# Supported Employment Program Guidelines

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# 1 Supported Employment Program

### 1.1 Objectives

The Supported Employment Program works in partnership with Employment Corporations/Agencies to develop employment opportunities for eligible individuals who have developmental (intellectual) disabilities. The Supported Employment Program provides the necessary supports to ensure individuals participate in meaningful, integrated employment. Supports available range from orientation and work analysis to full-time support from a job trainer to ensure that required duties are completed to the satisfaction of the employer.

# 2 Labour Market Programs Support System (LaMPSS)

The Supported Employment program is administered by the Department using the Labour Market Programs Support System (LaMPSS) application. LaMPSS is a common method for administering Labour Market Programs in Newfoundland and Labrador, focused on providing consistency in processes and improving services to labour market program agreement holders.

All organizations entering into an agreement for delivering Labour Market Programs in Newfoundland and Labrador must first be registered as a LaMPSS organization. This is a one-time registration process. If your organization has not previously registered with LaMPSS, you can obtain a LaMPSS registration form at http://www.aesl.gov.nl.ca/lampss\_public/index.html.

The functionality of LaMPSS provides organizations with self-serve capability, enabling you to apply for funding online for some labour market programs, as well as submitting required financial and activity reports online. Once available, we will provide you with user access enabling the ability to utilize the LaMPSS self-service capabilities.

Please read this entire Program Guidelines Document. The information contained in this Guide will become part of the contract/agreement with the Province of Newfoundland and Labrador for the delivery of Supported Employment program.

# 3 Applying for Supported Employment Program Funding

# 3.1 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.

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### **Project Details**

Please provide the following:

Project Title	Provide a title specific to this project.
	For example: "Your Organization's Name – Supported Employment
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**

Please provide a brief outline of the project. For example:

"The Supported Employment Program works in partnership with Employment Corporations/Agencies to develop employment opportunities for eligible individuals who have developmental (intellectual) disabilities. The Supported Employment Program provides the necessary supports to ensure individuals participate in meaningful, integrated employment. Supports available range from orientation and work analysis to full-time support from a job trainer to ensure that required duties are completed to the satisfaction of the employer."

A proposal is not required when applying for Supported Employment.

### **Agreement Contact**

Provide the appropriate primary contact for your organization including the title and contact information. Please note that this contact should be an individual empowered to negotiate this agreement on behalf of your organization.

### **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. 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 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.

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### **Project Activities**

The table below outlines the required information for each eligible activity for the Supported Employment 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.

Work Experience – Job Coaching	
Brief Description	Orientation to a workplace/ specific duties supporting
	transition to employment intended to assist the client in
	reaching the maximum level of employment capacity.
	Describe how you plan to deliver this activity as part of your
	project agreement.
Expected Results	How many individuals you expect to serve through intake
	process.
Where does this activity take place	Identify the location for this activity.
<b>Expected number of Project</b>	Please provide the expected total number of clients that will
Participants	participate in this activity.
<b>Expected Number who will Achieve</b>	Please provide the expected total number of clients that will
Employment	achieve employment as a result of this activity. (Include
	employment with job trainer and purchased support
	agreements).
Activity/Budget Costs	Please provide the expected costs for this activity.

### **Project Budget**

The following table outlines all of the eligible cost categories and items for Supported Employment 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.

Budget Category	Eligible Costs
Salaries and Benefits	
Salaries	Job Trainer Salaries including MERC. Unionized Corporations should also include collective agreement costs.

### **Project Cash Flow**

Provide a monthly cash flow estimate of the requested project expenses.

### **Legal Signing Officers**

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

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### **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
Board/Staff Members	Please provide a list of your board and staff members outlining position titles.
Letter of Incorporation	Please provide a copy of your letter of incorporation if applicable.
Financial Statement	Most recent quarterly financial statement
AGM Minutes	Please provide your most recent annual general meeting minutes.

### **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 AESL office.

# **4 Supported Employment Reporting Requirements**

The requirements for Activity and Financial reports for your Labour Market Agreement for Supported Employment are 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**

The table below outlines the information reporting requirements for Supported Employment activities. Provide this information for each activity in your Project Agreement.

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Activity Type	Work Experience – Job Coaching
Update / Status this Period	Monthly reporting to be completed in ARMS. Quarterly activity and
	financial reports to be completed and submitted in LaMPSS.
Number of Project	Please provide the number of clients that participated in this activity
Participants	during this period, the total participants to date and the number of
	clients expected for the remainder of the project.
Number who Achieved	Please provide the total number of clients that achieved employment as
Employment	a result of this activity during this period, the total participants
	employed to date and the number of clients expected to employment
	as a result of this activity for the remainder of the project.
Activity Cost Fields	Please provide the actual costs incurred for this activity.

### **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.

### **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.

### **Project Cash Flow**

Provide an updated cash flow estimate for the remainder of the project.

### **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 local AESL office.

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

# 5 Supported Employment Program - Additional Terms & Conditions

An annual audit by an external auditor must be provided to the Department no later than 90 days after the end of the government's fiscal year (March 31).

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