

## **Community Enhancement Employment Program 2025-26 Final Report**

### **Checklist**

The Final Report **must** be completed in full and submitted, along with the following documentation, within 14 calendar days of project's actual completion date (last day of work by CEEP employees):

- copies of all Record of Employment forms issued to workers on the project
- copies of actual invoices for materials purchased for this project, and **not claimed or reimbursed under any other government funding program**
- copies of proof of payment if available for each material invoice (ie. cleared cheque, bank statement, statement of account from business) if available, or submit within 60 days of final report submission
- Receiver General Remittance calculations
- WorkplaceNL Statement or Invoice**

**Note: Incomplete Final Reports will be returned to the sponsor, delaying the final payment process.**

| <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<br>17-CEEP-26-  |           | Project Community                           |   |   |
| Total Funding Approved<br>\$   |           | Total Funding Advanced to Date<br>\$        |   |   |
| Project Approval Date  |           | Project Start Date                          |   | Project End Date  |
| Total Number of Workers  | Total Men | Total Women                                 | Total Non-Binary or Other Gender Identity | Total Number of Work Hours  |
| Number of Men Receiving \$2 Wage Premium   |           | Number of Women Receiving \$2 Wage Premium  |   | Number of Non-Binary or Gender Diverse Receiving \$2 Wage Premium |
| <b>For Office Use Only:</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <span>Total Project Costs FRR:</span> <span></span> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <span>Prev Non-Compliance<br/>Yes / No      Yr(s):</span> <span>Non-Compliance<br/>Yes / No</span> <span>Final Payment/ Amount Owing:</span> </div> |           |   |   |   |

## 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:

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**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:

## **Inclusiveness and Non-Discriminatory Practices**

Did you follow inclusiveness and non-discriminatory practices, 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.
- 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 (subject to change)**.
- If the hourly wage rate or number of hours worked per employee exceeds the above, labour costs will be reduced.

<sup>1</sup> Hourly Wage Rate: if the sponsor paid a higher wage rate from another source of funding, only claim the approved wage rate allowed under CEEP in the form below.

<sup>2</sup> Total CEEP Hours Worked: only claim eligible CEEP hours up to a maximum of number of hours stated on the Employee Declaration Form.

The Department will not fund any hours paid by the sponsor that exceed the hours in the declaration form.

|  | Employee Name | Social Insurance Number | Hourly Wage Rate <sup>1</sup> | Total CEEP Hours Worked <sup>2</sup> | Gross Wages (\$) (including 4% Vacation Pay) |
|--|---------------|-------------------------|-------------------------------|--------------------------------------|--|
| 1  |               |                         |                               |                                      |  |
| 2  |               |                         |                               |                                      |  |
| 3  |               |                         |                               |                                      |  |
| 4  |               |                         |                               |                                      |  |
| 5  |               |                         |                               |                                      |  |
| 6  |               |                         |                               |                                      |  |
| 7  |               |                         |                               |                                      |  |
| 8  |               |                         |                               |                                      |  |
| 9  |               |                         |                               |                                      |  |
| 10   |               |                         |                               |                                      |  |
| 11   |               |                         |                               |                                      |  |
| 12   |               |                         |                               |                                      |  |
| 13   |               |                         |                               |                                      |  |
| 14   |               |                         |                               |                                      |  |
| 15   |               |                         |                               |                                      |  |
| 16   |               |                         |                               |                                      |  |
| 17   |               |                         |                               |                                      |  |
| Total Gross Wages:   |               |                         |                               |                                      | \$ 1   |
| WorkplaceNL Assessment Rate (Line 1 x _____ %):  |               |                         |                               |                                      | \$ 2   |
| Calculation of Receiver General Remittances, Employer's Portion Only (attached):<br>(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 from registered companies for materials purchased for the project must be attached. Do not include invoices that are not in the name of the project sponsor.
  - Proof of payment for each material invoice must be attached. Also the cheque number related to each payment must be entered in the table below.
  - 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 and should not be included.
  - **Invoiced items not related to the approved project scope cannot be claimed.**
  - Based upon **ELIGIBLE** total labour costs, **materials claimed must not exceed 25%**. If invoices do exceed 25% of eligible labour costs, **material costs will be reduced**.

**\* 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.

**Total Administration Costs:** \$ 6

**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<br>(MM / DD / YY) | Supplier's Name | Invoice Amount (\$)<br>(including HST) |
|--------------------------------|-----------------|--|
|                                |                 |  |
|                                |                 |  |

**Total OHS Costs:** \$ 7

## ***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>Total Project Costs</b> <ul style="list-style-type: none"> <li>• Total payment to sponsor cannot exceed total approved funding.</li> <li>• If ELIGIBLE total project costs are less than approved funding, final payment will be adjusted.</li> </ul> | <b>Grand Total</b><br>(Line 4 from page 5 +<br>Line 5 from page 6 +<br>Line 6 + Line 7): | \$ <span style="float: right;">8</span> |
|--|--|---|
|--|--|---|

### **Section C.5 – Employee Declaration Variances**

- Please complete this section if the number of hours worked, as recorded on the Record(s) of Employment (ROE), **differs** from the Employee Declarations.

#### **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.

If the sponsor paid a higher wage rate from another source of funding, CPP & EI deductions must reflect the allowable wages under this program and report in the form below (ie. the CPP & EI amounts would be lower than deducted from employee as the sponsor is responsible for any labour related costs over the approved wage rate).

| Employee Name | Gross Wages<br>(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            |  |                         |  |
|               |  |                         | 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> . |

#### **Sponsor's Declaration**

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.
- All expenditures claimed are related to this project and have not been claimed or reimbursed under any other government funded program.
- I acknowledge and agree this project and all related expenditures may be subject to an audit.
- If fraudulent activity is discovered, it may be investigated and reported to the police.

Name and Title of Authorized Official

Signature of Authorized Official

Date