SHOONIYAA WA-BIITONG TRAINING & EMPLOYMENT CENTRE
FOR THE TREATY NO. 3 AREA
Payment Claim

Name of Employer			File Number:
Mailing Address:			Period of Claim: _____ to _____ MM DD YY
City/Town:	Province:	Postal Code:	Is this your final claim: Yes ☐ No ☐
Contact Person:	Phone:	Fax:	

	Project Staff & Participants	No. of Persons	Hours Claimed	Hourly Rate Approved	Total	These columns are for official use only	
		Col. 2	Col. 3	Col. 4	Col. 5 (Col. 3 x 4)	Approved Expenditure	Program Officer Initial
Wage Costs						$	
						$	
						$	
	Sub-Total:					$	
Mandatory Employer Related Costs						$	
						$	
	Sub-Total:					$	
Overhead Costs						$	
						$	
	Sub-Total:					$	
Training Costs	**Excluding Training Course Fees:** 1.					$	
	2.					$	
	3.					$	
	Public Institution Fees 1.					$	
	Non-Public Institution Fees: 1.					$	
	Sub-Total:					$	
Special Costs	**Equipment purchase or Lease** 1.					$	
	2.					$	
	Cost for the disabled 1.					$	
	Sub-Total:					$	
TOTAL CLAIMED THIS PERIOD:						$	

Sponsor Certification: I/we certify the information is true and correct to the best of my/our knowledge and claimed in accordance with the agreement.

Signature:	Date:

For Official Use only

Program Type: ☐ CBTI ☐ POTC ☐ WS ☐ CEP ☐ ESD ☐ Youth

Expenditure Certified to be in accordance with the agreement:

_____ _____

Program Assistant Date

SHOONIYAA WA-BIITONG TRAINING & EMPLOYMENT CENTRE
FOR THE TREATY NO. 3 AREA
Activity Report

Name of Employer:	File Number:	Period of Report:
		to
Contact Person:	Is this your final report Yes ☐ No ☐	MM DD YY

Please provide a summary of the activities that were covered for this reporting period:

Were any activities as outlined in the agreement not covered as originally scheduled in the training or work schedule? If so, please explain the reason and when you anticipate to resume the original schedule:	
Please provide a brief progress report for each trainee. If this is the final activity report, please provide the end of training or project result in the right column indicating one the following options: Not Employed, Employed, Self-Employed, Return to School	
Name of Participant/Trainee & Progress	Result (For final report only)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

Sponsor Certification: I/we certify the information is true and correct to the best of my/our knowledge and in accordance with the agreement.

Signature:	Date:

SHOONIYAA WA-BIITONG TRAINING & EMPLOYMENT CENTRE FOR THE TREATY NO. 3 AREA

Payment Claim Instructions

Please Note the Following: This claim form is utilized for all Shooniyaa Wa-Biitong programs. Some lines on the form may not apply in every case and should be left blank. If you have difficulties completing the form, please contact the program officer in your area.

Name and Address of Employer/Sponsor*: Enter the name of the employer/sponsor of the project. Unless otherwise indicated in writing by the sponsor of the agreement, this is to whom and where any payments will be mailed to.*

File Number: Enter the file number that appears on the right-hand corner of your agreement.

Period of Claim: Indicate the time period you are claiming. Day/Month/Year
First Claim: Please make sure that the date does not precede the start date shown on the Agreement or on Schedule A of your Agreement.
Second Claim: Please make sure the date does not precede the last date of your previous claim.
Final Claim: Please make sure that the date does not go beyond the last date shown on your Agreement or Schedule A of the Agreement.

If this is your Final Claim: Circle Yes or No if this the last claim under the Agreement.

Contact Person: Provide the name, phone # and fax # of the contact person for this project. This person may be contacted should there be any questions about your claim.

Financial:

Wage Costs: Your Agreement indicates the occupation which reimbursement may be claimed. Enter the Occupation. In column two, indicate the number of persons you are claiming. In column three enter the number of hours. In column four, enter the hourly rate which the occupation was approved for. Multiply column three by column four and enter in column five.

Mandatory Employer Related Costs: List the occupation that MERC was paid out for. In column five list the amount paid out.

Overhead Costs: Enter the description of overhead costs you are claiming. Enter the amount you are claiming in column five.

Training Costs: ***Excluding Training Course Fees:*** Enter the items you are claiming. Enter the amount you are claiming in column five.
Public Institution Course Fees: If you purchased a course from a public institution, enter the amount that was paid out in column five.
Non-Public Institution Course Fees: If you purchased a course from a non-public Institution, enter the amount that was paid out in column five.

Special Costs: ***Equipment Purchasing or Leasing:*** Enter the items you purchased or leased. Provide the amount you are claiming in column five.
Additional Costs for the Disabled: If you were approved for additional costs for the Disabled, enter the item you are claiming. Enter the amount in column five.

Total Claimed: Total the sub-totals and enter the amount in column five.

Sponsor Certification: Authorized signature on behalf of the employer/sponsor that will attest to the accuracy of the report. Please indicate date of signature.

Should you have any questions or require assistance to complete the report, please contact the Program Officer for your area:

Program Officers:

Area	Contact	Phone	Fax	E-Mail
Northern	Jason Chicago	(800) 545-5113	(807) 468-1813	jason.chicago@shooniyaa.org
Western	Marlene Elder	(800) 545-5113	(807) 468-1813	marlene.elder@shooniyaa.org
Southern	Jeremy Jordan	(800) 545-5113	(807) 468-1813	jeremy.jordan@shooniyaa.org
Eastern	Carmen Jones	(800) 545-5113	(807) 468-1813	carmen.jones@shooniyaa.org

Activity Report - Instructions

The purpose of the Activity Report is to report on project activity, explain any challenges that occurred, and report on the participant progress and results. It provides an opportunity to address any concerns, share best practices and project impacts.

Name and Address of Employer/Sponsor*:* Enter the name of the employer/sponsor of the project. Unless otherwise indicated in writing by the sponsor of the agreement, this is to whom and where any payments will be mailed to.

File Number: Enter the file number that appears on the right-hand corner of your agreement.

Period of Claim: Indicate the time period you are claiming. Day/Month/Year

First Claim: Please make sure that the date does not precede the start date shown on the Agreement or on Schedule A of your Agreement.

Second Claim: Please make sure the date does not precede the last date of your previous claim.

Final Claim: Please make sure that the date does not go beyond the last date shown on your Agreement or Schedule A of the Agreement.

If this is your Final Claim: Circle Yes or No if this the last claim under the Agreement.

Contact Person: Provide the name, phone # and fax # of the contact person for this project. This person may be contacted should there be any questions about your activity report.

Summary of Activities: Summarize activity that took place during the course of the reporting period. For example, if this was a training program, indicate what training was covered. If the project was an on-the-job work experience, explain what work activity took place. This section is where project achievements or milestones can be included.

Activities not covered: Explain activity that did not take place as originally planned in the agreement and the reasons. Please note that any major changes to the training schedule and/or work plan should have been dealt with by contacting the Program Officer beforehand. Explain how, when and if the original activities will resume.

Participant Program and Result: Please provide a brief report on progress for each trainee. Examples, progressing as per expectations, progressing but requires some assistance, not progressing as per expectations, left program – i.e. quit, terminated – provide date

Collection of ASET Targets (For final claims only) – Under the ASET agreement, Shooniyaa Wa-Biitong is required to report on the status of each participant. If this is the final activity report, please check off the appropriate box for each participant as follows:
Employed = participant will be employed immediately after the end of the project
Unemployed = participant will not be employed after the end of the project
Self-Employed = participant will be self-employed immediately after the end of the project
Return to School = participant will be going to further education or training immediately after the end of the project

Sponsor Certification: Authorized signature on behalf of the employer/sponsor that will attest to the accuracy of the report. Please indicate the date of signature.

Should you have any questions or require assistance to complete the report, please contact the Program Officer for your area:

Area	Contact	Phone	Fax	E-Mail
Northern	Jason Chicago	(800) 545-5113	(807) 468-1813	jason.chicago@shooniyaa.org
Western	Marlene Elder	(800) 545-5113	(807) 468-1813	marlene.elder@shooniyaa.org
Southern	Jeremy Jordan	(800) 545-5113	(807) 468-1813	jeremy.jordan@shooniyaa.org
Eastern	Carmen Jones	(800) 545-5113	(807) 468-1813	carmen.jones@shooniyaa.org