue entrepreneurship as a career and encourage them to focus on the success and stability of their new business.

Business owners report monthly on the activities of their business to ensure accountability and allow Tewatohnni'saktha to monitor and assist the business if needed.

It should also be recognized that the decision to approve projects is based on available financial resources.

2.0 PROGRAM MANAGER

All inquiries concerning this program should be addressed to the attention of:

Katsistohkwí:io Jacco

Interim Workforce Development Program Manager, Tewatohnni'saktha

Telephone: (450) 638-4280, ext. 238

Email: Katsistohkwiiio.jacco@kedc.biz

3.0 PROGRAM BENEFITS

The Self-Employment Assistance Program benefits include monthly allowances, childcare assistance (if applicable), as well as Mohawk Self Insurance. Monthly allowances are issued by cheque once per month and require monthly activity reports.

3.1 Monthly Allowance Rates

Single	\$870.00
One Dependent	\$1,135.00
Two Dependents	\$1,210.00
Three Dependents	\$1,285.00
Four+ Dependents	\$1,360.00

3.2 Dependent Definition

A dependent is defined as the biological child (or children), legally adopted child (or children), legal guardian or foster child (or children) under the age of 18 and residing with the client. The client must provide a birth certificate(s) and/or legal documentation as proof for the child (or children).

Only one person may claim the dependent(s). Exceptions to this definition may be granted by the Board of Directors upon application by the client. Such applications must be in the form of a letter to the Board and it must be accompanied by all documentation to support the request for recognition of the dependents being claimed.

Spouses, regardless of employment status, cannot be considered dependents.

3.3 Weekly Childcare Allowance Rates

One Child	\$40.00
Two Children	\$80.00
Three Children	\$125.00
Four Children	\$160.00

In order to be eligible for the weekly childcare allowances, children must be six (6) years of age or less, or below Grade One.

The childcare allowance will be payable only upon receipt of payment from a recognized childcare facility, unless alternative childcare arrangements have been authorized for reimbursement by the Director of Workforce Development in advance.

3.4 Mohawk Self Insurance Coverage

Tewatohnni'saktha's Workforce Development will cover 100% of Mohawk Self Insurance for all eligible Self-Employment Assistance Program clients based on the annual rates provided by Mohawk Self Insurance.

4.0 CRITERIA FOR ELIGIBILITY

To be eligible for financial assistance under the Self-employment Assistance Employability Program, a client must adhere to the following criteria:

- a) The business must be in its first year of operations and generating revenue;
- b) The client must be recognized by the Registrar's Office of the Mohawk Council of Kahnawà:ke or be listed on the National Registry for the Mohawk Band of Kahnawà:ke;
- c) The client must not have an interest in another existing business;
- d) The client must not be receiving any income other than revenue from the business in question;
- e) In the event of a partnership with a non-Kahnawakehrónon, the individual applying for assistance must provide verification of 50% or more ownership of the business. Exceptions may be made at the discretion of Workforce Development to fund up to two (2) persons per business for the SEAP.
- f) In the event of a family owned business, only one person shall be eligible for financial support;
- g) The client must have a referral from their Tewatohnni'saktha Business Services Officer.

5.0 INELIGIBLE BUSINESSES

The following situations demonstrate businesses that are ineligible for the Self-Employment Assistance Program:

- a) A business controlled by someone other than the individual applying for financial assistance;
- b) A business where revenue is mainly from commission.

6.0 INELIGIBLE APPLICATIONS

Tewatohnni'saktha's Workforce Development will not consider the following applications:

- a) Applications from individuals who have participated in the Self-Employment Assistance Program within the last four (4) years.
- b) Application from business owners who have taken over an existing business in which the previous owner participated in the Self-Employment Assistance Program.
- c) Applications from individuals who are under penalty, or in debt with Tewatohnni'saktha.

7.0 APPLICATION PROCEDURES

A client who wishes to receive financial assistance from Tewatohnni'saktha under the Self-Employment Assistance Program must:

1. Set up a meeting with their Business Services Officer and receive a referral (which is sent directly to the Program Manager);
2. Complete an application form and write a letter of request to the Workforce Development Committee stating the need for the Self-Employment Assistance Program;
3. Send application and letter to the Program Manager.

Applications are available at www.tewa.ca or can be requested from the Program Manager via email.

Should the client not already have a Business Services Officer, they must contact reception and request to be assigned to one.

Send applications and all supporting documentation via email, mail or hand-deliver to the attention of:

Katsistohkwí:io Jacco, Interim Program Manager

Email: katsistohkwiiio.jacco@kedc.biz

Mail: P.O. Box 1110
3rd Floor, Kahnawà:ke Business Complex
Kahnawà:ke Mohawk Territory J0L 1B0

Hand-deliver: Reception Desk
Tewatohnni'saktha
3rd Floor, Kahnawà:ke Business Complex

8.0 BUSINESS SERVICES OFFICER REFERRAL CRITERIA

The Tewatohnni'saktha Business Services Officer will evaluate the client's request based on the following criteria:

- a) The businesses potential for growth;
- b) The social acceptability and responsibility of the business;
- c) The applicant's training and background in the industry/field;
- d) The applicant's personal/financial investment into the business;

- e) The business plan;
- f) If the applicant has completed the Tewaohni'saktha Entrepreneur Course or similar business management course/program;
- g) If the applicant has explored and accessed other programs and services;
- h) If the business is creative, new and innovative.

9.0 APPROVAL PROCESS

After all the steps listed in section 7.0 are complete, the Program Manager will bring the request to the Workforce Development Committee at the next possible proposal meeting. The committee will discuss the request and approve, defer or refuse it, depending on the referral from the client's Business Services Officer, the completeness of the application, letter of request, and available financial resources.

Note that the client must receive a written approval notice from Tewaohni'saktha before proceeding with any type of activity related to this program.

10.0 APPROVED CLIENT OBLIGATIONS

It is the responsibility of the approved client to fulfill all obligations and requirements while receiving financial support from Tewaohni'saktha's Workforce Development. The client must:

- a) Complete all required documentation requested by the Program Manager;
- b) Submit signed monthly progress reports to the Program Manager;
- c) Agree to work full-time (a minimum of 35 hours per week) on the business while receiving financial assistance;
- d) Be available for a minimum of two (2) site visits during the duration of the contract.



Self-Employment Assistance Program Application Form

Name of applicant:			
Contact information:	Email:	Phone Number:	
BUSINESS INFORMATION			
Name of business:			
Business location:			
Business Ownership:	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership	
Explain the nature/purpose of the business:			
Do you have a Canada Revenue Business Number?	<input type="checkbox"/> No	<input type="checkbox"/> Yes; #:	
Do you pay into MERCs (i.e. E.I., QPIP)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Do you pay Mohawk Self Insurance premiums?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
How long have you been in business?			
How many employees currently work here?	<input type="checkbox"/> Myself only	Part-time:	Full-time:
If applicable, please list other positions:			
Do you wish to hire additional staff in the next 3-5 years? If so, list positions:			
Demonstrate when the business started generating revenue:			
Describe your financial investment in the business (i.e. start-up costs, rent, equipment, inventory, etc.):			
What other programs and services have you applied to for business support?			
SUPPORTING DOCUMENTS			
<input type="checkbox"/> Proof of relevant training/diplomas/certification	<input type="checkbox"/> Business plan		
<input type="checkbox"/> Entrepreneur program certification	<input type="checkbox"/> Resume		
<input type="checkbox"/> Workforce Development Client registration form	<input type="checkbox"/> Proof of revenue		
<input type="checkbox"/> Proof of financial investment	<input type="checkbox"/> Letter of request		
<input type="checkbox"/> Other:			
DECLARATION			
<i>I declare that the above information is true and accurate to the best of my knowledge.</i>			
Signature:		Date:	

