

## Community Enhancement Employment Program 2017-18 Final Report

### Checklist

The Final Report, including the following documentation, **must** be submitted within 14 calendar days of project completion:

- copies of all Record of Employment forms issued to workers on the project
- copies of actual invoices of materials purchased for the project
- Receiver General Remittance calculations
- WorkplaceNL Statement or Invoice

<b>A. Project Sponsor Information</b>			
Name of Sponsoring Organization			
Mailing Address			
Town	Postal Code		
Telephone Number (Organization)	Fax Number		
E-mail Address			
Name and Title of Primary Contact Person		Telephone Number (Primary Contact Person)	
Name and Title of Alternate Contact Person		Telephone Number (Alternate Contact Person)	
Provincial District			
<b>B. Project Information</b>			
Project Title			
Project Number <b>17-CEEP-18-</b>		Project Community	
Total Funding Approved \$		Total Funding Advanced To Date \$	
Project Approval Date		Project Start Date	Project End Date
Total Number of Workers	Total Men	Total Women	Total Number of Work Hours
Number of Men Receiving \$2 Wage Premium		Number of Women Receiving \$2 Wage Premium	
<b>For Office Use Only:</b>			
Approved		Offer Acceptance Date	Advanced
Non-Compliance Yes / No			

## B. Project Information (Cont'd)

**Project Description** - Describe ACTUAL project activities completed, the work site/location where they took place and the materials used. Attach additional information if necessary. **Avoid using terms such as general/routine maintenance, repairs, upgrades and "etc"**. The project activities must be consistent with the approved project scope. If not, explain why.

1. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No

If no, please explain:

2. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No

If no, please explain:

3. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No

If no, please explain:

**B. Project Information (Cont'd)**

4. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No  
If no, please explain:

5. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No  
If no, please explain:

6. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No  
If no, please explain:

**B. Project Information (Cont'd)**

7. **Work activity completed by CEEP employees:**

Site/Location:

Eligible materials purchased from CEEP Funding:

Is this activity consistent with the approved project scope?  Yes  No  
If no, please explain:

**Skills Development Opportunities**  
Did workers develop the skills listed in your Application? **(Yes / No)**  
If no, please explain:

**Involving Women and Older Workers**  
Did you involve women and older workers, as indicated in your Application? **(Yes / No)**  
If no, please explain:

**Occupational Health and Safety** (Did the project have any worker injuries? If so, did the project sponsor complete an Employer's Report of Injury Form?)


## C. Project Costs

### Section C.1. Labour Costs

- Copies of Records of Employment must be attached to this report.
- All projects must be completed by **March 9, 2018**.
- Hourly wage rate is limited to **minimum wage**, unless prior approval was granted by the Department to pay a higher wage.
- Number of hours worked per employee **must not exceed 400 hours**.
- If number of hours worked differ from what is recorded on the Record of Employment or Employee Declarations, please explain in Section C.5: Employee Declaration Variances.
- If the hourly wage rate or number of hours worked per employee exceeds the above, labour costs will be reduced.

Employee Name	Social Insurance Number	Gender (M/F)	Hourly Wage Rate	Total Hours Worked	Gross Wages (\$) (including 4% Vacation Pay)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
Total Gross Wages:					\$	1
WorkplaceNL Assessment Rate (Line 1 x _____ %):					\$	2
Calculation of Receiver General Remittances, Employer's Portion Only (attached): (Box C from Section D)					\$	3
<b>Total Labour Costs</b> (Line 1 + Line 2 + Line 3):					\$	4

## C. Project Costs (Cont'd)

### Section C.2 Materials Costs

- Copies of actual invoices for materials purchased for the project must be attached.
- Any materials purchased before the approval date of the project or seven calendar days prior to the end date of the project are **not eligible** for reimbursement.
- **Invoiced items not related to the approved project scope and materials listing cannot be claimed. It is the sponsor's responsibility to clearly mark and deduct these items from each invoice prior to submission.**
- Based upon ELIGIBLE total labour costs, materials must not exceed 25%.
- Line 4 (\$\_\_\_\_\_ ) x 25% = \$\_\_\_\_\_ (maximum material cost).
- If invoices exceed 25% of eligible labour costs, material costs will be reduced.

Invoice Date (MM / DD / YY)	Invoice Number	Date Invoice Paid	Supplier	Activity # which materials were purchased (Pages 2-4)	Invoice Amount (\$) (including HST)*	
Total Cost of Materials Purchased:					\$	(a)
Maximum Materials Cost: Line 4 (\$_____ ) x 25%:					\$	(b)
<b>Eligible Material Costs</b> Enter line (a) <b>or</b> line (b), <b>whichever is less:</b>					\$	5

\* **Please note:** expenses reimbursed under this program are not eligible for the GST rebate

### C. Project Costs (Cont'd)

#### Section C.3 – Administration Costs

- The administration cost is 10% of ELIGIBLE total labour costs for your project.
  - Administration costs do not require documentation.
- Calculate Administration Cost:** Line 4 (\$ \_\_\_\_\_) x 10% = \$ \_\_\_\_\_

<b>Total Administration Costs:</b>	\$	6
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#### Section C.4 – Occupational Health and Safety Training (OHS) Costs (If applicable)

- If a sponsor must pay for training to be compliant with OHS legislative requirements, such training and training-related expenditures are eligible project costs.
- Copies of actual invoices **must** be attached.

Invoice Date (MM / DD / YY)	Supplier's Name	Invoice Amount (\$) (including HST)

<b>Total OHS Costs:</b>	\$	7
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#### Total Project Costs

- Total payment to sponsor cannot exceed total approved funding.
- If ELIGIBLE total project costs are less than approved funding, final payment will be adjusted.

	<b>Grand Total</b> (Line 4 from page 5 + Line 5 from page 6 + Line 6 + Line 7):	\$	8
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#### Section C.5 – Employee Declaration Variances

- If number of hours worked, as recorded on the Record(s) of Employment (ROE), **differs** from the Employee Declarations, please explain. If number of hours is higher, please ensure you have forwarded an amended Employee Declaration form.
- If the project sponsor does not provide sufficient reason for the variance, the labour costs associated with these hours may be ineligible for reimbursement.

Employee Name	Social Insurance Number	Employee Declaration	Total Hours Worked (based on ROE)	Reason for Variance
<i>Example: John Smith</i>	<i>123 123 123</i>	<i>270</i>	<i>160</i>	<i>Worker left project to accept other employment</i>

**Section D: Calculation of Receiver General Remittance for CPP and EI for the Entire Project**

*This section is meant as a guide only. The sponsor is still responsible for documenting and submitting all information to the Department, as well as the Receiver General.*

Employee Name		Gross Wages (including 4% vacation pay)	EMPLOYEE'S PORTION ONLY	
			CPP Deductions	EI Deductions
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
			Total EI:	
		<b>Total Gross Wages</b>	<b>Box A: Total CPP</b>	<b>Box B: Total EI x 1.4 =</b>
			<b>Employer's Portion of CPP and EI</b>	
			<b>Box C: (Box A + Box B)</b> Copy this amount to Line 3, <b>Section C.1.</b>	

<b>Sponsor's Declaration</b>	
<p>I hereby certify that I am an authorized signing officer of the above organization and that this final report is accurate to the best of my knowledge.</p>	
<p>_____  <b>Name and Title of Authorized Official</b></p>	<p>_____  <b>Signature of Authorized Official</b></p>
	<p>_____  <b>Date</b></p>