Self-employment Assistance Coordinator Program Guidelines to Completing Your Application

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1 Self-employment Assistance Coordinator Program

1.1 Objectives

The Self-employment Assistance Coordinator program is designed to provide funding to organizations to assist Employment Insurance (EI) eligible unemployed clients with starting their own business. Self-employment Assistance Coordinators provide entrepreneurial support in the form of technical and consultative expertise to help participants assess their suitability for Self Employment Assistance and their business opportunities, develop a business plan, and implement their business.

1.2 Eligibility

Eligible Sponsors

The Self-employment Assistance Coordinator program shall only be used to assist eligible organizations that are either:

1. Businesses;
2. Federal crown corporations and comparable provincial/territorial crown corporations;
3. Organizations;
4. Individuals;
5. Municipal governments;
6. Band/tribal councils; and
7. Public health and educational institutions.

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

Eligible Activities

Self-employment Assistance Coordinators provide entrepreneurial support in the form of technical and consultative expertise to help participants assess their business opportunities, develop business plans and implement their businesses. Entrepreneurial support provided by Self-employment Assistance Coordinators may include workshops, coaching, mentoring and access to specific business implementation training to enable eligible participants to develop and implement their business plans.

Specific services offered by Self-employment Assistance Coordinators shall include:

1. Information sessions to insured individuals potentially interested in Self-employment Assistance supports;
2. Orientation sessions to enable insured individuals to assess risk, business viability and personal suitability;
3. Mechanisms for independent review for viability of the proposed business concepts and business plans;
4. Complete assessment of business plans and provision of Letters of Attestation;
5. On-site monitoring as participants develop their businesses; and
6. Post-project participant follow-up and support. The maximum duration of a Self-employment Assistance Coordinator agreement is three years.

Eligible Costs

Financial assistance may be provided to coordinators to cover the costs of providing entrepreneurial support and expertise to participants while they develop and/or implement their business plan.

Project costs will be assessed to determine if they are reasonable and appropriate in relation to the proposed project and activities. Depending on assessment, costs will be included or disallowed. When assessing a cost item there are three considerations:

1. Compliance to the program terms and conditions;
2. Does it contribute to the success of the project; and
3. To what extent can it be considered reasonable.

Eligible costs may include (but not limited too) items such as:

- Staff Wages;
- Mandatory Employment Related Costs;
- Professional Fees;
- Travel;
- Telecommunications;
- Audit;
- Rent;
- Utilities;
- Furniture;
- Advertising;
- Postage/Courier;
- Bank Charges;
- Insurance;
- Printing; and
- Office Supplies.

The eligible cost categories may not be an exhaustive list. Additional costs may be assessed and negotiated, if deemed reasonable and appropriate. Assistance may also be provided in consideration of the central administrative functions of the coordinator's operations that are drawn upon to support agreement activities.

Relationship Between Self-employment Coordinator and the Department

The Self-employment Coordinator must not be used to provide a service to the Department. Self-employment Coordinator may help clients to prepare Self-employment Assistance applications to the Department. They cannot negotiate financial assistance on behalf of the Department. Coordinators may make recommendations to the Department with regard to applications, but the Department must applications for its own decisions following an assessment. Coordinators must not be required to make recommendations or provide a service to the Department (e.g., as a provision of the contribution agreement).

The Department must not specify how, when, or where the work of the coordinator is to be performed. Nor may it provide tools, equipment, or premises to the Coordinator, other than providing funding through the contribution agreement to enable the Coordinator to obtain its own tools, equipment and premises. The Coordinator must not be seen as being part of the Department and so must not be working on the Department premises or in close proximity in such a way that it is not clear that the Coordinator and the Department are separate bodies.

The Self-employment Coordinator shall:

1. Consult with the Department with regard to the establishment of priorities in terms of interventions;
2. Notify the Department when an eligible participant exceeds the 10-week period for preparing a business plan. In such cases, a decision should be made in conjunction with the coordinator as to whether it would be appropriate to continue to provide financial and entrepreneurial assistance to the eligible participant;
3. Develop mechanisms to adequately monitor the progress of the business;
4. Keep records on eligible participants' progress and collects required statistical data on target groups, earnings, or types of businesses;
5. Inform the Department of any change to the eligible participant's situation that could affect his/her participation;
6. Monitor each eligible participant's progress throughout the implementation of the business, reviews the eligible participant's monthly business reports and hours worked, via on-site visits, telephone contact and other approaches; and
7. Visit each place of business within the first three months.

Relationship Between Self-employment Coordinator and Participant

The Self-employment Coordinator shall:

1. Provide information on self-employment to eligible participants;
2. Provide an orientation session to eligible participants prior to selection for self-employment;
3. Facilitate participants' assessments of their risks and opportunities and personal suitability for self-employment;
4. Evaluate the participant's ability to finance the proposed venture;
5. Provide the client with a letter supporting or not supporting the client's application to the Department for participation in self-employment. This letter will also provide the client with the rationale behind the decision. In the case of a letter of support, the letter shall will certify/confirm that the eligible participant and business have met all the criteria;
6. Ensure participants are aware of the Self-employment coordinators obligations and of supports available to them;
7. Ensure participants are aware of their obligations as they relate to permits, licenses, and/or taxes;
8. Ensure participants have completed their market research and competitive impact studies;
9. Determine the viability of the participant's proposed business concept through an independent business review process;

10. Assist participants in developing their business concept through workshops and one-on-one coaching; and
11. Provide technical and counselling advice to participants as needed.

2   Labour Market Programs Support System (LaMPSS)

The Self-employment Assistance Coordinator 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 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 during government business hours, or you can call 1-844-252-6777.

3   Applying for Self-employment Assistance Coordinator 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/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.

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 **Self-employment Assistance Coordinator** from the list of available programs in the center of the page

➤ Click **Apply Now**
➤ Click on **Download SEA Program App Form.pdf**
➤ Click **Open**

3.2   Applying Online

Once you are a registered LaMPSS user, and program availability is advertised, 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

Organization Information

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

Project Details

Please provide the following:

Project Title	Provide a title specific to this project. For example: "Your Organization's Name – Self-employment Assistance Coordinator
Contact Person	Name, title, telephone number and email address of person(s) to contact for additional information
Agreement Start Date	Provide the proposed start date for project
Agreement End Date	Provide the proposed end date for project

Past Agreements

Please identify if this application is a renewal of a past agreement and identify the agreement number or project name.

Project Description

In this section provide a brief summary of the project and should include: a brief summary of the activities, intended duration of agreement (in weeks) client group and number of clients to be served (including a separate indication of carry-over clients if applicable), and area to be served.

This section is limited to 300 words. However, a detailed proposal may also be included with your application.

Agreement Contact

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

Language Preference

Provide your language preference - English or French.

Participants

Enter the total number of Project Participants (clients) expected to be served in this project and the number of participants expected for each participant group. Include participants in all relevant participant groups (even if a participant may be part of more than one participant group).

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.

Project Activities

The table below outlines the required information for each eligible activity for the Self-employment Assistance Coordinator Program. This is the complete set of eligible activities. On your Application Form provide the required information for the activities that you plan to deliver as part of your project.

Self-Employment Assistance – Business Plan 1 Assessment	
Brief Description	Provide Coaching - one on one intensive support and feedback - focused on initial assessment of a Business Plan prepared by a participant who is pursuing Self Employment Assistance (intake and orientation). Describe how you plan to deliver this activity as part of your project agreement.
Expected Results	Please describe the intended outcome of this activity including the number of Self-employment Assistance applications and business concepts assessed monthly.
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	Please provide the expected total number of clients that will participate in this activity.
Self-Employment Assistance – Business Plan 2 Development	
Brief Description	Research and planning involving community participation and focusing on the characteristics of the labour market, the strengths of the community and the community's capacity. Describe how you plan to deliver this activity as part of your project agreement. Describe the activities to be carried out (who, what, where, when and why).
Expected Results	Describe the Outcome of this activity including the expected number of participants recommended to participate in business plan development monthly.
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	Please provide the expected total number of clients that will participate in this activity.

Self-Employment Assistance - Business Plan 3 Review	
Brief Description	Review and recommendation of the Business Plan. Provide Coaching- one on one intensive support and feedback- to complete a final review of a Business Plan in preparation for Self Employment Assistance (may include an independent review). Describe how you will delivery this activity; review the business plan, whether there is board approval. Describe the process.
Expected Results	Describe the outcome of the Business Plan Review and recommendation for support for implementation of their business plan. Provide a monthly breakdown of those recommended for implementation.
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	Please provide the expected total number of clients that will participate in this activity.
Self-Employment - Business Plan 4 Implementation	
Brief Description	Provide Coaching and Follow Up as a participant develops the business. Describe how your organization will support the client during Business Plan implementation.
Expected Results	What is the result of monitoring and follow-up?
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	How many individuals will be engaged in follow-up and monitoring?
Expected number who achieve employment	Indicate the number of individuals you expect to be operating their business at the end of their Self-employment Assistance agreement. This is defined as working full-time.
Self-Employment Assistance – Entrepreneurship	
Brief Description	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. Describe what topics will be covered and how your organization will deliver this service (e.g., through seminars, workshops, online).
Expected Results	Describe the expected results of this activity
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	How many individuals will be attending each seminar and the total number of participants for all seminars?

Self-Employment Assistance – Mentoring	
Brief Description	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. Describe how your organization will deliver this service and list any role models who have already agreed to take part in this activity.
Expected Results	Describe the expected results of this activity
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	How many individuals will be matched with a role model?

Self-Employment Assistance – Orientation	
Brief Description	Initial orientation to self-employment program and options. Describe how your organization will deliver this activity, whether it will be one on one or in a group setting and specifically what topics will be covered.
Expected Results	Describe the expected results of this activity
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	How many individuals will receive this orientation? Will it be all that apply or only those that are approved for funding by the Department?

Self-Employment Assistance – Workshops	
Brief Description	Deliver a Workshop-style learning experience - short group sessions with no ongoing commitment - to enhance Self-employment Assistance Skills - the skills needed to start and run your own business, such as: business plan creation, financing, bookkeeping, accounting and marketing. Please provide information about the orientation/information sessions and workshops to be included (a schedule of workshops should be attached to the application) and the number of Information/ orientation sessions and workshops conducted.
Expected Results	What are the expectations of workshop delivery? Provide a monthly breakdown of workshops delivered.
Where does this activity take place	Identify the location for this activity.
Expected number of Project Participants	How many individuals will participate in the workshops?

Project 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 (e.g., a participant may be part of more than one participant group).

Project Budget

The following table outlines all of the eligible cost categories and items for Self-employment Assistance Coordinator 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
Program Delivery	
Salaries	Provide the total amount of requested salaries. Please provide detail about each position in the Itemized Budget Breakdown.
Budget Category	**Eligible Costs**
Mandatory Employment Related Costs (MERCs)	This category includes all mandatory employment related costs (MERCs) which includes Employment Insurance (EI), Canadian Pension Plan (CPP), and Vacation Pay. These contributions are based on wages, considering maximum yearly contributions.
Other Human Resource (HR) Related Benefits	Includes health and dental insurance premiums and pension/RRSP. A maximum 50 per cent employer contribution will be supported for these benefits.
Worker's Compensation	Cost of WorkplaceNL Premiums.
Participant	
Disability Related Supports	Includes participant supports such as: note takers, sign interpreters, adaptive technology, applicable staff training.
Program Materials and Supplies	Includes participant program related materials, supplies, books and testing materials.
Program Professional Fees	Includes participant program related guest speakers, vocation/needs, and assessments.
Operational	
Professional Fees	This category refers to fees paid to professionals who provide service to the project for the benefit of the participants. A breakdown of expected fees is required. This would include Honoraria and Consulting Services.

Staff Training/ Development	Can include conferences and short-term training courses/programs for staff; must be relevant and reasonable according to the duration of the project. Diploma and complete degree programs are not applicable. Includes associated registration, mileage, meal allowances and accommodation. Limited to conferences in Newfoundland and Labrador and subject to negotiation.
Budget Category	**Eligible Costs**
Equipment	This would include those items essential to the project and for the benefit of the participants and costing less than $1,000. If the cost of the equipment exceeds $1,000, it would be shown under Capital Assets. Items would include computers, fax machines, photocopiers, furniture, software (including renewals), and disability supports.
Equipment Repairs	Includes repairs to equipment outlined above.
Facility Lease / Rent	Please include cost per square foot and comparison to other facilities in the area. Provide a copy of the lease agreement, if applicable. Remember to show clearly how the costs of shared space were determined.
Facility Repairs	Includes applicable repair /leasehold improvements for either non-applicant owned or applicant owned.
Advertising and Promotion	Includes advertising, promotion, signage, brochures.
Materials and Supplies	Please ensure all materials and supplies to be used on the project are included and related to the participant activities. Costs could include: supplies and materials required to implement the project.

Travel	Travel for staff directly delivering the project, includes transportation costs, taxi, or kilometric charges, as per staff travel claims. Due diligence must be demonstrated in reimbursing for overnight accommodations and costs associated with out-of-province travel. These must be negotiated with the Department in advance. Provide details within the financial submission (e.g., mileage rate, reason for travel, number of trips, accommodation and meals). Mileage and meal allowances may be considered up to a maximum of the Provincial Government in-province travel rates.

Exceptional

The following costs may be eligible for reimbursement provided they are **directly related** to the successful operation of the project.

Budget Category	Eligible Costs
Capital Costs	Capital costs must be essential to the achievement of the objectives of the project and directly related to participant activities. All assistance provided for capital costs must be on a cost-shared basis. Disposition of any purchased capital assets at the end of the project will be negotiated and documented in the agreement. Equipment which costs $1,000 or more and which is purchased by the project to assist one or more persons with disabilities, is a capital asset and would be included in this section.
Leasehold Improvements	Physical renovations to premises.
Memberships	Memberships in organizations to support the activities of the project.
Banking Fees	As described.
Utilities	Rationale should indicate recent actual amounts.
Audit costs	Costs related the carrying out of a financial and activity audit of the the project.
Conference Registration/Attendance Fees	Costs to register for conferences or meetings as part of carrying out the project activities.

Project Cash Flow

Cash Flow is required for all applications. The Cash Flow worksheet can be located at **Cash Flow Template**.

Please use this template to provide a monthly cash flow estimate of the requested project expenses. Attach the completed worksheet to your application.

Legal Signing Officers

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

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
Detailed Project Description	Include a detailed project description along with the completed application form. Outline your objectives, activities with timeline and expected results.
Itemized Budget Breakdown	Please include the budget details on the Itemized Budget Breakdown worksheet located here **Budget Template Supporting Details**. Attach this worksheet with you 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.

Submitting Your Application

Once you have completed the application including the attachment of all required documentation, the application will be submitted to AESL 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 Organizations 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 office.

4   Self-employment Assistance Coordinator Reporting Requirements

The requirements for Activity and Financial reports for Self-employment Assistance Coordinator will be outlined in your agreement contract. Reports should be completed online using LaMPSS Self-serve functionality. If you require a paper form, contact your Agreement Manager.

4.1   Completing an Activity Report

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

Reporting Period Dates

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

Organization Information

Enter the name and complete mailing address for your organization.

Project Activities

For each Self-employment Assistance Coordinator Program project activities, please provide the following information for <u>each</u> activity in your Project Agreement:

1. **Start Date** – Enter the start date of this activity in your project;

2. **End Date** – Enter the end date of this activity in your project;

3. **Activity Description** – Enter the description of the activity in your project;

4. **Update/ Status This Period** – Describe what activities have occurred during the reporting period; and

5. **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.

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). Participant Groups:

- Aboriginals;
- Active EI Claimants;
- Displaced Workers;
- EI Eligible Clients;
- Female;
- Immigrants;
- LMA Eligible Clients;
- Older Workers;
- Persons with Disabilities; and/or
- Youth.

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.

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.

Reporting Period Dates

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

Organization Information

Enter the name and complete mailing address for your organization.

Project Costs

Provide the actual costs for each eligible expense for this reporting period. For each approved cost for your project, please provide the approved budget, the amount reported and approved in previous financial reports and the amount being reported for this period.

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.

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.

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.

If you have completed the Activity and Financial reports on paper, mail your completed reports to the Department.

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

5   Contact Information

For any clarification or additional information, please contact your Agreement Manager directly, call 1-800- 563-6600, or email EmploymentPrograms@gov.nl.ca.

6   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/Opens in new window);
- 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" 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

To turn compatibility view on:

- Click on Tools.
- Select "Compatibility View Settings".
- If the "lampss-org.aes.gov.nl.ca" website is not in the "Websites you added to Compatibility View" box

– type "lampss-org.aes.gov.nl.ca" into the "add this website" box and click add.

- Select "Close".
- Refresh the web page.
- Log into LaMPSS
- If issue persists contact 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 during government business hours, or you can call 1-844-252-6777.