

## 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





**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>