

**Application for
Community Enhancement Employment Program
2017-18**

Note: All sections must include sufficient details to permit evaluation of the application. Incomplete applications will be returned to sponsor.

Directions for completing each section are available on the CEEP website (http://www.mae.gov.nl.ca/emp_support/ceep.html) in the Guide to Completing the 2017-18 Community Enhancement Employment Program Application. The guide may also be obtained by calling 1.866.508.5500 (toll-free) or by emailing employmentsupport@gov.nl.ca.

A. Applicant Information		
Name of Sponsoring Organization		
Mailing Address of Sponsoring Organization		
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		
Type of Organization (Pick one only)		
<input type="checkbox"/> Town	<input type="checkbox"/> Incorporated Community /Economic Development Organization, Incorporation Number: _____	
<input type="checkbox"/> Regional Municipality	<input type="checkbox"/> Unincorporated Community /Economic Development Organization	
<input type="checkbox"/> Inuit Community Government	<input type="checkbox"/> Incorporated Not-for-profit, Incorporation Number: _____	
<input type="checkbox"/> Local Service District	<input type="checkbox"/> Unincorporated Not-for-profit	
<input type="checkbox"/> Other (please specify): _____		
Are you a Registered Charity with the Canada Revenue Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Charity Number:	Canada Revenue Agency (CRA) Business Number:
Names and Title of persons who have signing authority and take responsibility for the transfer of funds (Please provide names of at least 2 persons with signing authority)		
Person 1 Name: _____ Title: _____;	Person 2 Name: _____ Title: _____	
How many volunteers and paid staff are involved with your organization?		
Volunteers: _____	Full-Time Staff: _____	Part-Time Staff: _____

B. Project Information (Attach additional information, if necessary)
B.1 Project Title
B.2 Project Community
B.3 Project Description Note: If your project includes trail development and/or maintenance, ensure you review the Trail Guidelines Information Sheet available on the CEEP Website: http://www.mae.gov.nl.ca/emp_support/ceep.html . Any changes to this description must have prior written approval from the Department.
Description of Project – Please describe each project activity, work site/location and materials required. Avoid using terms such as general/routine maintenance, repairs, upgrades and “etc”.
Example: Activity: Install 3 Windows and window trim, paint trim <hr/> Site/Location: Council Chambers, Town Hall <hr/> Materials required to be purchased from materials budget: 3 Window (24" x 36"), trim, trim paint and paint supplies
1. Activity: Site/Location: Materials required to be purchased from materials budget:
2. Activity: Site/Location: Materials required to be purchased from materials budget:
3. Activity: Site/Location: Materials required to be purchased from materials budget:

B. Project Information (Continued)

4. **Activity:**

Site/Location:

Materials required to be purchased from materials budget:

5. **Activity:**

Site/Location:

Materials required to be purchased from materials budget:

6. **Activity:**

Site/Location:

Materials required to be purchased from materials budget:

7. **Activity:**

Site/Location:

Materials required to be purchased from materials budget:

By checking this box, I agree that I am aware that ROADSIDE BRUSH CLEARING is NOT ELIGIBLE FOR PROJECT FUNDING:

B. Project Information (Continued)

B.4 Working Conditions – Sponsors must outline plans in the event of adverse weather conditions if the scope of work includes outdoor activities.

Does this project require outdoor work? **(Yes / No)**

If Yes, please outline your plan for alternative work in the event of poor weather conditions:

Alternative Work:

Site/Location:

Materials required to be purchased from materials budget:

B.5 Skills Development Opportunities – Please describe the skills that will be developed from this project (carpentry, office administration, etc.). Please note that CEEP workers cannot be involved with the administration of this project.

B.6 Involving Women and Older Workers

Will all workers be equally considered for: Supervisory roles? **(Yes / No)**
Wage premium position? **(Yes / No)**

Will workers have access to separate male and female washrooms? **(Yes / No)**
Please note: this can also include access to municipal or public facilities.

Will orientation training / respectful workplace training be provided to workers? **(Yes / No)**

B.7 Occupational Health and Safety

Project sponsors must ensure that they comply with all occupational health and safety legislation.

What are the occupational health and safety concerns for this project? (Handling chemicals, use of power tools, working from heights, confined space, etc.)

What will be done to manage these concerns? Please identify a clear plan for each of the concerns identified above. (Use of personal protective equipment, training, etc.)

B. Project Information (Continued)

B.8 Environmental Impacts

What waste will be produced by this project? (leftover paint, demolition debris, general trash, etc)

How will this waste be disposed of?

Does this project correct an existing environmental problem? **(Yes / No)**

If yes, please describe:

Does this project:

1. Result in changes to the natural landscape or environment? **(Yes / No)**
2. Take place near an ecological reserve, wildlife, plants, protected area, or provincial park? **(Yes / No)**
3. Take place within 50 feet of a natural body of water? **(Yes / No)**
4. Use hazardous substances such as pesticides? **(Yes / No)**

If you answered yes to any of the questions 1 to 4 above, please contact the Department of Municipal Affairs and Environment at 1-800-563-6181 for guidance.

C. Project Costs

Estimated Work Hours at Regular Wage Rate		A
Regular Direct Labour Cost	_____ (Line A) x \$11.00	B
Estimated Work Hours at Specialized Wage Rate - must be approved by Department of Municipal Affairs and Environment (MAE)		C
Specialized Direct Labour Cost - must be approved by Department of MAE	_____ (Line C) x \$13.00	D
Please Provide Details for Specialized Labour: (reason why it is required, attach details on separate sheet if necessary) Please note that a specialized labour rate will not be approved if this section is not completed.		
Total Direct Labour Cost	(Line B + Line D)	E
Mandatory Employment Related Costs	\$ _____ (Line E) x 14% MERC	F
Total Labour Cost	(Line E + Line F)	G
Maximum Materials Cost	\$ _____ (Line G) x 25%	H
Administration Cost	\$ _____ (Line G) x 10%	I
Total Funding Requested (Line G + Line H + Line I)		J

D. Terms and Conditions

- √ Whenever appropriate, public acknowledgement of funding by the issuing department is expected.
- √ The organization agrees to respect and apply the spirit and provision of existing human rights legislation.
- √ Under the **Access to Information and Protection of Privacy Act, 2015** members of the public may request and obtain access to information held in Provincial Government records.
 - Should a request be received for information about this grant application, personal information and certain third-party confidential financial information may be withheld.
 - When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organizations(s) receiving the funding are considered public information.

E. Applicant's Declaration

To the Department of Municipal Affairs and Environment, I declare that:

- a) the information given in this application is to the best of my knowledge and ability, complete, true and correct.
- b) the application is made on behalf of the organization named (Pg 1) with its full knowledge and consent.
- c) I have read the project administration guidelines and agree to comply with them.
- d) I certify that neither the applicant nor its officers are involved in any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.
- e) I will provide all information required by the Department of Municipal Affairs and Environment to complete the assessment of this project and I authorize Department of Municipal Affairs and Environment to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.
- f) I will instruct the funding agencies as indicated above to provide the Department of Municipal Affairs and Environment with full information concerning my (the applicant's) operating and financial position. I further authorize the Department of Municipal Affairs and Environment to discuss fully my (the applicant's) affairs with the relevant agencies.
- g) I authorize the Department of Municipal Affairs and Environment to consult with Government Department and Agencies and concerned parties (including elected officials, Regional Economic Development Boards, Industry Associations, and other potential contributors) regarding this application.
- h) I confirm that this application is from a not-for-profit organization or local government.
- i) I have the authority to legally bind the agency/organization.

Name and Title of Authorized Official

Signature of Authorized Official

Date

The deadline to submit the completed CEEP application is July 28, 2017.

If you have any questions regarding the application process, please contact Employment Support toll free at 1.866.508.5500. Please forward the completed and signed application form to Employment Support via mail, email or fax.

Mail: Employment Support
Department of Municipal Affairs and Environment
4th Floor, West Block
Confederation Building
PO Box 8700 St. John's, NL A1B 4J6

Fax: 1.709.729.2019
E-mail: employmentsupport@gov.nl.ca