

Government of Newfoundland and Labrador

# Community Partnerships

Guidelines to Completing Your Application



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## **Available in alternate formats.**

Please contact Employment and Training Programs Division:

Email: [EmploymentPrograms@gov.nl.ca](mailto:EmploymentPrograms@gov.nl.ca).

Phone: 1-800-563-6600

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## 1.0            **Community Partnerships (CP-G)**

### **1.1            Objectives**

The Community Partnerships Program is intended to provide funding for community agencies and/or employers to develop, implement and/or deliver programs and services to assist individuals in preparing for, attaining or maintaining employment.

The immediate objectives of the Community Partnerships Program are:

1. Enhanced client employability; and
2. Enhanced personal independence

The intermediate outcomes sought through Community Partnerships are:

1. Increased employment of clients; and
2. Client participation in skills development or training.

The ultimate outcomes of Community Partnerships are:

1. Decreased Income Support use;
2. Increased labour market participation; and
3. Increased client self-reliance.

## 1.2            **Eligibility**

### **1.2.1            Eligible Applicants**

Community-based organizations are incorporated entities in good standing with the online Registry of Companies and Deeds. To search an organization, please use the following link: [CADO - Companies and Deeds Online \(gov.nl.ca\)](http://CADO - Companies and Deeds Online (gov.nl.ca)).

To be eligible for funding, programs and services offered by the agency should demonstrate the following criteria:

1. Compatibility with the goals and objectives of the Department;
2. Responsiveness to client needs and gaps in current services;
3. Programs and services best delivered by a community agency;
4. Links to other employment and career services;
5. Employment and career competencies;
6. Measurements of how success in achieving client outcomes related to preparing, obtaining and maintaining employment will be assessed;
7. Performance monitoring and logic model for the program targets; and
8. Cost-effectiveness.

All not-for-profit organizations that apply for funding shall have Director's Liability Insurance.

### **1.2.2 Eligible Beneficiaries**

Funding is provided to incorporated community agencies to enable them to assist clients to prepare for, attain and/or maintain employment.

Individuals eligible to receive services under the Community Partnerships Program are Income Support recipients or people who are at risk of receiving Income Support and are non-EI eligible.

Special target groups within this population include youth, women and persons with disabilities. Many of these individuals face multiple challenges in participating in the workforce.

For funding under the LMAPD, the client group is individuals with a disability.

### **1.2.3 Eligible Activities**

Community-based agencies can avail of funding to design and deliver programs and services that:

1. Address the employment needs of individuals;
2. Respond to identified labour market needs within the mandate of the Department;
3. Address gaps in current services;
4. Demonstrate a cost-effective approach;
5. Are compatible with the goals and objectives of the department and the objectives, legislation and guidelines for the funding area (e.g., youth, poverty reduction, LMAPD);
6. Are responsive to client needs;
7. Are responsive to gaps in current services;
8. Are best delivered by a community agency;
9. Are linked to other employment career services and relevant services;
10. Provide effective labour market initiatives;
11. Address employment and career competencies; and
12. Demonstrate success in achieving outcomes for clients related to preparing for, obtaining and maintaining employment.

Community Partnerships include the following eligible activities to assist individuals find and maintain employment. Participants as stand-alone or a combination of services shall access these activities:

#### **Client Assessment**

The Assessment process is to help clients determine their level of employment readiness. The information gathered from the assessment enables the agency to work collaboratively with clients to identify services, programs and financial supports to assist individuals to prepare for, access and keep employment, including self-employment. Information can include education and training background, work experience, job search skills, the identification of barriers, and an individual's goals.

The following sub- activities are included in this activity:

1. Identification of barriers;
2. Screening to ensure clients meet basic requirements for further consideration;
3. Determining which service(s) or program(s) are most suitable for clients;
4. Identifying clients who would benefit from referral to other agencies or government programs;
5. Establishing a baseline of employment readiness, which includes the identification of labour market barriers;
6. Commencing the development of an action plan, which identifies activities and actions clients, will undertake to achieve their employment-related goals. In the case of clients referred by the department or another agency, this activity consists of reviewing and validating an existing action plan; and
7. Conducts a post-Employment Readiness Scale assessment upon program completion (if applicable).

### **Employment Services and Interventions**

Community agencies provide a variety of employment services and interventions to assist clients in their desire to effectively participate in the labour market. These may include some or all of the following interventions, tailored to the needs of individual clients:

#### **1. Services:**

- a. Employment counselling
- b. Accessing and using labour market information
- c. Career decision making
- d. Job search skills development
- e. Job maintenance skills development
- f. Resume / portfolio preparation
- g. Employment maintenance
- h. Skills development
- i. Personal/social counselling
- j. Life skills development
- k. Other services specific to the agency/target client group.

#### **2. Interventions:**

- a. Pre-employment workshops/training
- b. Work experience
- c. Self-employment
- d. Academic upgrading
- e. Essential skills development
- f. Occupational skills development
- g. English as a Second Language (ESL) training
- h. Adult Basic Education (ABE).

Services are usually provided on a one-on-one basis tailored to the needs of individual clients. Some services may be provided in a group setting (e.g., short workshops on

resume preparation, sessions on life skills). Employment services may include development of an action plan or periodic review and updating of the plans developed during the initial assessment.

Some agencies provide Employment Services and Interventions through a structured program developed to meet the needs of clients with defined characteristics. These programs are typically offered in a group setting and are offered on a scheduled basis for a pre-determined period. The group work is often complemented by one-one-on services and interventions.

#### **1.2.4 Eligible Costs**

Financial assistance shall only be provided to Sponsors for costs directly related to carrying out the agreement, up to the maximum amount stipulated in the contribution agreement.

Each cost shall be a legitimate, necessary and reasonable expense in order to carry out the activities of the project. For example, entertainment costs, club memberships, bonuses, fines or penalties, depreciation on fixed assets, director's fees or honoraria are not eligible.

Eligible costs include items such as the following:

1. Wages and employment related costs for staff;
2. Fees for professional services;
3. Staff training and development;
4. Participant costs (wages, benefits, stipends);
5. Bank charges;
6. Consulting services
7. Utilities;
8. Program Materials;
9. Travel (maximum of .36 per km);
10. Insurance;
11. Advertising and promotion;
12. Facility lease / rent;
13. Leasing or purchase of equipment;
14. Postage
15. Telephone / fax/ Internet;
16. Printing;
17. Costs of audits;
18. Resource materials;
19. HST (that is not reimbursed by CRA);
20. Administration; and
21. Office Supplies

### **1.2.5 Ineligible Costs**

Ineligible costs may include (but not limited to) items such as:

1. Costs associated with fundraising activities;
2. Canada Revenue Agency or payroll penalties;
3. Parking Tickets;
4. Parking Passes;
5. Food (not typically an eligible expense except in cases where there is a modest offer of nourishment at a conference or if a working lunch is required);
6. Legal fees and court awards for inappropriate dismissal;
7. Illegal activities;
8. Membership fees for private clubs (e.g., gyms, golf courses);
9. Staff salary bonuses. Since there is flexibility to make adjustments to salaries under the new wage policy, no further salary top ups or increase in hours for individuals negotiated in the wage category is allowable under administration;
10. Purchase of alcoholic beverages;
11. Purchase of illegal substances;
12. Unreasonable gifts for recognition;
13. Costs incurred before the start date or after the end date of the project; or
14. Losses and deficits incurred by funded organizations.

### **1.2.6 Roles and Responsibilities**

Community Partnerships is a province-wide program that is delivered through collaboration between the Provincial and Regional Offices of Immigration, Population Growth and Skills, and Community-based organizations.

Immigration, Population Growth and Skills Provincial Office is responsible for:

1. Policy development and overall program direction/priority setting;
2. Ensuring projects funded are consistent with government's policy;
3. Monitoring client outcomes; and
4. Evaluation of Community Partnerships.

Immigration, Population Growth and Skills Regional Offices are responsible for:

1. Assessment and scoring of proposals and making recommendations on funding;
2. Agreement management;
3. Monitoring progress in relation to project outputs; and
4. Financial monitoring.

Community-based organizations are responsible for:

1. Designing and delivering programs and services that respond to identified labour market needs and the Department's mandate;
2. Submitting proposals in line with the Accountability Framework and proposal guidelines; and
3. Submitting activity and financial reports as scheduled.

## **2.0 Labour Market Programs Support System (LaMPSS)**

The Community Partnerships Program is administered by the Department using the Labour Market Programs Support System (LaMPSS).

### **2.1 Registering for LAMPSS**

All employers are required to be set-up as a government vendor so payment can be issued. In addition, once you are a vendor, you will need to register in LaMPSS system to be able to apply online. Please complete your registration on the Employer Registration page.

After registering, a LaMPSS password and user ID is provided (if you do not have one already) in order to log into the LaMPSS System.

It is recommended employers complete this step as soon as possible to avoid delays.

### **2.2 System Requirement**

Before you begin your application, please see Section 6.1 What Are the System Requirements for information on computer compatibility. It provides details on which internet browsers work with the LaMPSS application and what version of Adobe is required. Should you require assistance with using LaMPSS, please contact our Support Group by email at [extorghelp@gov.nl.ca](mailto:extorghelp@gov.nl.ca) during government business hours, or you can call **1-844-252-6777**.

## **3.0 Applying for Community Partnership Funding**

### **3.1 Applying Online**

Once registered as a LaMPSS user, you can apply for funding online using the self-serve capability through your organization's Home Page using: your supplied Organization number, User ID and Password. Simply go to <https://lampss-org.aes.gov.nl.ca/login/> to log in and apply.

If you are having difficulty with the process or unable to complete an application for funding online, please contact **1-833-771-0696** or [EmploymentPrograms@gov.nl.ca](mailto:EmploymentPrograms@gov.nl.ca).

Once you have logged into LaMPSS,

- Click on **Organization Home** on the left menu bar.
- Click on **Programs and Services** under Apply for Funding on the left menu bar
- Click on **Community Partnerships** from the list of available programs in the center of the page
- Click **Apply Now**
- Click on **Download CP-G Program App Form.pdf**
- Click **Open**

### **3.2 Completing an Application Form**

This section provides the specific information that you will need to complete the application form outlining required content.

**Any fields with an asterisk are required and cannot be blank.**

**Please read this entire Program Guidelines Document. The information contained in this Guide will become part of the contract/agreement with the Province of Newfoundland and Labrador for the delivery of Community Partnership programs.**

### **3.3 Applying Online**

Once you are a registered LaMPSS user, you can apply for funding online using the self-serve capability.

To apply online go to: <https://lampss-org.aes.gov.nl.ca/login/login.aspx?ReturnUrl=%2f>

Attach a detailed project proposal to the application as per the **Accountability Framework for the Use of Community Partners for the Delivery of Employment and Training Programs and Services**.

#### **3.3.1 Organization Information**

Enter the name and complete mailing address for your organization. If you are applying online, this information will be pre-populated.

#### **3.3.2 Project Details**

Please provide the following:

<b>Project Title</b>	Provide a title specific to this project. For example: “Your Organization’s Name –Program Name – Community Partnerships”.
<b>Contact Person</b>	Name, title, telephone number and email address of person(s) to contact for additional information
<b>Agreement Start Date</b>	Provide the proposed start date for project
<b>Agreement End Date</b>	Provide the proposed end date for project

#### **3.3.3 Past Agreements**

Please provide information relating to past agreements under Community partnerships, including the number of years of funding, results, best practices established and include previous agreement number, if available.

### **3.3.4 Project Description**

Please provide a brief outline (limit 300 words) of the project including:

1. Location where project activities will be delivered
2. The services and programs offered. If this is a proposal for renewal of funding, include highlights of any changes planned from previous contract;
3. Number of new and continuing clients;
4. Duration of project; and
5. Total funding requested.

### **3.3.5 Agreement Contact**

Specify a person in your organization who can be contacted to further discuss your application (if required).

### **3.3.6 Language Preference**

Provide your language preference - English or French.

### **3.3.7 Participants**

Enter the total number of Project Participants (clients) expected to be served in this project.

Enter the number of participants expected for each participant group. Include participants in all relevant participant groups (a participant may be part of more than one participant group).

### **3.3.8 Project Location**

Please provide the address information for the location(s) where the project activities will be delivered. If you have not yet secured a location, please enter your main organization address and advise the Department at a later date of the project address.

### **3.3.9 Project Activities**

The table below outlines the required information for each eligible activity for the Community Partnerships Program. This is the complete set of eligible activities. On the Application Form, provide the following required information for each of the activities that you plan to deliver as part of your project.

<b>Assessment</b>	
<b>Brief Description</b>	Services to determine an individual's aptitudes, needs and/or barriers using predefined tools and techniques or in depth evaluation and counselling.

	Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Please provide the expected total number of clients that will complete assessments.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected number who achieve employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Assessment - Credential Transfer</b>	
<b>Brief Description</b>	Evaluation of credentials obtained in other provinces or countries and assistance in getting those credentials recognized / transferred to Newfoundland and Labrador/ Canada. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Please provide the expected total number of clients that will complete credential transfer assessments.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

<b>Assessment - Diagnostic Referral</b>	
<b>Brief Description</b>	Referral to professionally qualified diagnosticians to assess physical, social, intellectual and/or psychological traits which may affect a client's ability to participate in certain employment. Examples - PsychEd by a registered psychologist to diagnose learning disabilities, or a Functional Assessment by a registered Occupational Therapist. Describe how you plan to

	deliver this activity as part of your project agreement.
<b>Expected Results</b>	Please provide the expected total number of clients that will complete assessments.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Assessment - Employment Readiness</b>	
<b>Brief Description</b>	Assess clients' strengths and challenges, including essential skills, in relation to becoming successfully employed and identify the types of assistance that would be most helpful. Determine if the client is immediately employable; employable with short term interventions/supports; or employable with longer term interventions. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Completion of pre and post testing using The Employment Readiness Scale tool for all new clients.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Activity Budget / Costs</b>	Please provide the expected costs for this activity.

	Rate calculation: \$100 initial set up fee, \$360 annual license fee and \$14 per code for each new client.
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<b>Awareness - Employer Engagement</b>	
<b>Brief Description</b>	Working to engage employers around employment-related issues. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Please provide the expected total number of employers you will be working with.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of employers that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Awareness – Information Campaign</b>	
<b>Brief Description</b>	Conduct an Information Campaign to create awareness of programs, services or issues in the community. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Please provide details of information sessions, group meetings or other awareness efforts.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will benefit from this type of activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity, if applicable.
<b>Awareness – Labour Market</b>	
<b>Brief Description</b>	Create awareness of Labour Market Information (trends and activities) in the community. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Identify client results as Labour Market awareness is increased.

<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Awareness - Partnership Development</b>	
<b>Brief Description</b>	Develop partnerships with businesses, organizations or institutions in order to build community capacity for coordinated response to anticipated needs. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Identify partnerships developed, purpose of partnership and any outcomes achieved.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of partnerships.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity, if applicable.
<b>Awareness – Skilled Trades</b>	
<b>Brief Description</b>	Create awareness of Skilled Trades programs, services or issues in the community. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Upon increased awareness, identify the client results in participation.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will go on to participate in Skills Trades activities or training initiatives.
<b>Case Management (Assessment, Development, Management and Follow-Up)</b>	

<b>Brief Description</b>	Management of a client through a series of steps designed to take them from a situation of unemployment to finding and maintaining employment, including individual assessment, development of a mutually agreed upon Action Plan, and follow-up to ensure that the plan is being followed and is achieving expected outcomes. Facilitate the completion of client exit surveys. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Identify the number of clients assessed, plans developed, interventions completed and follow-up outcomes.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Information Access</b>	
<b>Brief Description</b>	Self-serve information, access services via publications, Resource Centres, Web sites or online workshops Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Identify the number of clients accessing services in this identified manner.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

**Job Search (Individual, Job Brokering, Job Shadowing, Group Workshops)**

<b>Brief Description</b>	<p>Supports that assist participants with the job search process. Individual coaching sessions to enhance the skills needed to conduct a successful job search, such as: resume writing; interviewing; search strategies; networking.</p> <p>Working intensively with multiple-barrier clients to develop appropriate employment opportunities that are reflective of employers' human resource needs as well as participant skills. A one on one relationship with a successful role model who provides real world advice and encouragement to a participant who is actively engaged in a job search</p> <p>Services that match participants to volunteer opportunities. Short group sessions to enhance the skills needed to conduct a successful job search, such as: resume writing; interviewing; search strategies; networking, job finding club or job fair. Describe how you plan to deliver this activity as part of your project agreement.</p>
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.
<b>Learner Management - Assessment</b>	
<b>Brief Description</b>	<p>Assessment of a client to determine the academic functional level at the time of program entry, utilizing prescribed diagnostic tools, including CAAT testing.</p> <p>Describe how you plan to deliver this activity as part of your project agreement.</p>
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

<b>Research and Planning</b>	
<b>Brief Description</b>	Research and Planning projects around employment-related issues such as: Development of a Community Marketing Plan; Research and planning involving community participation and focusing on the characteristics of the labour market, Strengths of the community and the community's capacity; Development of Curriculum for use in skill enhancement activities; Evaluation of the skill enhancement and upgrading needs of a population facing a workforce adjustment; Development of a human resource strategy that offers solutions to improving or preventing labour market issues; Research and planning projects to develop labour market information and strategies; Development of Materials or Toolkits for use in Skill Enhancement activities; Research and planning activities in response to a significant structural change within a community or industry resulting in an imbalance between supply (people and skills) and demand (available and anticipated employment opportunities). Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

**Self- Employment (Assessment, Development, Review, Implementation, Entrepreneurship, Mentoring, Orientation, Workshops)**

<b>Brief Description</b>	<p>Support to a participant pursuing Self-Employment or Entrepreneurship includes; Initial assessment and final review of a Business Plan with a participant who is pursuing Self-Employment; One on one intensive support and feedback to help a participant complete a Business Plan in preparation for Self Employment; Ongoing intensive support and feedback as a participant develops their Self-Employment business; A learning experience to enhance the skills needed to start and run a business, such as idea generation and assessment, business planning, buying or starting a new business, day-to-day management and expansion; A one on one relationship with a successful self employed role model who provides real world advice and encouragement to a participant who is pursuing Self Employment; Initial orientation to self-employment program and options; Short group sessions to enhance the skills needed to start and run your own business, such as: business plan creation, financing, bookkeeping and accounting, and marketing.</p> <p>Describe how you plan to deliver this activity as part of your project agreement.</p>
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

<b>Skill Enhancement – Additional Language (English)</b>	
<b>Brief Description</b>	<p>A learning experience to enhance the ability to speak, write and understand English as an Additional Language</p> <p>Describe how you plan to deliver this activity as part of your project agreement.</p>
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.

<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

<b>Skills Enhancement – Essential Skills</b>	
<b>Brief Description</b>	A learning experience to enhance one or more of the Essential Skills - Reading Text; Document Use; Numeracy; Writing; Oral Communication; Working with Others; Continuous Learning; Thinking Skills; Computer Use. Activities may include GED prep, ABE Level I, Communication, Computer Use, Customized Curriculum-classroom or workplace, job Specific, Pre-employment, and Pre-Employment Social Enterprise. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.
<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

<b>Work Experience</b>	
<b>Brief Description</b>	Work experience including on the job supports, wage subsidy or volunteer work experience. Describe how you plan to deliver this activity as part of your project agreement.
<b>Expected Results</b>	Describe the expected result of these activities.
<b>Where does this activity take place</b>	Identify the location for this activity.

<b>Expected number of Project Participants</b>	Please provide the expected total number of clients that will participate in this activity.
<b>Expected Number who will Achieve Employment</b>	Please provide the expected total number of clients that will achieve employment as a result of this activity.

### 3.3.10 Project Budget

The following table outlines all eligible cost categories and items for Community Partnerships along with a brief description. On your Application Form, enter the total project costs and the amount of funding requested for each category for this project. HST should be calculated and included in each category.

Budget Category	Eligible Costs
<b>Program Delivery</b>	
<b>Salaries and Benefits</b>	
Salaries	Staff salary expenses
MERC	Mandatory Employment Related Costs
Other HR Related Benefits	HR related expenses
Workers Compensation	Workers Compensation expenses
<b>Participant Program Delivery</b>	
Budget Category	Eligible Costs
<b>Participant</b>	
Wages	Participants wage expenses
Wage Subsidy / Benefits	Participants wage subsidy expenses
MERCs	Mandatory Employment Related Costs
Participant Completion Bonus	Bonus amount paid at end of program
Other Participant Costs	Other eligible participant expenses
Stipends	Amount paid as an eligible stipend
Wages	Participants wage expenses
<b>Operational</b>	
<b>Standard</b>	
Professional Fees	Expenses paid for professional services
Program Materials	Expenses necessary for program delivery

Consulting Services	Any consulting expenses including ARMS, ERS or other assessment tool costs
Staff Training / Development	Training/development expenses for staff
Equipment costs	Eligible equipment costs necessary for operation
Facility Lease / Rent	Annual rent/lease expenses
Advertising and Promotion	Expenses for advertising and promotion of program
Office Supplies	Expenses for supplies necessary for office operations
Resource Materials	Expenses for resources necessary to deliver program
Travel	Expenses for travel at approved rate
Insurance	Directors Liability expense
Other Operational Costs	Other operational expenses
Capital Costs	One time Capital cost expenses
Postage and Courier	Postage and courier expenses
Banking Charges	Program banking expenses
Telephone / Fax / Internet	Telephone, fax and internet expenses
Utilities	Utility costs
Audit Costs	Cost of Audited Financial Report specifically for program
Printing	Program printing expenses
HST	HST expenses if applicable
<b>Administrative</b>	
<b>Administrative</b>	
Admin – Inclusive	Total of admin expenses

### **3.3.11 Project Cash Flow**

Provide a monthly cash flow estimate of the requested project expenses.

### **3.3.12 Legal Signing Officers**

Provide the appropriate signing officers for this project as well as the legal signing requirements for your organization.

### 3.3.13 Supporting Documentation

The table below outlines documents that must be included with the project application. Please attach these documents to your application form.

Document	Content
<b>Letter of Incorporation</b>	Letter of confirmation of agency's Incorporation
<b>Detailed Project Description</b>	Provide a description of the proposed project and activities expected to take place.
<b>Copy of Directors and Officers Liability Insurance</b>	Provide a copy of Directors and Officers Liability Insurance
<b>Organizational Overview</b>	Please include a brief overview of your organization, including history of organization. What other related programs are operated through the organization? How are they funded? What are some of the outcomes (if applicable) from these programs?
<b>Organizational Structure</b>	Non-profit organizations who apply to the program must provide a list of their Board of Directors as an attached document.
<b>Itemized Budget Breakdown</b>	Attach this worksheet with your application providing sufficient details and rationale for requested funds to support the request for each cost item. HST should be calculated and included in each category.

### 3.3.14 Submitting Your Application

Once you have completed the application including the attachment of all required documentation, the application will be submitted to the Department using the LaMPSS Self-Serve system.

In this section of the application enter the information that was provided when your organization was registered in LaMPSS – your Organization's ID, Username and Password. Click the submit box. You will be connected with the LaMPSS System and your application will be submitted.

If you have completed the application form on paper, mail your completed application form and the required attachments to the local Department office. Office locations can be found at [Employment Services Offices](#).

## 4.0 Community Partnerships Reporting Requirements

The requirements for Activity and Financial reports for your Labour Market Agreement for Community Partnerships are outlined in your agreement contract. Reports should be completed online using LaMPSS Self-serve functionality.

### 4.1 Completing an Activity Report

This section provides supporting information that you will need to complete the Activity Report.

#### 4.1.1 Reporting Period Dates

Please enter the start and end date for the period this report covers.

#### 4.1.2 Organization Information

Enter the name and complete mailing address for your organization.

#### 4.1.3 Project Activities

For each Community Partnership project activities, please provide the following information for each activity in your Project Agreement:

1. **Activity Description** – Enter the description of the activity in your project;
2. **Update/ Status This Period** – Describe the methods and frequency to be used to monitor and report on your activities with clients and the client outcomes.
3. **Number of Project Participants** - Please provide the number of clients that participated in this activity during this period, the total participants to date and the number of clients expected for the remainder of the project.
4. **Number who Achieved Employment** – Please provide the total number of clients that achieved employment as a result of this activity during this period, the total participants employed to date and the number of clients expected to gain employment as a result of this activity for the remainder of the project.
5. **Activity Cost Incurred:** Only for use in Assessment – Employment Readiness (Provide actual costs for this activity)

#### 4.1.4 Participants

Enter the actual number of participants served during this reporting period across all activities, the actual to date and the expected for the remainder of the project.

Provide this information for each participant group. Include participants in all relevant participant groups (a participant may be part of more than one participant group).

#### **4.1.5 Supporting Documentation**

There are no mandatory documents required; however if you have supporting documents, or if the Department requests specific supporting documents, attach them to your Activity Report.

#### **4.1.6 Reporting Notes**

Provide any additional information for this reporting period.

### **4.2 Completing a Financial Report**

This section provides supporting information required to complete the Financial Report.

#### **4.2.1 Reporting Period Dates**

Please enter the start and end date for the period this report covers.

#### **4.2.2 Organization Information**

Enter the name and complete mailing address for your organization.

#### **4.2.3 Project Costs**

Provide the actual costs for each eligible expense for this reporting period.

#### **4.2.4 Project Cash Flow**

Along with your Financial Report, please provide an updated cash flow estimate for the remainder of the agreement. The Cash Flow worksheet can be located at [Cash Flow Template](#).

Please use this template to provide an updated monthly cash flow estimate for the remainder of the project. Attach the completed worksheet to your Financial Report.

#### **4.2.5 Supporting Documentation**

There are no mandatory documents required; however if you have supporting documents, or if the Department requests specific supporting documents, attach them to your Financial Report.

#### **4.2.6 Reporting Notes**

Provide any additional information for this reporting period.

### **4.3 Submitting Your Reports**

Once you have completed the Activity and Financial reports, they can be submitted to the Department using the LaMPSS Self-Serve system. Enter the information that was provided when your organization was registered in LaMPSS – your Organizations ID, Username and Password. Click the submit box. You will be connected with the LaMPSS System and your reports will be submitted.

For any clarification or additional information, please contact your Agreement Manager directly.

## **5.0 Contact Information**

For any clarification or additional information, please contact your Agreement Manager directly, call 1800- 563-6600, or email [EmploymentPrograms@gov.nl.ca](mailto:EmploymentPrograms@gov.nl.ca).

## **6.0 System Requirements**

### **6.1 What are the System Requirements?**

The LaMPSS application works with the following Internet Browsers only:

- Internet Explore Version 7, 8, and 9 (without compatibility view);
- Internet Explorer 10 and 11 using (with compatibility view);
- Firefox minimum Version 3.0; and
- Safari minimum Version 5.0.

Users will also require the following:

- Adobe Reader 9.3.3 or newer (available for free at <https://get.adobe.com/reader>);
- Web Browser Pop-up blocker enabled to allow pop-ups; and
- Cookies and java script enabled in the Browser

#### **To turn compatibility view off:**

- Click on Tools
- Select “Compatibility View Settings”
- If the [lampss-org.aes.gov.nl.ca](http://lampss-org.aes.gov.nl.ca) website is in the “Websites you added to Compatibility View” box – select it and then select “Remove”
- Uncheck all three boxes at the bottom
- Select “Close”.
- Refresh the web page
- Log into LaMPSS
- If issue persists, contact [extorghelp@gov.nl.ca](mailto:extorghelp@gov.nl.ca)

#### **To turn compatibility view on:**

- Click on Tools
- Select “Compatibility View Settings”
- If the [lampss-org.aes.gov.nl.ca](http://lampss-org.aes.gov.nl.ca) website is in the “Websites you added to Compatibility View” box – select it and then select “Remove”

- Uncheck all three boxes at the bottom
- Select “Close”.
- Refresh the web page
- Log into LaMPSS
- If issue persists, contact [extorghelp@gov.nl.ca](mailto:extorghelp@gov.nl.ca)

**For more information about computer compatibility, please review the information found in Computer Compatibility Guide.**

## **6.2 User Technical Support**

Should you require assistance with using LaMPSS, please contact our Support Group by email at [extorghelp@gov.nl.ca](mailto:extorghelp@gov.nl.ca) during government business hours, or you can call 1-844-252-6777.