Ability Works Program

Procedures and Guidelines

NOVA SCOTIA

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1   Ability Works - Introduction

The overall objective of the Ability Works program, administered by the Department of Community Services, is to improve employment outcomes for people living with a disability by: (1) enhancing their employability; (2) increasing employment opportunities for individuals and (3) increasing labour market participation rates for individuals. Funding is available to community-based service providers for projects focusing on activities that support participants to connect to employment opportunities. Pre-employment activities and interventions will be considered eligible under a project provided they are an important component of a participant's plan for labour market attachment. The Ability Works program is funded by both the Province of Nova Scotia and the Government of Canada under the terms of the Workforce Development Agreement (WDA) with the goal of improving employment outcomes for Nova Scotians with disabilities.

In order to successfully enter and maintain attachment to the labour market, an individual requires competencies in each of the four Employability Dimensions. All projects must be targeted to meet a current ESIA client need, *and the primary focus should not exceed two Employability Dimensions*. Please see definitions below:

The Four Employability Dimensions

EMPLOYABILITY DIMENSION	DEFINITION	ASSOCIATED ACTIVITIES
Career Decision Making	Relates to the type of competencies/abilities a person needs to make informed career choices. Such skills are demonstrated by exploration of strengths and needs, establishment of priorities and preferences, selection of a potential occupation and setting criteria for alternative choices, exploration of career options, and making an appropriate career choice.	1. Assessment 2. Case Management 3. Work Experience – *Volunteer*
Skill Enhancement	Relates to the type of generic and/or occupational competencies a person needs to perform in a specific occupation. Generic skills refer to more general competencies and life skills and may include interpersonal skills, self-management skills, literacy and numeracy. Occupational skills refer to technical or professional competencies required to perform a specific occupation or a range of specific occupations.	1. Case Management 2. Skill Enhancement – *Essential Skills* 3. Skill Enhancement – *Job Specific* 4. Skill Enhancement – *Pre-Employment* 5. *Work Experience - Paid* 6. *– Self -Employment* 7. Skill Enhancement – Integrated Programming Social Enterprise 8. Work Experience– *Volunteer*
Job Search	Relates to the type of competencies and abilities a person requires for effective job search or independence in job search. Job search skills include applying job search techniques such writing a resume, use of labour market information, networking, and employer contact skills	1. *Awareness – Employer Engagement* 2. Case Management 3. Job Search Workshops

	including interview skills, cover letter writing, initiating follow up contact, etc.	
Employment Maintenance	Relates to the type of competencies or abilities a person needs to keep work; these may overlap with generic skills included under the Skills Enhancement Dimension. It is an Employment Maintenance need rather than Skills Enhancement Dimension need when the issues identified have impacted on previous employment.	1. Case Management 2. Work Experience – Job Coaching

The information contained in this document will become part of an agreement with the Province for the delivery of Ability Works projects. Please read this entire Program Guidelines Document.

2 Participant Eligibility Criteria

To be an eligible participant in a project funded under the Ability Works program, individuals must meet the following criteria:

- be considered a person living with a (physical, mental health, learning, cognitive, intellectual) disability and there is a realistic possibility of attaching to the labour market as a direct result of receiving goods or services provided through Ability Works;
- be a resident of Nova Scotia, at least 16 years of age and not currently under the jurisdiction of the provincial education (public and/or private school) system
- be a Canadian citizen or landed immigrant who is a resident of Nova Scotia

3 Applying for Ability Works Program Funding

Applicant eligibility requirements

Eligible applicants under the Ability Works Program include:

- organizations (registered non-profit organizations defined as Cooperatives recognized by Canada Revenue Agency (CRA) as registered charities or non-profit organizations pursuant to paragraph 149 (1) (f) and (l) of the Income Tax Act respectively),
- educational institutions,
- public health institutions,
- municipal governments and band/tribal councils

Registering your organization

All organizations entering into an agreement for delivering Ability Works projects in Nova Scotia must first be registered as a LaMPSS organization.

Labour Market Programs Support System (LaMPSS) LaMPSS is a bilingual, online system that is used by NS departments and agencies to administer labour market programs and services.

This is a one-time registration process. Once registered, it will provide you with the ability to utilize the LaMPSS self service capabilities. LaMPSS provides organizations with self-serve capability, enabling you to apply for funding online for specific labour market programs as well as submitting required financial and activity reports online. If your organization has not previously registered with LaMPSS, you can request a LaMPSS registration form by contacting 1-877-404-7074.

Applying Online Using LaMPSS Self-Serve

Once you are a registered LaMPSS user, you can apply for funding on- line using the self-service capability. To apply on- line go to www.gov.ns.ca/lampss.

Completing an Application Form

This section provides supporting information required in completing the application form for the Nova Scotia Department of Community Services, Employment Support Services, Ability Works Program.

Organization Information

Enter the name and complete mailing address for your organization. (This information should be pre-populated).

If your organization name or mailing address has changed, please contact your Agreement Manager to obtain a LaMPSS Registration Change form to update your information.

Project Details

Please provide the following:

Project Title	Provide a title specific to this project.
Agreement Start Date	Indicate the start date for the project.
Agreement End Date	Indicate the end date for the project.

Project Description

Attach a detailed project description / proposal to the application

We require that you attach a document outlining the following information:

A detailed project description identifying any planned activities to be funded under the Ability Works program. The detailed project description must explain how the project activities would contribute to the achievement of the objectives of your project.

The following information is required to be included in the application as the project description attachment.

1. ***Strong demonstration of need***. The proposal must demonstrate the need for the proposed project in your community, how the need was identified, how this project does not duplicate existing services and why your organization is the best choice to deliver the project. (The demand for this service, as demonstrated by the Employment Support and Income Assistance caseload, will be a factor when assessing projects).

2. ***Project objectives*** (objectives should be clear, concise and measurable). Please provide examples of how you will measure your objectives.

3. ***Provide expected outcomes for the project*** – The primary focus of Ability Works projects is providing participants with exposure to opportunities that result in labour market attachment or measurable outcomes that demonstrate project participants have moved closer to the labour market.

4. When proposing activities designed to prepare participants for employment with a specific sector and or/employer, project descriptions must include ***a list of engaged employers who intend to hire participants upon completion.*** The specific number of job opportunities with a partner employer must also be provided.

5. ***List all partner organizations***, identify their roles and responsibilities and financial contributions (monetary or in-kind). Please specify whether these contributions had been confirmed at the time of the submission of this application.

6. Applicant's ***background, mandate and expertise*** with respect to the project activities and targeted clientele.

7. ***Organizational Capacity*** – Outline your organization's ***approach/policies*** in relation to:

   Occupational Health and Safety
   How does your organization ensure the appropriate training, communication and processes exist to provide a safe workplace and learning environment?

   Human Resource Management
   What is your organization's approach to HR management? Staff development? Employee evaluation? General HR policies?

   Board Governance & Audited Financial Statements
   Please provide a copy of your organization's by-laws and most recent AGM report. Eligible applicants will be required to submit an annual Audited Financial Statement every 3 years. Annual Financial Reviews conducted by a Chartered Accountant may be accepted in the interim years.

8. ***Outline your evaluation process***. Please include examples of how you will conduct the evaluation for measuring the success of your outcomes. Provide examples of the evaluation methods that you currently use. *(See Section 4 - Service Registration will support this)*

Agreement Contact
Select the person in your organization who can be contacted to negotiate and finalize your application by choosing from the list provided on the form. If the appropriate contact name is not included in the list, please click "New" and complete the new contact information fields.

Project Location(s)
Please provide the locations where the activities will occur. If services are delivered at one main location, please provide details.

Participants
- Enter the total number of participants expected for this project.
- Enter the number of participants expected for each participant group. Include participants in all relevant participant groups (for example, if a participant may be part of more than one

participant group please include that participant in all participant groups).

Project Activities

The tables below outline the required information for each eligible activity for the Ability Works program. This is the complete set of eligible activities under this program. Only complete the required information for those eligible activities that you are proposing for your project.

Note: You must choose at least one of the eligible activities.

Assessment	
Brief Description	Assessment with project interventions provides an opportunity for a more in-depth determination of individual's needs as it relates to successful completion of the other project activities, progress to employment and/or attachment to labour market. Assessment will specifically inform decisions in career options, skills enhancement and/or identify further needs in job maintenance. This service includes: **Individual Needs Assessment** - deliver services to determine an individual's competencies, needs and/or barriers using predefined tools and techniques *Note: Assessments should not duplicate internal ESS service offerings such as aptitude assessment, interest inventories and measures of academic ability)*
Expected Results	Please indicate the number of participant assessments by assessment type that you expect to complete.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Awareness – Employer Engagement	
Brief Description	This activity refers to directly connecting and partnering with Employers to facilitate increased job opportunities for persons living with disabilities. Employer engagement is also critical when developing Project curriculum to ensure the job specific training aligns with current labour market needs.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"

Case Management (Client Management)	*Can include any Employability Dimensions*
Brief Description	This activity supports the management of the project participants' group and individual learning outcomes during the employment or pre-employment intervention (employment action plan, assessments and follow up).
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"

Integrated Programming – Social Enterprise	
Brief Description	This refers to funding to support activities through the social enterprise model that will support or result in participants connecting to the labour market. (For the purposes of the Ability Works program, a Social Enterprise Model is a not–for-profit revenue generating business that redirects its surpluses in the pursuit of social goals). Participants gain work experience and enhance Pre-Employment skills – the self-management and interpersonal abilities needed for an individual to function effectively within society and the workplace.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"

Job Search – Workshops	
Brief Description	This activity refers to short group sessions that enhance skills needed to conduct a successful job search, such as: resume writing; interviewing; job search strategies; networking. List the types of Job Search skills provided in your project and give details.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Self-Employment	
Brief Description	This activity refers to the skills needed to operate a business. Such skills may include the skills needed to start and run a business, such as support for training in bookkeeping and accounting, marketing, finance, etc. This does not include any funding required to operate a business. List the Self-Employment skills provided in your project and give details.
Expected Results	Provide details on the expected outcomes and how they will be measured.

Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Skill Enhancement – Essential Skills	
Brief Description	Essential skills provide the foundation for learning all other skills and enable people to evolve with their jobs and adapt to workplace change. Essential skills include: * Reading Text * Document Use * Numeracy * Writing * Oral Communication * Working with Others * Continuous Learning * Thinking Skills * Computer Use * List the Essential skills components of your project and provide details.

Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Skill Enhancement – Job Specific	
Brief Description	List the types of Job Specific skills provided in your project and give details. Job Specific skills are skills that go beyond the Essential skills and are necessary to perform a specific job. Some examples may include First Aid, Occupational Health and Safety, WHMIS, etc.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Skill Enhancement – Pre-Employment	
Brief Description	This activity refers specifically to the delivery of interventions to develop personal management skills such as the basic behaviours and abilities needed for an individual to function effectively in the workplace. Examples of personal management interventions might include punctuality, grooming, etiquette, personal responsibility, communication skills, conflict management, etc. List the personal management components of your project and provide details.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Work Experience – Paid (A paid placement with an employer)	
Brief Description	This activity includes services that provide work experience for the purposes of direct transition to employment with a specific employer and/or sector. A Project's financial contribution towards a wage must meet and not exceed current Nova Scotia minimum wage rate. Projects that include a work placement experience for participants must include a formalized training plan for each individual placement.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"

Work Experience –Job Coaching	
Brief Description	Job Coaching is defined as one-on-one intensive support and feedback to accomplish a specific job. This can include provision of post-employment job maintenance supports to increase employment sustainability. List the types of Job Coaching and Job Maintenance services provided in your project and give details.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Work Experience – Volunteer	
Brief Description	This activity includes services that provide unpaid work experience placements for the purposes of Career Decision Making and/or Skill Enhancement. Projects that will include a work placement experience for participants must include a formalized training plan for each individual placement. Provide details on the experience.
Expected Results	Provide details on the expected outcomes and how they will be measured.
Where does this activity take place	Select "All Locations"
Expected number of participants	Provide the expected number of participants for this activity.

Project Budget

The following table outlines the eligible costs and specific instructions for each budget category funded by the Ability Works program. Please include your complete project costs and requested amounts by budget category and provide a rationale. *(This is in <u>addition to a detailed project description</u> identifying any planned activities to be funded under the Program. The detailed project description must explain how the project activities would contribute to the achievement of the objectives of your project.)*

Note: It is recommended that you complete both the project budget on the application form and the related Itemized Budget Breakdown template together before you move on to the next section of the application.

Budget Category	Eligible Costs
Program Delivery	
Salaries	➢ Please provide a breakdown by position to reflect rate per hour, number of hours per week, and number of weeks for the Project. ➢ Positions included should only be those directly linked to the activities and direct delivery of the project. ➢ If existing staff wages are included, the organization may be asked to demonstrate the wages are not currently be funded at 100% by another project/source. ➢ Please attach a job description for each position
MERC (Mandatory employment-related costs)	➢ (includes benefits; CPP, EI, Vacation Pay) ➢ Please provide breakdown by position for all staff involved in the project, per Labour Standards Code & Canada Revenue Agency.
Health & Dental Benefits	➢ 100% of the employer costs but no more than 50% of the employee costs. ➢ Please provide a breakdown by position.
Pension Benefits	➢ Same as above

Other HR Related Benefits	➢ Workers compensation coverage is the only eligible item in this category
Professional Development	➢ Not an allowable expense under the Ability Works Program
Travel	➢ The organization's current travel rate for employees up to a maximum of the government approved rate, whichever is less
Participant Program Delivery	
Participant Wages	n/a: utilize section below – wage subsidy/benefits
Wage Subsidy/Benefits	➢ Includes wage subsidy and mandatory employment related costs ➢ Paid to an employer for a participant through agreement between an employer and the project sponsor. ➢ Please provide the number of individuals that will be paid the wages, the hourly wage rate, the number of hours per week, and the number of weeks. ➢ Approval is at the discretion of the Department. ➢ Please indicate the number of individuals that will be participating in the Project and the rate paid per week.
Incidental Supports	➢ Approval dependent on the direct relevance of the cost to skill acquisition by the participant. Any funding for incidental supports to be negotiated. ➢ Please provide a breakdown.
Incremental Supports	➢ Training allowance up to a maximum of $150 per month ➢ Please provide a breakdown
Childcare	➢ Not an allowable expense
Training	➢ Costs to cover short term certification courses ➢ *Note: Detailed rationale must be provided if sponsor is requesting funding for free training available at Skills on Line NS. www.coursepark.com/ns*
Participant Related Special Needs	➢ Participant Related Special Needs for ESIA program participants should be provided through the ESIA program. Approval is at the discretion of the Department and must not exceed amounts allowable under ESIA Policy. ➢ For non- ESIA participants, approved training related special needs are at the discretion of the Department and must not exceed ESIA Special needs rates.
Program Materials	➢ Includes participant related program material, supplies, books, graduation, etc. ➢ Nutritional snacks
Program Professional Fees	➢ Purchase of professional services for specialized workshops/service offerings
Travel	➢ As an item of special need under ESIA policy, individual participants are to access funding from the ESIA program. If special consideration is given, approval is at the discretion of the Department.
Other Participant Costs	➢ Approval is at the discretion of the Department

Operational

Recurring	➤ The portion of the heat, lights, phone, internet as is specific to the project; please provide a breakdown.
Professional Fees	➤ IT / Web Maintenance, auditing fees, etc. relevant to the project, please provide a breakdown.
Honoraria	➤ Please provide a breakdown.
Equipment	➤ Includes purchase/lease of computers, fax, photocopiers, etc. ➤ A plan for the disposal of purchased equipment must be provided please provide a breakdown.
Equipment Repairs	➤ Approval is at the discretion of the Department
Facility Lease\Rent	➤ Within fair market value - please specify square footage and rate; only for incremental rent
Advertising/Promotions	➤ Approval is at the discretion of the Department, please provide a breakdown
Office Supplies	➤ Must be specific to the project and utilized for the day to day operations of the project. This can include postage. Please provide a breakdown.
Insurance	➤ Participant liability insurance- incremental ➤ Commercial insurance must be incremental to the project (i.e. fire/theft/building/tenant's/contents insurance) Please provide a breakdown
HST	➤ 50% of eligible costs, please provide a breakdown.
Other Operational Costs	➤ Approval is at the discretion of the Department, please provide a breakdown.

Administrative

Funding for administrative costs is intended to cover expenses that the organization incurs that are not directly related to delivery of the project/program but are required as part of the overall operations of the organization such as incremental costs for overall organizational governance, management, finance, communications, human resources and information technology support.

These costs may include but are not limited to: audit fees, bank fees, basic telephone fees, insurance (general, fire, theft), materials and office supplies, legal fees, information technology maintenance, postage, & management and administrative staff wages not directly working on the delivery of the program.

The funding formula is as follows:

1.   **Calculate 10% of (Total Participant Program Delivery Costs + Total Operational Costs)**

Example: $10,000 (Total Participant Costs) + 4,000 (Total Operational Costs) = $14,000

Total Administrative Funding = $14,000 x 10% = $1,400

Approved sponsors are eligible for the total amount of this calculation. Please use the following section to outline the projected Administrative Costs:

Note: It is recognized that Administrative expenses are calculated using a budget category that may experience slippage. The amount approved for Administrative will not be reduced at the end of the project if the sponsor has provided the appropriate expense summary to support the total administrative costs approved as part of the original budget.

Budget Item	Cost Breakdown
These costs may include but are not limited to: audit fees, bank fees, basic telephone fees, insurance (general, fire, theft), materials and office supplies, legal fees, information technology maintenance, postage, & management and administrative staff wages not directly working on the delivery of the program.	➢ Please provide a breakdown for each budget item

Project Cash Flow

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

Document	Mandatory	Document Topic	Requirements
Itemized Budget Breakdown	Yes	Itemized Budget Breakdown	This information should be provided using the Itemized Budget Template for the Ability Works Program. This template can be copied from our website: http://www.novascotia.ca/coms/esslampssguidelines/abilityworks/index.html *(Ability Works – WDA Annex (PDF)*
Audited Financial Statement	Yes	Financial statement	Eligible applicants will be required to submit an annual Audited Financial Statement every 3 years. Annual Financial Reviews conducted by a Chartered Accountant can be accepted in the interim years.

Legal Signing Officers

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

Supporting Documentation

You can attach any supporting documents with your application.

The table below outlines documents that must be included with the Ability Works Program application.

Submitting Your Application

Once your organization has finalized the application including the attachment of all the required templates, and project costs less cash and in-kind contributions, the application may be submitted to the Nova Scotia Department of Community Services using the LaMPSS self-serve system.

In this section of the application enter the following information that would have been received when your organization was registered as in LaMPSS.

Enter your organization's ID, username and password and click the "submit" button. This will connect you with the LaMPSS system to submit the application.

Please note: There is a 120-day calendar timeline to open, complete and submit an application. After 120 days you must begin the process again to ensure the application information is current.

Once submitted, organizations should ensure the submitted application remains in an electronic state (i.e., saved on your computer) to enable the organization to make any requested edits and then resubmit.

4 Service Registration for Ability Works

The Department of Community Services implemented a mandatory tracking/reporting system which includes a format and process for the collection of the data and outcomes reporting prior to the end of the fiscal year.

LaMPSS includes a set of functions to help your organization manage the services to be delivered under your agreement; register participants in those services; and facilitate reporting requirements.

LaMPSS Service Registration enables provincial accountability and program evaluation by:

- Providing a means for organizations to configure and maintain services.

- Providing a means to register uniquely identified clients, indicate what services they received and capture client characteristics.

- Providing automated reports and analysis tools that reduce the complexity and effort required to compile program participation data.

It is **mandatory** for organizations approved for funding to complete Service Registration on LaMPSS and collect the following client profile indicators for each participant involved in a project:

Client Profile Indicators

- # of clients by service type
- Pre-intervention employment status
- Pre-intervention hours worked per week
- Pre-intervention average weekly earnings
- Pre-intervention education
- Gender
- Age
- Disability descriptors for project participants

Upon completion of the project, organizations are required to report on the following client outcomes:

Client outcomes

- Immediate Outcomes

> *Note: Approved projects must comply with the requirement to collect client profile outcomes and impact indicators through Service Registration in order to meet the contractual terms of the agreement.*

4.1 Service Registration (SR) Reporting Deadlines

SR Reporting Requirement	Deadline for completion
Service Setup	1 week after project start date
Service Format	1 week after project start date
Service Naming Convention	1 week after project start date
Service Types	At point of application
Intake Form and Notice of Collection, Use and Disclosure	1 week after project start date
Service Status Update	Completion status must be entered within 1 week of service end date.
Participant Data	All participants must be registered in the service(s) within 1 week of project start date. All mandatory pre-intervention fields must be completed for each participant within 1 week of project start date. Any changes to registration status must be made within 1 week of change. Project completion for funding period must be documented for all participants within 1 week of project completion. All mandatory post-intervention (immediate) fields must be completed for each participant within 2 weeks of service end date.

4.2   Service Setup

After your funding agreement has been activated in LaMPSS you can define your service offerings. Use Service Registration functions of LaMPSS to define each of the services you will be offering over the course of your funding agreement. This includes elements such as:

- Service format (Group Fixed, Group Continuous, or Individual)
- Service Name
- Service Type (select service types that align with activities in your agreement)

4.3   Service Format

There are three formats available: group fixed, group continuous, individual.

A group fixed format
- A group fixed service has a defined start and end date, so all the participants start and end together. This could be for a day, week, month, semester, etc.
- The group fixed format should be chosen with services that have more than one participant starting at the same time, such as training workshops.

A group continuous format
- A group continuous format is used for group services that have a continuous intake.
- The group continuous service has different start and end dates for each participant enrolled in the same service. The group continuous format can also be used for services where participants may enter a service, leave and then return to the service at a later date.

An individual format
- Individual service is one-on-one service, such as case management, assessment, job coaching, etc.
- An Individual service has no start and end date – it is on-going, and participation is recorded each time the participant attends.
- After a participant has been added to an individual service, the session count can be incremented without re-registering the client in that service.

If your organization uses two formats for one service type (e.g., Skills Enhancement – Pre-employment) then register the service twice using both formats (e.g., Group Fixed, Individual).

4.4   Service naming convention

Each organization can name the services they offer. The guidelines for naming the services can include:

- The season the activity takes place in (e.g., work experience – fall)
- The exact name of service (e.g., Personality Dimensions workshop)

4.5   Service Types

The service types available under the Ability Works program include:

- Assessment
- Awareness – Employer Engagement
- Case Management
- Integrated Programming Social Enterprise
- Job Search – Workshops
- Self-Employment
- Skill Enhancement – Essential Skills
- Skill Enhancement – Job Specific
- Skill Enhancement – Pre-employment
- Work Experience – Job Coaching
- Work Experience – Paid
- Work Experience – Volunteer

Select service types for the services your organization is providing based on the Activity types that are in your funding agreement. The services you define and deliver should align with the activities that have been specified in your contract. Individual and/or group style interventions can be registered as services under your organization's Ability Works agreements.

Registering Participants in Services

5.1   Intake form and Notice of Collection, Use, and Disclosure

A Service Registration intake form will be available to your organization in LaMPSS. You will be able to generate and customize this form in LaMPSS. The form will include an intake section which contains the "core" Person characteristics (name, SIN, address, gender, date of birth) plus the generated list of "additional" client characteristics enabled in Program Process Control for the Ability Works program. The form also has a consent section containing an approved form to acknowledge the participant's understanding of Collection, Use and Disclosure.

Service providers are required to collect personal information from individuals in order to verify their eligibility as participants, as well as to enable the Department of Community Services to evaluate the effectiveness of services being delivered.

Service providers are also responsible for informing individuals of the purposes for which their personal information is being collected and obtain consent for the sharing of that information with the province. They must also inform participants of their rights under the Freedom of Information and Protection of Privacy Act to view their personal information when it is held by the province as a result of the disclosure. It must be documented also that the individual consents to the use and sharing of that information as it has been explained to them.

Service providers are required to treat all information about the participants that it collects or compiles as confidential and ensure that all necessary measures have been undertaken to protect the information against unauthorized release or disclosure. This includes appropriate care in their use of electronic forms

of information record keeping, information sharing, and the disposition of computers and similar electronic storage devices when being replaced or no longer used for project purposes.

Project sponsors must protect the personal information of participants and are required to only use personal information for the purpose for which it is collected. Any disclosure of the personal information of participants by project sponsors must be in keeping with this agreement and the provisions of the NS Freedom of Information & Protection of Privacy [FOIPOP] Act and the NS Personal Information International Disclosure Protection [PIIDPA] Act. *(Refer to Sections 17 and 18 of the LaMPSS Agreement)*

Further information about access and privacy processes may be found at
https://novascotia.ca/just/IAP/PIIDPAquest.asp

5.2   Participant Data

Organizations are required to enter participants into each of their service offerings. Information that the service provider will collect from participants for Ability Works program includes:

- Name
- Social Insurance Number (SIN)

- Date of Birth, Gender, Marital Status, Languages spoken Contact Information
- Designated Group
- Pre-Intervention information
- Immediate Outcome information
- Optional - Disability Type – Visual impairment/Blind, Hearing Impairment/Deaf, Attention Deficit (ADD/ADHD), Dexterity Impairment, Learning Impairment, Mobility, Developmental, Cognitive, Emotional/Mental Health, Other
- Optional - Disability – Episodic, Level of Daily Difficulty, Frequency of Limited Daily Activity, Impact on Daily Activity

Organizations will have the ability to copy the following participant information into another service offering:
- Designated Group – Persons with Disabilities, Youth, Employment Support & Income Assistance (ESIA) Recipient, Disability Support Program Recipient

6   Ability Works Service Registration Reporting Requirements

Programs that utilize ESS funding require Service Registration to enable tracking of the characteristics/statistics required for accountability reporting.

For data collection on client profile indicators, the completion of Service Registration Intake form & Notice of Collection of Use & Disclosure is required. Service Providers may use collection methods that fit best for their clients:
- In person interviews
- Telephone interviews
- Self-administered Intake form

For data collection on client outcomes and impact indicators (immediate outcomes only), Service Providers may use collection methods that fit best for their clients:

- In person interviews
- Telephone interviews

7 Ability Works Quarterly Reporting Requirements

The requirements for Activity and Financial reports for the Ability Works program are outlined in the agreement.

Reporting Online Using LaMPSS Self-Serve

Reports should be submitted online using LaMPSS self-serve at www.gov.ns.ca/lampss.

Completing an Activity Report

This section provides supporting information required to complete the activity report.

Project Activities

The tables below outline the information reporting requirements for each eligible activity for this Program. Provide this information for each activity as it relates to your project objective.

Assessment	
Update / Status this Period	Provide the number of new assessments and the number of updated assessments. Provide a list and a brief summary the number of participants: attached to the workforce, earning wages, and the number who have become self-sufficient.
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**
Awareness – Employer Engagement	
Update / Status this Period	Provide a listing of all employer contacts, and outline details of any employer partnership activities.
Number of unique participants	*n/a*

Case Management (Client Management)	
Update / Status this Period	Provide details on the number of participants managed during this period and details on the individual learning outcomes for project participants.
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Integrated Programming - Social Enterprise	
Update / Status this Period	Provide a brief summary of each activity participants engaged in during reporting period, include revenue generated and how this revenue will be redirected.
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Job Search Workshops	
Update / Status this Period	This activity refers to short group sessions that enhance skills needed to conduct a successful job search, such as: resume writing; interviewing; job search strategies; networking. List the types of Job Search skills provided in your project and give details. - How this activity is progressing - Indicate challenges or successes List the number of workshops held including dates.
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Self- Employment	
Update / Status this Period	Please provide a brief summary of each activity participants engaged in during reporting period, include specific duties used to generate income directly from customers, as opposed to being an employee of a business. Please provide any information about plans for delivery of this activity, income generated, and hours worked.
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Skill Enhancement – Essential Skills	
Update / Status this Period	Provide a list and a brief summary on each of the Essential Essential skills provide the foundation for learning all other skills and enable people to evolve with their jobs and adapt to workplace change. Essential skills include: * Reading Text * Document Use * Numeracy * Writing * Oral Communication * Working with Others * Continuous Learning * Thinking Skills * Computer Use List the Essential skills components of your project and provide details. Include detail on: - How this activity is progressing - Indicate challenges or successes

Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Skill Enhancement – Job Specific	
Update / Status this Period	Provide a list and a brief summary on each of the Job Specific Skills delivered during this period. Include detail on: - How this activity is progressing - Indicate challenges or successes
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Skill Enhancement – Pre-employment	
Update / Status this Period	Provide a list and a brief summary on each of the Life Skills, delivered during this period. Include detail on: - How this activity is progressing - Indicate challenges or successes
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. Please do not include the names of project participants in your activity report submitted through LaMPSS.

Work Experience – Job Coaching	
Update / Status this Period	Provide a list and a brief summary on the job coaching placements/employment maintenance support delivered during this period. Include detail on: - How this activity is progressing - Indicate challenges or successes
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Work Experience – Paid	
Update / Status this Period	Provide a list of the types of Work Experiences delivered during this period and a brief summary on each. Include detail on: - How this activity is progressing - Indicate challenges or successes - Provide total number or employment outcomes
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Work Experience – Volunteer	
Update / Status this Period	Provide a list and a brief summary on each type of paid work experience, list wages/ hour, hours worked per week, total earnings gross and net for reporting period. Include: - How this activity is progressing - Indicate challenges or successes - Provide total number of placements facilitated
Number of unique participants	Provide the actual number of unique participants for this activity during this reporting period. **Please do not include the names of project participants in your activity report submitted through LaMPSS.**

Participants

Enter the actual number of unique participants during this reporting period for all activities.

Enter the actual number of participants during this reporting period for each participant group. Include participants in all relevant participant groups. For example, a participant may be part of more than one participant group, they may be both male and unemployed, and you would report this participant in both sections.

Unique participant – the activity reports for this program ask that you report on the number of unique participants that have participated in this time period. A unique participant should only be counted once for that activity. For example, if you had an activity running and during the last reporting period there were 5 participants and in this reporting period those 5 are still participating but 3 more have joined the group, **for the purpose of reporting unique participants, you would just report on the 3 new**

people that have joined the group. So, in this example, your first report would have reported on the 5 original participants and your second report would report 3 new participants that joined during this reporting period.

Supporting Documentation

You can include any supporting documents with your activity report.

Reporting Notes

Provide any additional information.

Completing a Financial Report

This section provides supporting information required to complete the financial report.

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 agreement.

Supporting Documentation

You can attach any supporting documents with your financial report.

Reporting Notes

Provide any additional information.

Submitting Your Reports

Once your organization has finalized the report including the attachment of all the required templates, the report may be submitted to the Department using the LaMPSS self-serve system.

In this section of the report enter the following information that would have been received when your organization was registered in LaMPSS.

Enter your organization's ID, username and password and click the "submit" button. This will connect you with the LaMPSS system to submit the application.

8 Terms and Conditions

The following are additional terms and conditions of funding under this program:

- An agreement will only be approved when all required forms have been completed.

- All ESIA project participants are subject to compliance and adherence to ESIA regulations as defined in: http://www.novascotia.ca/just/regulations/regs/esiaregs.htm#TOC1_1
  Applicable regulations include (but are not limited to) the following:

17 (1)	A recipient and a recipient's spouse must participate in an employability assessment.
17 (2)	Where a recipient or a recipient's spouse refuses to participate in an employability assessment, the recipient shall not continue to receive assistance.
18 (1)	(1) A recipient and a recipient's spouse are required to develop an employment plan that shall take into account (a) the recipient's and the spouse's: (i) skills, (ii) education, (iii) work experience (iv) volunteer activities (v) resources in the community, (vi) availability of transportation (vii) child care needs, and (viii) personal support; and (b) such other factors that are relevant to enable the recipient and the spouse to participate in employment.
18 (2)	(2) An employment plan cannot include a plan to participate in an educational program that is not an approved educational program.

- All projects funded under this program cannot exceed a maximum of 52 weeks in duration.

- Approved applications will provide activities to address needs in no more than 2 primary Employability Dimensions.

- Any funding approved through this program is subject to an appropriation being available in the next fiscal year in which the payment comes due.

- All projects funded through this program are required to have adequate liability insurance covering everyone on the project including employees, participants, directors of the organization and volunteers.

- This program will not pay for costs incurred prior to the start date of the project.

- Capital assets, not already available within the project sponsor's organization, may be considered eligible if they are necessary for the operation of the project or service being considered. Please provide a breakdown and rationale to keep the equipment upon completion

of the project.

- Projects that will include a work placement experience for participants must provide the details of the training plan for this placement.

- Rent will only be provided for project space owned by the project sponsors when the sponsor is able to demonstrate that the space is frequently rented to an outside person/agency and that dedicating the space to the project will result in a loss of revenue.

- Eligible program applicants must be not-for-profit community-based agencies and they must be registered and in good standing with the Registry of Joint Stocks or registered as a federally approved charitable organization.

- Project sponsors must comply with data collection and Service Registration requirements.

- If payments made to the project sponsor exceed the total actual cost of the project, the unused portion of the funds must be returned to the Department of Community Services payable to the Minister of Finance within 30 days of project termination or by April 5, 2020 whichever is first.

- All questions pertaining to the interpretation or application of these procedures and guidelines, including any budget exceptions, are subject to review and final approval of the Manager of Employment Support Services (Division).

9 Contact Information

For further information please contact the Employment Support Services Program Specialist at (902) 563-5691 or (902) 679-6899.