

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.

A. Project Sponsor Information				
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. Project Information				
Project Title				
Project Number 17-CEEP-26-			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 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
For Office Use Only: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> Prev Non-Compliance Yes / No Yr(s): </div> <div> Non-Compliance Yes / No </div> <div> Total Project Costs FRR: Final Payment/ Amount Owing: </div> </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.	<p>Work activity completed by CEEP employees:</p>
	<p>Site/Location:</p>
	<p>Eligible materials purchased from CEEP Funding:</p>
	<p>Is this activity consistent with the approved project scope? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p>
<p>Skills Development Opportunities</p> <p>Did workers develop the skills listed in your Application? (Yes / No)</p> <p>If no, please explain:</p> 	
<p>Inclusiveness and Non-Discriminatory Practices</p> <p>Did you follow inclusiveness and non-discriminatory practices, as indicated in your Application? (Yes / No)</p> <p>If no, please explain:</p> 	
<p>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?)</p> 	

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.

¹ 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.

² 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 ¹	Total CEEP Hours Worked ²	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): (Box C from Section D)				\$	3
Total Labour Costs (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.**

[illegible]

*** Please note: expenses reimbursed under this program are not eligible for the GST rebate**

Section C.3 – Administration Costs

- Calculate Administration Cost:** Line 4 (\$) x 10% = \$

\$

6

- 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.

Total OHS Costs:

	\$
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- Total payment to sponsor cannot exceed total approved funding.
- If ELIGIBLE total project costs are less than approved funding, final payment will be adjusted.

Grand Total
(Line 4 from page 5 +
Line 5 from page 6 +
Line 6 + Line 7):

\$

8

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

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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 (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:
		Total Gross Wages	Box A: Total CPP	Box B: Total EI x 1.4 =
			Employer's Portion of CPP and EI	
			Box C: (Box A + Box B)	
			Copy this amount to Line 3, Section C.1.	

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