

**Application for  
Community Enhancement Employment Program  
2011-12**

**Note:**

All sections must include sufficient detail to permit evaluation of the application. Directions for completing each section are available on the CEEP website ([www.ma.gov.nl.ca/ma/emp\\_support/ceep.html](http://www.ma.gov.nl.ca/ma/emp_support/ceep.html)) in the Guide to Completing the 2011-12 Community Enhancement Employment Program Application. The guide may also be obtained by calling 1.866.508.5500 (toll-free).

<b>A. Applicant Information</b>	
<b>A1</b> Name of Sponsoring Organization	
<b>A2</b> Street Address or Post Office Box	
<b>A3</b> Town	<b>A4</b> Postal Code
<b>A5</b> Telephone Number (Organization)	<b>A6</b> Fax Number
<b>A7</b> E-mail Address	
<b>A8</b> Name and Title of Primary Contact Person	<b>A9</b> Telephone Number (Primary Contact Person)
<b>A10</b> Name and Title of Alternate Contact Person	<b>A11</b> Telephone Number (Alternate Contact Person)
<b>A12</b> Provincial District	
<b>A13</b> Type of Organization (Pick one only)	
<input type="checkbox"/> Town <input type="checkbox"/> Incorporated Community /Economic Development Organization Incorporation Number: _____	
<input type="checkbox"/> Regional Municipality <input type="checkbox"/> Unincorporated Community /Economic Development Organization	
<input type="checkbox"/> Inuit Community Government <input type="checkbox"/> Incorporated Not-for-profit Incorporation Number: _____	
<input type="checkbox"/> Local Service District <input type="checkbox"/> Unincorporated Not-for-profit	
<input type="checkbox"/> Other (please specify): _____	
<b>A14</b> Are you a Registered Charity with the Canada Revenue Agency?	<b>Registration Number:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>A15</b> Canada Revenue Agency (CRA) Business Number:	
_____	



**B. Project Information (Continued)** (Attach additional information if necessary)

**B3b** Working Conditions - Outline plans in the event of adverse weather conditions if the scope of work includes outdoor activities.

**B4** Skills Development Opportunities

**B5** Involving Women and Older Workers

**B6** Occupational Health and Safety

**B7** Environmental Impacts

<b>C. Project Costs</b>		
<b>Estimated Work Weeks and Hours at Regular Wage Rate</b>	_____ work weeks x 40 hours per week	A
Regular Direct Labour Cost	_____ (Line A) x \$10.00	B
<b>Estimated Work Weeks and Hours at Specialized Wage Rate</b> <i>(must be approved by Municipal Affairs)</i>	_____ work weeks x 40 hours per week	C
Specialized Direct Labour Cost <i>(must be approved by Municipal Affairs)</i>	_____ (Line C) x \$12.00	D
Details for Specialized Labour: (reason why it is required, attach details on separate sheet if necessary)		
_____		
_____		
_____		
<b>Total Direct Labour Cost</b>	(Line B + Line D)	E
Mandatory Employment Related Costs	\$ _____ (Line E) x <b>13% MERC</b>	F
Total Labour Cost	(Line E + Line F)	G
Maximum Materials Cost	\$ _____ (Line G) x 25%	H
Administration Cost	\$ _____ (Line G) x 10%	I
<b>Total Funding Requested</b> (Line G + Line H + Line I)		J

<b>D. Terms and Conditions</b>
<ul style="list-style-type: none"> <li>√ Whenever appropriate, public acknowledgement of funding by the issuing department is expected.</li> <li>√ The organization agrees to respect and apply the spirit and provision of existing human rights legislation.</li> <li>√ Under the <b>Access to Information and Protection of Privacy Act</b> members of the public may request and obtain access to information held in Provincial Government records. <ul style="list-style-type: none"> <li>○ Should a request be received for information about this grant application, the Department will consult with you prior to disclosing any information. It should be noted, however, that only personal information and certain third-party confidential financial information may be withheld.</li> <li>○ When funding is approved, the amount of funding, the purpose for which the funds were granted and the name of the organizations(s) receiving the funding are considered public information.</li> </ul> </li> </ul>

## E. Applicant's Declaration

To the Department of Municipal Affairs, I declare that:

- a) the information given in this application is to the best of my knowledge and ability, complete, true and correct.
- b) the application is made on behalf of the organization named (Pg 1) with its full knowledge and consent.
- c) I have read the project administration guidelines and agree to comply with them.
- d) I certify that neither the applicant nor its officers are involved in any litigation, or in any proceedings before any government board, agency or tribunal which have not been disclosed in writing as an attachment to this application.
- e) I will provide all information required by the Department of Municipal Affairs to complete the assessment of this project and I authorize the Department of Municipal Affairs to make any inquiries of such persons, firms, corporations or other government agencies as it deems necessary in order to reach a decision on this application.
- f) I will instruct the funding agencies as indicated above to provide the Department of Municipal Affairs with full information concerning my (the applicant's) operating and financial position. I further authorize the Department of Municipal Affairs to discuss fully my (the applicant's) affairs with the relevant agencies.
- g) I authorize the Department of Municipal Affairs to consult with Government Department & Agencies & concerned parties (including elected officials, Regional Economic Development Boards, Industry Associations, and other potential contributors) regarding this application.
- h) I confirm that this application is from a not-for-profit organization or local government.
- i) I have the authority to legally bind the agency/organization.

\_\_\_\_\_  
**Name and Title of Authorized Official**

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Date**