

Deadline Date: Friday, November 1, 2024

Send to: office@gcwcc.mb.ca



ALERT – NEW PROCESS FOR 2025

2025 Janitorial Wage Subsidy Program Application

NAME OF COMMUNITY CENTRE: _____

CONTACT PERSON: _____ POSITION: _____

Office: _____ Mobile: _____

Fax: _____ Email: _____

Is this a new application for your Centre: (Y)____; or are you continuing an existing funded caretaker position: (Y)_____

Months Required: All year: _____ or Term: _____ to _____

Days Required: _____
(i.e. WEEKDAYS, WEEKENDS, EVENINGS)

Hours Required: _____ A.M. to _____ P.M. (note: shift must be minimum 3 hours as per Manitoba Employment Standards) Agreed _____ (initial)

Confirmation that the Centre will perform the Child Abuse Registry check prior to the first shift. Agreed _____ (initial)

Confirmation, will the centre able to top up wages or cover additional hours? Agreed _____ (initial)

Will your centre require payroll service assistance? Yes _____ No _____

SUPERVISOR'S NAME: _____ POSITION: _____

Office: _____ Mobile: _____

Fax: _____ Email: _____

(Signature of Community Centre President or Executive)

(Date)

Deadline for Application is November 1, 2024
Applications may be emailed, faxed, or mailed to our GCWCC office
Address: 2703A – 83 Garry St. Winnipeg, MB R3C 4J9
Fax: (204)475-5812 Email: office@gcwcc.mb.ca

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Position Description & Details

Below please provide a summary of the specific job tasks your caretaker will be responsible for:

Attach a separate document as needed.

Below detail how your caretaker will be trained for their duties and safety procedures:

Training and Safety procedures (REQUIRED):

Confirm that the Centre will provide personal safety equipment (rubber gloves, hearing and eye protection, etc) where required, to your caretaker. Agreed _____ (initial)

Below please calculate your request, showing employee x Hours per day x number of days x rate of pay (including vacation pay and MERCS) to provide the total annual amount requested.

Community Centre wage request:

One Employee x _____ hours per day x _____ number of days x

Rate of pay (include vacation pay of 4 or 6% and 8% MERCS) _____

Rate of pay x 2 weeks x 26 pay periods \$ _____

Total annual amount requested

Please ensure that you include the **Centre's August financials, board agreement to apply**, and an **evaluation of your current janitor**, if already in the program. Without this information your application will NOT be considered. Please note we have limited funding, and therefore may not be able to approve all applications.