

# Urban/Hometown Green Team Program Claim for Reimbursement Form 2024



Deadline: November 1, 2024

Send to: [greenteam@gov.mb.ca](mailto:greenteam@gov.mb.ca)

## 1. EMPLOYER INFORMATION

Name of Organization: \_\_\_\_\_ File #: \_\_\_\_\_

## 2. EMPLOYEE INFORMATION (attach a second claim form if more than 6 employees)

Name of employee(s)	First day worked under Green Team in 2024	Last day worked under Green Team in 2024	Wage paid per hour by your organization (excluding vacation pay)	Total hours worked under Green Team in 2024	Indicate if employee worked mostly full-time hours (25-40 hours/ week) or part-time hours (up to 24 hours/week)

## 3. WAGE COSTS (reimbursed based on the total hours listed above times the minimum wage rate plus 4% vac. pay)

Please attach the following to this Claim for Reimbursement form:

- Payroll records for each employee under the Green Team program showing: date paid (including year), hours worked, gross earnings (including stat pay and vacation pay), deductions and net pay. Year-to-date payroll summaries will be accepted as long as the start date in 2024 is indicated on the summary. **Do not send timesheets unless requested.**

**NOTE: Please black out any Social Insurance Numbers that are visible on the payroll records.**

## 4. CPP/EI EMPLOYER REMITTANCES (indicate \$0 if not claiming any amount)

Details	Amount Claimed
CPP/EI Employer Remittances: <ul style="list-style-type: none"> <li>• Can claim CPP/EI remittances for the period during which the employee was employed under the Green Team program.</li> </ul>	

## 5. SUPPORT COSTS (indicate \$0 if not claiming any amount)

Details	Amount Claimed
Workers Compensation: <ul style="list-style-type: none"> <li>• Include a current Workers Compensation statement showing rate for current year.</li> </ul>	
Project: (e.g. personal protective equipment, criminal record checks, project materials) <ul style="list-style-type: none"> <li>• Include receipt(s) with an explanation of expenses (date/year on receipt must be visible) or invoice with proof of payment.</li> </ul>	

## 6. EMPLOYEE FOLLOW-UP

If employee(s) wishes to report, this section can be completed by the employer through discussion with each employee(s) listed under Question 2 at the end of their Green Team employment period.

Employee(s) First Name (list in same order as question 2)	After your employment under Green Team this year, are you now:					If checked off 'Employed', how many hours/week are you working?	If checked off 'Employed', what is your income/hour?
	Employed	Self Employed	Unemployed (taking further education)	Unemployed (looking for work)	Unemployed (not looking for work)		

Employee(s) First Name (list in same order as question 2)	Please answer the three statements listed below using one of the following ratings: 1-Strongly Agree 2-Agree 3-Neither Agree Nor Disagree 4-Disagree 5-Strongly Disagree		
	As a result of your participation in the Green Team program, your employment situation has improved.	As a result of your participation in the Green Team program, you are better prepared to find and maintain employment.	As a result of your participation in the Green Team program, you have developed and/or increased your skills for employment

## 7. EMPLOYER SATISFACTION

Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
My organization benefited enough from our participation in the program that we would participate again in the future.					
My organization's expectations of the program were met.					
Suggestions for improvement:					

## 8. EMPLOYER CERTIFICATION

I hereby declare that I have read and understand the Urban/Hometown Green Team Program Guidelines and certify that the information stated on this Claim for Reimbursement form is accurate and true. Signing your name below shall constitute legal execution of this Claim for Reimbursement form.

Name of Authorized Representative: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_