

Urban/Hometown Green Team Program Claim for Reimbursement Form 2025



Deadline: November 1, 2025

Send to: greenteam@gov.mb.ca

1. EMPLOYER INFORMATION

Name of Organization: _____ File #: _____

2. EMPLOYEE INFORMATION (attach a second claim form if more lines are needed or more than 6 employees)

Number of employees who worked full-time hours (25-40 hours/week)

Number of employees who worked part-time hours (up to 24 hours/week)

Please fill out the table for approved Green Team employees, information should match the attached payroll records for the employment period. Wage costs will be reimbursed up to the total approved funding amount based on the total hours listed, times the minimum wage rate plus 4% vac. pay and eligible Employment Insurance (EI)/Canadian Pension Plan (CPP) costs.

Name of Employee(s)	First day worked and last day worked under Green Team in 2025	Wage paid per hour by your organization (excluding vacation pay) <i>*If an employee is paid different wage rates, please use a separate line for each rate*</i>	Total hours worked under Green Team in 2025	Gross Earnings (This should equal hours x wages x4% vacation pay)	Gross Employer Portion EI/CPP (Indicate \$0 if not claiming any amount)
<i>Example:</i>	<i>dd/mm- dd/mm</i>	<i>\$15.80</i>	<i>560</i>	<i>\$9,201.92</i>	<i>\$758.24</i>

Please attach the following to this Claim for Reimbursement form:

Payroll Records	
	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 2025 is indicated on the summary. Do not send timesheets or record of employment summaries unless requested. NOTE: Please black out any Social Insurance Numbers that are visible on the payroll records.

Proof of Payment for Support Costs: (indicate \$0 if not claiming any amount)		Total
	Workers Compensation: Include a current Workers Compensation statement showing rate for current year.	
	Project Costs: (e.g. personal protective equipment, criminal record checks, project materials) Include receipt(s) with an explanation of expenses (date/year on receipt must be visible) or invoice with proof of payment.	

3. 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

4. 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:						

5. 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: _____