

## Application for Community Enhancement Employment Program (CEEP) 2026-27

All sections must include sufficient details to permit evaluation of the application. **Incomplete applications will be returned to the sponsor.**

Directions for completing each section are available on the CEEP website (<https://www.gov.nl.ca/mca/ceep>). The Application guide may also be obtained by calling 1.866.508.5500 (toll-free) or by emailing [employmentsupport@gov.nl.ca](mailto:employmentsupport@gov.nl.ca).

<b>A. Applicant Information</b>			
Name of Sponsoring Organization			
Mailing Address of Sponsoring Organization			
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	Have you applied for government funding through the Job Creation Program for 2026-2027? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Organization (Pick one only) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Town   <input type="checkbox"/> Regional Municipality   <input type="checkbox"/> Inuit Community Government   <input type="checkbox"/> Local Service District   <input type="checkbox"/> Other (please specify): _____         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Incorporated Community /Economic Development Organization,            Incorporation Number: _____   <input type="checkbox"/> Unincorporated Community /Economic Development Organization   <input type="checkbox"/> Incorporated Not-for-profit,            Incorporation Number: _____   <input type="checkbox"/> Unincorporated Not-for-profit         </td> </tr> </table>		<input type="checkbox"/> Town  <input type="checkbox"/> Regional Municipality  <input type="checkbox"/> Inuit Community Government  <input type="checkbox"/> Local Service District  <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Incorporated Community /Economic Development Organization, Incorporation Number: _____  <input type="checkbox"/> Unincorporated Community /Economic Development Organization  <input type="checkbox"/> Incorporated Not-for-profit, Incorporation Number: _____  <input type="checkbox"/> Unincorporated Not-for-profit
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Canada Revenue Agency (CRA) Business Number:			
Names and Title of persons who have signing authority and take responsibility for the transfer of funds (Please provide names of at least 2 persons with signing authority)			
<b>Person 1</b> Name: _____ Title: _____	<b>Person 2</b> Name: _____ Title: _____		

<b>B. Project Information</b> (Attach additional information, if necessary)	
<b>B.1 Project Title</b>	
<b>B.2 Project Community</b>	
<b>B.3 Project Description</b>	
<p><b>Note:</b> If your project includes trail development and/or maintenance, ensure you review the Trail Guidelines Information Sheet available on the CEEP Website: <a href="https://www.gov.nl.ca/mca/ceep">https://www.gov.nl.ca/mca/ceep</a>. A copy of the registered License to Occupy <b>must</b> also be submitted with this application.</p> <p><b>Any changes to an approved project’s description must have prior written approval from the Department.</b></p>	
<p>Description of Project – Please describe each project activity in detail and provide the work site/location. <b>Avoid using terms such as general/routine maintenance, repairs, upgrades and “etc.”</b></p>	
<b>Example:</b>	
<p><b>Activity:</b> Install 3 Windows and window trim, paint trim</p>	
<p><b>Site/Location:</b> Council Chambers, Town Hall</p>	
1. <b>Activity:</b>	
	Site/Location:
2. <b>Activity:</b>	
	Site/Location:
3. <b>Activity:</b>	
	Site/Location:
4. <b>Activity:</b>	
	Site/Location:

**B. Project Information (Continued)**

5. **Activity:**

Site/Location:

6. **Activity:**

Site/Location:

7. **Activity:**

Site/Location:

**B.4 Working Conditions** – Sponsors must outline plans in the event of adverse weather conditions if the scope of work includes outdoor activities.

Does this project require outdoor work?     **Yes**     **No**  
If yes, please outline your plan for alternative work in the event of poor weather conditions:

**Alternative Work:**

Site/Location:

**B.5 Skills Development Opportunities** – Please describe the transferable skills that will be developed by this project (carpentry, etc.). Please note: **CEEP workers cannot be involved in the project’s administration.**

## B. Project Information (Continued)

### B.6 Inclusiveness and Non-Discriminatory Practices

Will all workers be equally considered for:      Supervisory roles?  Yes     No  
   Wage premium position?  Yes     No

Will appropriate washroom facilities be available for all workers?  Yes     No

Will orientation training / respectful workplace training be provided to workers?  Yes     No

### B.7 Occupational Health and Safety

***Project sponsors must comply with all occupational health and safety legislation.***

What are the occupational health and safety concerns for this project? (Handling chemicals, use of power tools, working from heights, confined space, etc.)

What will be done to manage these concerns? Please identify a clear plan for each of the concerns identified above. (Use of personal protective equipment, training, etc.)

### B.8 Environmental Impacts

What waste will be produced by this project? (leftover paint, demolition debris, general trash, etc.)

How will this waste be disposed of?

Does this project correct an existing environmental problem?  Yes     No

If yes, please describe:

Does this project:

1. Result in changes to the natural landscape or environment?  Yes     No
2. Take place near an ecological reserve, wildlife, plants, protected area, or provincial park?  Yes     No
3. Take place within 50 feet of a natural body of water?  Yes     No
4. Use hazardous substances such as pesticides?  Yes     No

***If you answered yes to any of the questions 1 to 4 above, please contact the Department of Environment, Conservation and Climate Change for guidance (<https://www.gov.nl.ca/eccc/>).***

<b>C. Project Costs</b>		
<b>Estimated Work Hours at Regular Wage Rate</b>		A
<b>Regular Direct Labour Cost</b> * <i>Minimum wage as of April 1, 2026</i>	_____ (Line A) x \$16.35 */hour	B
<b>Estimated Work Hours at Specialized Wage Rate</b> - must have Departmental pre-approval.		C
<b>Specialized Direct Labour Cost</b> - must be pre-approved by the Department ** <i>minimum wage + \$2.00</i>	_____ (Line C) x \$18.35 **/hour	D
<b>Details for Specialized Labour:</b> To be considered for approval <b>this section must include</b> the reason why the specialized wage rate is required; attach details on a separate sheet if necessary.		
<b>Total Direct Labour Cost</b>	(Line B + Line D)	E
<b>Mandatory Employment Related Costs</b>	\$ _____ (Line E) x <b>14% MERC</b>	F
<b>Total Labour Cost</b>	(Line E + Line F)	G
<b>Maximum Materials Cost</b>	\$ _____ (Line G) x 25%	H
<b>Administration Cost</b>	\$ _____ (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>√ Where appropriate, public acknowledgement of funding by the issuing department is expected.</li> <li>√ The organization agrees to respect and uphold the principles and requirements of existing human rights legislation.</li> <li>√ Under the <b><i>Access to Information and Protection of Privacy Act, 2015</i></b>, members of the public may request 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, personal information and certain third-party confidential financial information may be withheld.</li> <li>○ Once funding is approved, the funding amount, its intended purpose, and the name of the recipient organization will be considered public information.</li> </ul> </li> </ul>		

## E. Applicant's Declaration

To the Department of Municipal and Community Affairs, I declare that:

- a) The information given in this application is to the best of my knowledge and ability, complete, true, and accurate.
- b) This application is submitted on behalf of the organization named on Page 1, with its full knowledge and consent.
- c) I have read and agree to comply with the project administration guidelines.
- d) **I acknowledge that roadside brush clearing is NOT eligible for project funding.**
- e) Neither the applicant nor its officers are involved in any litigation, or proceedings before any government board, agency or tribunal. If so, all such matters are attached in writing to this application.
- f) I will provide all information required by the Department to complete the project assessment and authorize the Department to make inquiries to relevant persons, firms, corporations, or government agencies as necessary.
- g) I agree to provide before and after pictures of the project site(s) if requested by the Department.
- h) I will authorize funding agencies to provide the Department with full information regarding operational and financial status, and consent to discussions between the Department and these agencies.
- i) I authorize the Department to consult with government departments, agencies, elected officials, Regional Service Boards, industry associations, and any other relevant parties regarding this application.
- j) I confirm that this application is submitted by a not-for-profit organization or local government.
- k) I have the legal authority to bind the agency/organization.
- l) I confirm that this project will not receive any other provincial government funding, including JCP funding.

\_\_\_\_\_  
**Print First and Last Name of Authorized Official**

\_\_\_\_\_  
**Title of Authorized Official**

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

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

**The deadline to submit the completed CEEP application is June 26, 2026.**

If you have any questions regarding the application process, please contact Employment Support toll free at 1.866.508.5500.

Please forward the completed and signed application form to Employment Support via mail, email, or fax.

**Mail:** Employment Support  
Municipal and Community Affairs  
Confederation Building  
Fourth Floor, West Block  
PO Box 8700  
St. John's, NL A1B 4J6

**E-mail:** [employmentsupport@gov.nl.ca](mailto:employmentsupport@gov.nl.ca)

**Fax:** 1.709.729.2019