

**Community Enhancement Employment Program  
2011-12  
Final Report**

<b>A. Project Sponsor Information</b>			
Name of Sponsoring Organization			
Street Address or Post Office Box			
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 <b>CEEP18-</b>		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 # of Work Weeks Created i.e. Total # of hours worked _____ ÷ 40 = _____
Number of Men Receiving \$2 Wage Premium		Number of Women Receiving \$2 Wage Premium	

For Office Use Only:

Project Description (Describe ACTUAL work completed. If it differs from the original application or subsequent amendments, explain why. Attach additional information if necessary)


Skills Development Opportunities: Describe any skills that were learned or enhanced during the project.


Involving Women and Older Workers: Describe any actions taken that enabled women and/or older workers to participate actively and meaningfully in the project.


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.
- All projects must be completed by March 9, 2012.
- 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 420 hours**.
- If number of hours worked differ from what is recorded on the Record of Employment or Employee Declarations, please explain in Section C.2: Employee Declaration Variances.
- If the hourly wage rate or number of hours worked per employee exceeds the above, labour costs will be reduced.

	Employee Name	S.I.N.	Gender (M/F)	Hourly Wage Rate	Total Hours Worked	Gross Wages (\$) (including 4% Vacation Pay)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
Total Gross Wages:						\$	1
Workplace Health, Safety and Compensation Commission Rate (Line 1 x _____ %):						\$	2
Calculation of Receiver General Remittances, Employer's Portion Only (attached): (Box C from Section D)						\$	3
<b>Total Labour Costs</b> (Line 1 + Line 2 + Line 3):						\$	4





**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.*

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				
18				
			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>		

<b>Sponsor's Declaration</b>	
<p>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.</p>	
<p>_____</p> <p><b>Name and Title of Authorized Official</b></p>	<p>_____</p> <p><b>Signature of Authorized Official</b></p>
	<p>_____</p> <p><b>Date</b></p>